



DePelchin
CHILDREN'S CENTER

A brighter tomorrow for children and families in Texas.

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STATEMENT OF RIGHTS AND RESPONSIBILITIES OF FOSTER PARENTS AND CHILD PLACING AGENCIES

Purpose: This form ensures that foster parents and staff have read and understood their rights and responsibilities.

Directions: Once a foster home is verified, both the foster parents and the Foster and Adoptive Home Development (FAD) worker sign this form. The foster parents retain a copy for their records. The FAD worker places the original in the case file retained by the Department of Family and Protective Services (DFPS).

STATEMENT OF RIGHTS AND RESPONSIBILITIES

1. Foster parents have the right to be treated with dignity, respect, and consideration as a member of the service planning team.
2. Foster parents have the right and responsibility to participate in service planning and in the implementation of the service plan.
3. Foster parents have the right and responsibility to obtain training that will assist them in meeting the needs of children placed in their home.
4. The child-placing agency has the responsibility to assist foster parents in identifying training that will enhance the foster parent's ability to meet the needs of children placed in their home.
5. Foster parents and the child-placing agency have the responsibility to communicate with each other in a timely and effective manner.
6. Foster parents have the right to be reimbursed in a timely manner for the care of the children placed in their home and to be reimbursed according to the child-placing agency's policy.
7. The child-placing agency has the responsibility to provide relevant information about a child to the foster parents when placing or considering placing the child.
8. Foster parents have the right and responsibility to obtain information and ask questions about children the child-placing agency would like to place in their home, including requesting a pre-placement visit.
9. Foster parents have the right to know how much discretion they have in declining specific placements without fear of negative repercussions.
10. The child-placing agency has the responsibility to provide support to all of their foster parents and inform them of any services available to foster parents.
11. Foster parents have the responsibility to report to the child-placing agency and Residential Child Care Licensing information, as required by the child-placing agency's policies and the Minimum Standards for Child-Placing Agencies.
12. Foster parents have the right to appeal child-placing agency's actions and decisions that affect them and to know the procedures for making an appeal.
13. Foster parents have the responsibility to comply with the Minimum Standards for Child-Placing Agencies, as applicable.
14. The child-placing agency has the responsibility to provide foster parents with support, training, and oversight in order to ensure that the foster parents are in compliance, as applicable, with the Minimum Standards for Child-Placing Agencies.
15. Foster parents have the right to review their foster home record maintained by the child-placing agency.

If you have a concern or a complaint, we encourage you to talk with your home worker or the worker's supervisor. If you are still unsatisfied, you may contact the director of the Foster Care and Adoption Program.

If further assistance is required, the Office of Consumer Affairs acts as a neutral party in reviewing complaints regarding the case-specific activities of the DFPS program areas. If you believe that a DFPS program area has not acted appropriately in a situation involving you, you have a right to complain and to be treated fairly and with dignity. The Office of Consumer Affairs also handles inquiries about open DFPS cases.

Contact the Office of Consumer Affairs by:

- Phone: 1-800-720-7777, Monday - Friday from 8:00 a.m. to 4:30 p.m.
- Online: Fill out the online form (provided in English or Spanish) at:
https://www.dfps.state.tx.us/Contact_Us/Inquiries_and_Complaints/
- Email: oca@dfps.state.tx.us
- Fax: Fill out the online form, print it, and fax it to (512) 339-5892.

SIGNATURES

Foster Parent: X	Date Signed:
Foster Parent: X	Date Signed:
FAD Worker: X	Date Signed:

**DePelchin Children's Center & Affiliate Organizations
Policies and Procedures**

Section: Foster Care Services

Subject: Foster Parent Rights and Responsibilities

Applicable Standards: TDFPS §749; 121 b (10), §749; 607 (2)

Departments Affected: Child Welfare Services

Purpose: The purpose of this policy is to outline the accountability of Foster Parents and of DePelchin Children Center in making decisions that affect the lives of children in care. Additionally this document informs Foster Parents about their rights and responsibilities.

Policy: It is the policy of DePelchin Children's Center to respect and uphold the rights and responsibilities of all foster parents; Foster Parents are made aware of their rights and responsibilities prior to receiving a child in their home.

Process:

Foster Parent have the following Rights:

- The RIGHT to, upon request, be provided with written documentation of DePelchin policies and receive training on the policies and procedures governing the licensure of foster homes, the provision of foster care, and the adoption process;
- The RIGHT to be treated with the utmost consideration and respect by agency staff;
- The RIGHT to a supportive relationship with the agency;
- The RIGHT to receive written notification of the rights enumerated in this section at the time of initial licensure;
- The RIGHT to receive information regarding training opportunities, mandatory meetings, support services and foster parent activities, shared by mail, email, voicemail phone contact, personal interview by DePelchin staff, and/or designated foster parents;
- The RIGHT to receive training that specifically addresses the cultural needs of children;
- The RIGHT to receive all known pertinent information on the child being considered for placement, including but not limited to:

- all known medical, psychological and psychiatric conditions of the child;
 - the case plan;
 - sexual abuse of the child or sexual abuse perpetrated by the child;
 - criminal background of the child;
 - fire-setting, or destructive behavior by the child;
 - substance abuse by the child;
 - any other information which is pertinent to the care and needs of the child and to protect the foster or adoptive family;
 - any information from previous placements that may indicate that the child may have a propensity to cause violence to any member of the foster family home;
- The RIGHT to seek all necessary information, and participate in pre-placement visits whenever possible, before deciding whether to accept a child for placement;
 - The RIGHT to ask questions about the child's case plan or refuse a placement without reprisal from DePelchin if they feel they cannot meet the needs of the child or the placement may affect the well-being of the foster family;
 - The RIGHT to share information necessary with school personnel in order to secure a safe and appropriate education for the child;
 - The RIGHT to give and receive timely pertinent information about the child placed in their care, including updated information from DePelchin staff as new information about the child is gathered;
 - The RIGHT to reasonably accessible respite care for children in foster care for short periods of time, jointly determined by foster parents and the child's caseworker; Foster parents shall follow all procedures established by the Foster Care policies and procedures for requesting and using respite care;
 - The RIGHT to receive regularly scheduled opportunities for pre-service training and regularly scheduled opportunities for pertinent in-service training, including training as members of the child's professional team;
 - The RIGHT to receive notice of and be present at all shared planning meetings;
 - The RIGHT to give input into decisions regarding the child in their care and to be treated as a valued member of the team in developing case plans for the child;
 - The RIGHT to a clear explanation or description of their role as foster parents and the role of the child's family, the Child & Family Services Protective Services case manager and of DePelchin and its staff;
 - The RIGHT to continue their own family patterns and traditions;
 - The RIGHT to make decisions about the daily living concerns of the child, and shall be permitted to continue the practice of their own family values and routines while respecting the child's cultural heritage;

- The RIGHT to refuse to accept a child into their family if they feel they cannot meet the needs of the child or the placement may affect the well-being of the foster family;
- The RIGHT to be notified of, present and heard in any Court Hearing or Administrative Review, concerning a child in their care;
- The RIGHT to submit a written Caregivers Report to the Court regarding the child in their care, for any Review Hearing or Permanency Planning Hearing;
- The RIGHT to be included in the permanency consideration for the child who is in the foster family's care;
- The RIGHT to appeal any DePelchin decision or action that impacts the foster home, consistent with DePelchin's Policies and Procedures; The appeal must be in writing and submitted following DePelchin Policy Number: CR 100;
- The RIGHT to a fair and impartial complaints/administrative review process to address licensure, case management decisions, and delivery of service issues; Foster Parents have timely access to the DePelchin's appeals process, and shall be free from acts of retaliation when exercising their right to request an administrative review;
- The RIGHT to be informed of any grievance procedures or access to any appeals process should they wish to appeal the agency's policy's regulation, or plan for a child in their care;
- The RIGHT to daily reimbursements as agreed upon in the financial terms of the agency; This reimbursement is related to the child's food, shelter, clothing, transportation and other expenses; The current amount depends on the authorized level of care of the child and is outlined below:
 - Basic- \$23.10
 - Moderate- \$40.44
 - Specialized- \$51.99
 - Intense- \$92.43
- The RIGHT to have the above stated reimbursement issued on the 15th of each month;
- The RIGHT to review the child-placing agency home record; The Foster Home Record is available at the office in which your Clinical Case Manager is assigned and may be reviewed when accompanied by a member of DePelchin staff;
- The RIGHT to have DePelchin's assistance with providing emergency respite and emergency moves as possible and needed;
- The RIGHT & RESPONSIBILITY to advocate for children in their care;
- The RIGHT & RESPONSIBILITY to read and understand DePelchin's discipline policy and agree to abide by this policy;

- **DePelchin** has the RESPONSIBILITY of making decisions about the child in the home that relate to placement and removal, directing the educational planning for each child, directing the access of services for medical, health, and mental health needs.

Foster Parents have the following Responsibilities:

- The RESPONSIBILITY to comply with the policies of DePelchin;
- The RESPONSIBILITY to provide 24-hour child care services which ensure each child's health, safety, normalcy and well-being and include basic and therapeutic services;
- The RESPONSIBILITY for the day-to-day care, and nurturance of the child;
- The RESPONSIBILITY of ensuring a child's safety, health and well-being, as well as allowing/encouraging the child to participate in age appropriate activities, including (if applicable) unsupervised childhood activities, which promote normalcy;
- The RESPONSIBILITY to provide child care services, which include: room, food, laundry, clothing and transportation (If receiving Beaumont Foundation funds and/or a clothing voucher, receipts must be submitted within 30 days of clothing purchase);
- The RESPONSIBILITY to keep all information provided regarding children in the custody of the TX Department of Family and Protective Services (TDFPS) as confidential; this information is only discussed with the TDFPS caseworker or DePelchin foster care staff and is otherwise held in the strictest of confidence.
- The RESPONSIBILITY to share all documentation and information regarding the children in care with DePelchin Children's Center foster care staff;
- The RESPONSIBILITY to treat the children in care, the child's birth family and members of the child welfare team in a manner consistent with ethical responsibilities as professional team members;
- The RESPONSIBILITY to respect a child's biological family, traditions, culture and values;
- The RESPONSIBILITY to provide care that is respectful of the child's cultural identity and needs;
- The RESPONSIBILITY to demonstrate competence, prudent judgment, prudent parenting skills and self-control in the presence of children and when performing assigned responsibilities;
- The RESPONSIBILITY to utilize discipline as a means of and for the purpose of teaching and directing the behavior of the child, and ensuring that it is administered in a humane and sensitive manner;
- Foster parents shall use disciplinary methods consistent with Trust Based Relational Interventions (TBRI) and DePelchin Children's Center policies' and procedures;
- The RESPONSIBILITY to inform the agency of any changes in the child's life and in the foster parent's household;
- The RESPONSIBILITY to share information learned about the child and concerns that arise in the care of the child with the caseworker and other members of the child welfare team;

- The RESPONSIBILITY to call 911 Emergency Services and then DePelchin staff in the event of any medical or physical emergency that threatens the children under care;
- The RESPONSIBILITY to report suspected **Abuse, Neglect** and **Exploitation** to the **Child Abuse Hotline (1-800-252-5400)** or online at <https://www.txabusehotline.org> and to the designated DePelchin administrator or supervisor;
- The RESPONSIBILITY to immediately report serious incidents to DePelchin; Serious incident include, but are **not limited to (the following list is for illustrative purposes only and is not intended to be an exclusive list of what qualifies as an emergency)**:
 - 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;
- The RESPONSIBILITY to contact DePelchin staff regarding any accidents, illnesses, serious behavior or occurrences that may impact the provision of care for any foster child in the home;
- The RESPONSIBILITY to notify DePelchin any time there is a serious illness or injury (especially an injury to a vital organ or face/head) and the RESPONSIBILITY to obtain a doctor's release to care for foster children before resuming care of foster children;
- The RESPONSIBILITY to channel all communications through assigned DePelchin staff; If the assigned staff member is unavailable, their supervisor or another DePelchin staff is to be contacted; Direct contact should not be made with staff from other agencies or family members of the child unless the DePelchin staff has approved this;
- The RESPONSIBILITY to provide transportation and coordinate visits between the child(ren) placed in care and other siblings not in the same placement;
- The RESPONSIBILITY to coordinate and schedule visitations at a time that meets the needs of the child, the biological family members, and the foster family whenever possible; Recognizing that visitation with family members is an important right of children in foster care, foster parents shall be flexible and cooperative with regard to family visits;
- The RESPONSIBILITY to gain further knowledge and expertise regarding the care of children by attending on-going foster parent training and to provide the assigned DePelchin worker with information regarding the training obtained;

- The RESPONSIBILITY to work cooperatively with agency staff as valued members of the child's team;
- The RESPONSIBILITY not to accept a non-relative child for 24 hour care from any source other than through DePelchin;
- The RESPONSIBILITY to obtain authorization from DePelchin prior to the discharge of any child placed in the home;
- The RESPONSIBILITY to notify DePelchin immediately in the anticipation of a threat of any type to the home or any children in care, including biological or adopted children and to ensure the safety of all household members, which may require reporting to law enforcement, temporary relocating or removing foster children from the home;
- The RESPONSIBILITY to attend team meetings and staffings concerning licensure status or children placed in homes;
- The RESPONSIBILITY to cooperate with DePelchin staff in all scheduled and unannounced inspections of the home;
- The RESPONSIBILITY to obtain all necessary medical examinations, fire and sanitation inspections in preparation for initial and on-going re-verification of the home;
- The RESPONSIBILITY to allow for DePelchin to supervise each home as long as it remains an active verified foster home;
- The RESPONSIBILITY to allow for, at least, monthly visits by DePelchin staff assigned to the home that includes a walk-through of the entire home, while children are placed in the home;
- The RESPONSIBILITY to allow for quarterly visits by a DePelchin Family Service or Compliance Team staff member regarding continuous compliance; at times, when there are no children placed in the home, there will only be quarterly visits regarding continuous compliance; quarterly monitoring will be ongoing unless the home is placed on inactive status or foster home verification is relinquished;
- The RESPONSIBILITY to participate in the development of and compliance with recommendations of a Foster Parent/Foster Home Developmental Plan should there ever be a need to have one in place;
- The RESPONSIBILITY to complete foster parent documentation as required by DePelchin, which includes foster parent behavior logs, foster parent progress logs (frequency determined by child's level of care), medication logs and medical encounter forms for all medical, dental and behavior health services received; additional documentation may be required on a child based on their needs;
- The RESPONSIBILITY to engage the foster care team in preserving placements in the home and providing at least a 30 day notice if it is determined that all venues to maintain placement are exhausted;
- The RESPONSIBILITY to notify DePelchin within 24 hours of any change to contact information;
- When children are moved from the home, there is a RESPONSIBILITY to surrender all of the child's belongings that they came to the home with as well as items they acquired during the placement in the home;

- The RESPONSIBILITY to provide the staff person in charge of the move all of the child's educational portfolio, medication and other documents or items belonging or pertaining to the child;
- The RESPONSIBILITY to only release a child placed by DePelchin with DePelchin's consent and only to authorized TXDFPS personnel (must document viewing of the representative's identification);
- The RESPONSIBILITY to provide care and supervision of children in care and of making routine decisions that are necessary to provide this care;
- The RESPONSIBILITY of being the child's designated medical consentor;
- The RESPONSIBILITY to access emergency medical services, as deemed necessary, in order to prevent loss of life and/or prevent conditions that may result in life long injury or illness;
- The RESPONSIBILITY to ensure that medical, dental, vision, hearing, behavioral health, and psychotropic medications and other professionally recommended evaluations and services consistent with the child's permanency/service plan are provided to each child within appropriate timeframes;
- The RESPONSIBILITY to ensure initial as well as annual medical, dental, hearing and vision screenings are completed for each child placed in the home;
- The RESPONSIBILITY to ensure timely completion of any follow up recommended by medical and/or behavioral health providers as well;
- The RESPONSIBILITY to communicate to the assigned Clinical Case Manager any barriers that are being experienced as a delay in medical care which could be viewed as medical neglect;
- The RESPONSIBILITY to participate with STAR health (the State's Medicaid managed care program) and DePelchin to ensure that every eligible child is enrolled for service management;
- The RESPONSIBILITY to participate with the child's DePelchin worker, DFPS caseworker and/or treatment team to make decisions regarding the management of the child's chronic or acute physical and mental health problems, educational needs, family visits and special recreational situations that involve individuals outside the family, such as overnights with friends, camping, day trips supervised by another individual, etc.;
- The RESPONSIBILITY to enroll any school aged child placed in the home in a Texas Education Agency (TEA) accredited Texas public school within three (3) calendar days of placement and provide documentation of enrollment to DePelchin within five (5) calendar days; If the child is under three years old, notification must be made to the local Early Childhood Intervention (ECI) program and schedule an evaluation; This applies even during times of summer and school breaks; In the case of a school break, if a child is three (3) years of age or older, there is a RESPONSIBILITY to notify the school district in which the child will be enrolled in within three (3) calendar days;
- The RESPONSIBILITY to ensure that each child placed in the home has an education portfolio that includes any documentation concerning the child's education, including but not limited to:
 - enrollment documentation
 - child's birth certificate

- social security number
 - immunizations
 - withdrawal notice from the child's last school
 - special education documentation
 - Admission Review and Dismissal (ARD) team meeting notes
 - Individual Education Plans (IEP) and progress notes
 - full educational evaluations and/or diagnostic assessments
 - report cards
 - progress notes
 - vocational training notes
 - transcripts
 - Standardized test results
 - referrals, notices
 - correspondence
 - documents related to "reasonable accommodations" per section 504 of the Rehabilitation Act of 1973
 - school pictures
- The RESPONSIBILITY to make this education portfolio available for view by DFPS and DePelchin representatives;
 - The RESPONSIBILITY to update with the most current information on an ongoing basis;
 - The RESPONSIBILITY to ensure the child has this portfolio upon leaving the home;
 - The RESPONSIBILITY to review and discuss progress and report cards with each child placed in the home and to share this information with the assigned DePelchin Clinical Case Manager and document this conversation in the foster parent log;
 - The RESPONSIBILITY to ensure proper vocational activities and Preparation for Adult Living (PAL) education for children 16 years of age and older, or as developmentally appropriate, in the home;
 - The RESPONSIBILITY to obtain written approval from DFPS prior to utilizing PAL Life Skills Independent Study Guide for a child in substitute care in order for a child to receive credit upon completion;
 - The RESPONSIBILITY to secure authorization from DePelchin prior to taking any child out of the region in which they are placed;
 - The RESPONSIBILITY to NOT leave a child with any person, not approved by DePelchin, without prior notice and approval by the Clinical Case Manager and/or foster care staff;
 - The RESPONSIBILITY to obtain authorization from the DFPS caseworker to travel outside of the state; and for any in state travel lasting more than 72 hours; Exceptions are for emergency evacuations, where DePelchin must be notified of the destination plans and estimated arrival times;

- The RESPONSIBILITY to allow a parent to visit the child at the time and for the period specified by prior arrangement with the DFPS caseworker and/or DePelchin worker;
- The RESPONSIBILITY to withhold from discussing with the parent or relatives their family plans, problems or complaints, but shall refer them for such discussion to the DFPS caseworker;
- The RESPONSIBILITY to participate in events consistent with each child's individual service plan, including but not limited to,
 - Scheduled family visits for each child placed in my home;
 - Initiate, facilitate, schedule and transport the children in my care to monthly visits with their siblings (if sibling lives within 100 miles of my home);
 - Initiate, facilitate and schedule the children's bi-monthly telephone communications with their siblings (if sibling lives more than 100 miles from my home);
 - All necessary medical, dental, vision, hearing, psychiatric, psychological, behavioral health and other recommended assessments/appointments
 - Recreation, educational and after-school activities;
 - Court hearing, legal staffing, and any meetings required by the court;
 - Required community service appointments, juvenile probation appointments;
 - Preparation for Adult Living activities;
 - Conferences, meetings such as Permanency Conferences and Transition Plan Meetings, Family Group Conferences, Circles of Support Conferences;
 - Employment or vocational activities;
 - School
- The RESPONSIBILITY to provide transportation to the child for all of these events and if unable to provide, secure an approved caregiver to provide transportation to these events;
- The RESPONSIBILITY to contact the DePelchin foster care team in the event of any emergency or a situation that hinders the caregiver's ability to transport or participate, DePelchin will immediately assist with a plan to resolve the matter with DFPS;
- The RESPONSIBILITY to review the document titled DePelchin Children's Center Foster Home/School Relationship form for guidelines if a school bus is utilized for transportation; This form is completed at the time of the DePelchin admission assessment;
- If the child will have privileges to walk home unsupervised from school or a vocational activity, or be unsupervised at any time there is RESPONSIBILITY to obtain approval from the child's DFPS caseworker, and verify that this is documented in the child's service plan;
- The RESPONSIBILITY to comply with all Minimum Standards for Child Placing Agencies, as well as requirements by any other of DePelchin's regulatory or Credentialing authorities;
- The RESPONSIBILITY to seek clarification, understanding and direction in any and all situations in which the foster parent is unsure of the correct action to take and/or the Minimum Standards that appear to conflict;

- The RESPONSIBILITY to work cooperatively with DePelchin staff to maintain current documentation of compliance with minimum standards.

Foster Parent(s) Name: _____
Please Print Name(s)

Foster Parent Signature: _____ Date: _____

Foster Parent Signature: _____ Date: _____

DePelchin Staff Name: _____
Please Print Name

DePelchin Staff Signature: _____ Date: _____

Subchapter D, Reports and Record Keeping

Division 1, Reporting Serious Incidents and Other Occurrences

§749.501. What is a serious incident?

*Subchapter D, Reports and Record Keeping
Division 1, Reporting Serious Incidents and Other Occurrences
January 2017*

(no weight)

A serious incident is a non-routine occurrence that has or may have dangerous or significant consequences on the care, supervision, and/or treatment of a child. The different types of serious incidents are noted in §749.503 of this title (relating to When must I report and document a serious incident?).

§749.503. When must I report and document a serious incident?

*Subchapter D, Reports and Record Keeping
Division 1, Reporting Serious Incidents and Other Occurrences
January 2017*

- (a) You must report and document the following types of serious incidents involving a child in your care. The reports must be made to the following entities, and the reporting and documenting must be within the specified time frames:

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law Enforcement? (ii) If so, when?
(1) A child dies while in your care.	(A)(i) YES (A)(ii) Within 2 hours after the child's death. Medium-High	(B)(i) YES (B)(ii) Within 2 hours after the child's death. Medium-High	(C)(i) YES (C)(ii) Immediately, but no later than 1 hour after the child's death. Medium-High
(2) A substantial physical injury or critical illness that a reasonable person would conclude needs treatment by a medical professional or hospitalization.	(A)(i) YES (A)(ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence. Note: For further clarification see "Helpful Information" at the end of this rule. Medium-High	(B)(i) YES (B)(ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence. Note: For further clarification see "Helpful Information" at the end of this rule. Medium	(C)(i) NO (C)(ii) Not Applicable.

(continued)

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law Enforcement? (ii) If so, when?
(3) Allegations of abuse, neglect, or exploitation of a child; or any incident where there are indications that a child in care may have been abused, neglected, or exploited.	(A)(i) YES, including whether you plan to move the child until the investigation is complete. (A)(ii) As soon as you become aware of it. Medium-High	(B)(i) YES, including whether you plan to move the child until the investigation is complete. (B)(ii) As soon as you become aware of it. Medium	(C)(i) NO (C)(ii) Not applicable.
(4) Physical abuse committed by a child against another child. For the purpose of this subsection, physical abuse occurs when there is substantial physical injury, excluding any accident; or failure to make a reasonable effort to prevent an action by another person that results in substantial physical injury to the child.	(A)(i) YES (A)(ii) As soon as you become aware of it. Medium-High	(B)(i) YES (B)(ii) As soon as you become aware of it. Medium	(C)(i) NO (C)(ii) Not applicable.
(5) Sexual abuse committed by a child against another child. For the purpose of this subsection, sexual abuse is: conduct harmful to a child's mental, emotional or physical welfare, including nonconsensual sexual activity between children of any age, and consensual sexual activity between children with more than 24 months difference in age or when there is a significant difference in the developmental level of the children; or failure to make a reasonable effort to prevent sexual conduct harmful to a child.	(A)(i) YES (A)(ii) As soon as you become aware of it. Medium-High	(B)(i) YES (B)(ii) As soon as you become aware of it. Medium	(C)(i) NO (C)(ii) Not applicable.
(6) A child is indicted, charged, or arrested for a crime, not including being issued a ticket at school by law enforcement or any other citation that does not result in the child being detained; or when law enforcement responds to an alleged incident at the foster home.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of it. Medium	(B)(i) YES (B)(ii) As soon as you become aware of it. Medium	(C)(i) NO (C)(ii) Not applicable.

(continued)

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law Enforcement? (ii) If so, when?
(7) A child developmentally or chronologically under 6 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.	(A)(i) YES (A)(ii) Within 2 hours of notifying law enforcement. Medium-High	(B)(i) YES (B)(ii) Within 2 hours of notifying law enforcement. Medium	(C)(i) YES (C)(ii) Immediately upon determining the child is not on the premises and the child is still missing. Medium-High
(8) A child developmentally or chronologically 6 to 12 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.	(A)(i) YES (A)(ii) Within 2 hours of notifying law enforcement, if the child is still missing. Medium-High	(B)(i) YES (B)(ii) Within 2 hours of determining the child is not on the premises, if the child is still missing. Medium	(C)(i) YES (C)(ii) Within 2 hours of determining the child is not on the premises, if the child is still missing. Medium-High
(9) A child 13 years old or older is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.	(A)(i) YES (A)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the foster home. Medium	(B)(i) YES (B)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the foster home. Medium	(C)(i) YES (C)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the foster home. Medium

(continued)

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?	(i) To Law Enforcement? (ii) If so, when?
(10) A child in your care contracts a communicable disease that the law requires you to report to the Department of State Health Services (DSHS) as specified in 25 TAC Chapter 97, Subchapter A, (relating to Control of Communicable Diseases).	(A)(i) YES, unless the information is confidential. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease. Medium	(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease. Medium	(C)(i) NO (C)(ii) Not applicable.
(11) A suicide attempt by a child.	(A)(i) YES (A)(ii) As soon as you become aware of the incident. Medium-High	(B)(i) YES (B)(ii) As soon as you become aware of the incident. Medium	(C)(i) NO (C)(ii) Not applicable.

Medium

- (b) If there is a medically pertinent incident, such as a seizure, that does not rise to the level of a serious incident, you do not have to report the incident but you must document the incident in the same manner as a serious incident.

Medium

- (c) If there is a serious incident involving an adult resident, you do not have to report the incident to Licensing, but you must document the incident in the same manner as a serious incident. You do have to report the incident to:
- (1) Law enforcement, as outlined in the chart above;
 - (2) The parents, if the adult resident is not capable of making decisions about the resident's own care; and
 - (3) Adult Protective Services through the Texas Abuse and Neglect Hotline if there is reason to believe the adult resident has been abused, neglected or exploited.

(continued)

- (d) You must report and document the following types of serious incidents involving your agency, one of your foster homes, an employee, professional level service provider, contract staff, or a volunteer to the following entities within the specified time frame:

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?
(1) Any incident that renders all or part of your agency unsafe or unsanitary for a child, such as a fire or a flood.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after the incident. Medium	(B)(i) YES (B)(ii) As soon as possible, but no later than 24 hours after the incident. Medium
(2) A disaster or emergency that requires your operation to close.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after the incident. Medium	(B)(i) YES (B)(ii) As soon as possible, but no later than 24 hours after the incident. Medium
(3) An adult who has contact with a child in care contracts a communicable disease noted in 25 TAC 97, Subchapter A, (relating to Control of Communicable Diseases).	(A)(i) YES, unless the information is confidential. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease. Medium	(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease. Medium
(4) An allegation that a person under the auspices of your agency who directly cares for or has access to a child in the agency has abused drugs within the past seven days.	(A)(i) YES (A)(ii) Within 24 hours after learning of the allegation. Medium	(B)(i) NO (B)(ii) Not applicable.
(5) An investigation of abuse or neglect by any other entity (other than Licensing) of an employee, professional level service provider, foster parent, contract staff, volunteer, or other adult at the agency.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the investigation. Medium	(B)(i) NO (B)(ii) Not applicable.
(6) An arrest, indictment, or a county or district attorney accepts an "Information" regarding an official complaint against an employee, professional level service provider, foster parent, contract staff, volunteer, or other adult at the agency alleging commission of any crime as provided in §745.651 of this title (relating to What types of criminal convictions may affect a person's ability to be present at an operation?); or when law enforcement responds to an alleged incident at the foster home.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the situation. Medium	(B)(i) NO (B)(ii) Not applicable.

(continued)

Helpful Information

Regarding subsection (a)(2), not every trip to a hospital or emergency clinic must be reported as a serious incident. Only those incidents involving a “substantial physical injury or critical illness” must be reported and documented as a serious incident. The definition of “substantial physical injury” contains some examples of reportable serious incidents. Visits to the emergency room or emergency clinic (that did not result in hospitalization) for a common illness such as the flu, for a chronic illness such as an asthma attack, or for a routine medical exam would not warrant reporting as a serious incident.

Also, it is the nature of the injury or illness that determines whether it is reportable as a serious incident, not the venue in which it is treated. Taking a child to the emergency clinic or doctor’s office for stitches is still reportable as a serious incident, even though the treatment did not occur at an emergency room or hospital.

Regarding children receiving treatment services for primary medical needs, planned admissions to the hospital are not reportable as serious incidents. If the child sustains a substantial physical injury or contracts a critical illness, a serious incident report is required. However, ongoing treatment for the child’s chronic illnesses or conditions is not reportable as a serious incident.

In addition, admission to a psychiatric hospital only warrants a serious incident report if the admission is precipitated by a reportable incident, such as a suicide attempt. The admission itself is not reportable as a serious incident.

§749.505. What constitutes a suicide attempt by a child?

*Subchapter D, Reports and Record Keeping
Division 1, Reporting Serious Incidents and Other Occurrences
September 2010*

(no weight)

A suicide attempt is a child’s attempt to take his own life using means or methods for causing his death, including any act a child commits intending to cause his death, but excluding suicidal gestures where it is clear that the act was unlikely to cause death. Suicidal thoughts are not reportable as a suicide attempt.

§749.509. How do I make a report of a serious incident or occurrence to Licensing?

*Subchapter D, Reports and Record Keeping
Division 1, Reporting Serious Incidents and Other Occurrences
January 2017*

Medium

(a) All serious incident reports must be made directly to the Texas Abuse and Neglect Hotline.

Medium

(b) Foster parents must report any serious incidents directly to the Texas Abuse and Neglect Hotline if the incident involves a child under the care of the foster parent.

§749.511. How must I document a serious incident?

*Subchapter D, Reports and Record Keeping
Division 1, Reporting Serious Incidents and Other Occurrences
September 2010*

- | | |
|--------|--|
| Medium | A serious incident must be documented in a written report that includes the following information: |
| Medium | (1) The name of the foster home or adoptive home, physical address, and telephone number; |
| Medium | (2) The time and date of the incident; |
| Medium | (3) The name, age, gender, and date of admission of the child or children involved; |
| Medium | (4) The names of all adults involved and their role in relation to the child(ren); |
| Medium | (5) The names or other means of identifying witnesses to the incident, if any; |
| Medium | (6) The nature of the incident; |
| Medium | (7) The circumstances surrounding the incident; |
| Medium | (8) Interventions made during and after the incident, such as medical interventions, contacts made, and other follow-up actions; |
| Medium | (9) The treating licensed health-care professional's name, findings, and treatment, if any; and |
| Medium | (10) The resolution of the incident. |

Helpful Information

Regarding subsection (3), this requirement is not intended to conflict with confidentiality laws or rights. Identifying information for one child should not be placed in the record of another child. You may choose to 1) write one incident report that is filed centrally (not in each child's record) and de-identified when released as part of a child's record, 2) write one incident report that is filed in each child's record, with each copy de-identified to not show the full name of other children involved in the incident, or 3) write a separate incident report for each child, with only the first name or initials of each other child involved.

Regarding subsection (5), witnesses to the incident are persons who were present when the incident occurred and can give a first-hand account of what they experienced during the incident. A person is not automatically a witness because he lives in the same unit or cottage as the child involved in the incident. Witnesses may also be persons unaffiliated with the operation, such as a visitor to the operation who was present at the time of the incident.

§749.513. What additional documentation must I include with a written serious incident report?

*Subchapter D, Reports and Record Keeping
Division 1, Reporting Serious Incidents and Other Occurrences
January 2017*

You must include the following additional documentation with a written serious incident report, as applicable:

Weight	Serious Incident	Documentation
Medium	(1) Child death, substantial physical injury, or a suicide attempt reportable under §749.503(a)(1), (2), and (11) of this title (relating to When must I report and document a serious incident?).	Any emergency behavior interventions implemented on the child within 48 hours prior to the serious incident.
Medium-High	(2) Any substantial physical injury reportable under §749.503(a)(2) of this title that resulted from a short personal restraint.	Documentation of the short personal restraint, including the precipitating circumstances and specific behaviors that led to the emergency behavior intervention.
Medium	(3) Child absent without permission.	(A) Any efforts made to locate the child; (B) The date and time you notified the parent(s) and the appropriate law enforcement agency and the names of the persons with whom you spoke regarding the child's absence and subsequent location or return to the foster home; and (C) If the parent cannot be located, dates and times of all efforts made to notify the parent regarding the child's absence and subsequent location or return to the foster home.
Medium	(4) Any physical or sexual abuse committed by a child against another child reportable under §749.503(a)(4) or (5) of this title.	The difference in size, age, and developmental level of the children involved in the physical or sexual abuse.

§749.515. How long must I keep my incident reports?

*Subchapter D, Reports and Record Keeping
Division 1, Reporting Serious Incidents and Other Occurrences
January 2017*

Medium-Low You must keep a copy of the incident reports on file for two years. The reports must be easily accessible to Licensing upon request.

Foster Care Medication Agreement

I understand that as a foster parent it is my obligation to provide a safe environment for the children in my care. Part of a safe environment is to be sure that all medication is unavailable to children. **This includes the medication prescribed for the foster children and all other medication in my home, including medication for biological and adopted children, as well as medication for all adults in the home.**

I understand and will follow the guidelines in DFPS Minimum Standards in the handling of medication. They are as follows:

1. All medications will be kept in locked containers that are unavailable to children. **Psychotropic medications must be double locked.**
2. 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, 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.**
3. Children will only be given medication that is prescribed for them and never given any medication prescribed for someone else.
4. 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/
5. Children will have medication in correctly labeled bottles while in respite care.
6. When children go to respite care, the foster parents will directly hand the medication to the foster parents providing respite and provide medication logs and directions.
7. Foster parents will attend scheduled psychiatric appointments with the child and ask questions and request needed explanations that will allow them to be informed caretakers of the foster children.
8. All psychotropic medication dispensation will be appropriately, correctly, and promptly entered in to the medication log.
9. **At the time of any concern or question about prescribed, psychotropic medication, or about medication supply, or if another doctor instructs changing prescribed psychotropic medications, the foster parents will contact the Agency during business hours, or Agency on-call staff after-hours, for information about medication procedures.**
10. At the time medication is prescribed for a child, the foster parent will received information about the medication. Medication information that comes with the prescription will be kept for reference.
11. **Medication prescriptions are filled immediately and dispensed only when necessary authorizations are obtained. Notification of approval should come from DePelchin Children's Center staff.**

I have read the above information. I have attended Psychotropic Medication training. I know that yearly, psychotropic medication training is my responsibility. I understand how to and agree to provide medication to foster children as instructed in this agreement.

Foster Parent Signature

Date

Foster Parent Signature

Date

**DePelchin Children's Center and Affiliate Organizations
Policies and Procedures**

Section: Foster Care Services and Adoption Services

Subject: Use of Alcohol in Foster Homes

Applicable Standards: TDFPS

Departments Affected: Child Welfare Services

As used in this document, DePelchin Children's Center includes its affiliates: DePelchin Psychiatric Services and Caring Family Network, collectively referred to as "DePelchin."

Purpose: Establish the parameters to be observed by foster and adoptive parents when consuming alcoholic beverages.

Policy: Consumption of alcoholic beverages is permissible as long as the caregiver remains able to supervise the child(ren) appropriately and are able to exercise good judgment concerning their care.

Definitions: Families/Caregivers: includes any individual or couple who is a verified caregiver including foster, foster to adopt, adoptive, kinship and/or fictive kinship family.

Procedure:

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 caregivers or designated substitute caregivers will not drive any vehicle while under the influence of alcohol with or without a foster child present in that vehicle.
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.
-

Approved by: Quality Improvement Committee

Date: 7/28/2014

Approved by: _____
President/CEO

Date: _____

Trampoline Guidelines

Trampolines are allowed at the foster home in accordance with the Minimum Standard and DePelchin guidelines.

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

Trampolines are used only under the following guidelines in accordance with Minimum Standards:

1. The number of children allowed in the trampoline at one time meets the manufacture's instructions. 749. 3039 (e) (1)
2. Shock absorbing pads cover the springs, hooks, and frame. 749.3039 (e) (3)
3. Ladders are removed from the trampoline. 749.3039 (e) (3)
4. A caregiver provides supervision as follows: 749.3039 (e) (4)
 - For children under 12 years old, the caregiver must be immediately present, watching the child(ren) at all times, enforcing safety rules, and manufacturer's instructions and able to respond in an emergency. 749.3039 (e) (4) (A)
 - For children 12 years and older, the caregiver must be on the premises, visually checking on the child(ren) at frequent intervals and able to respond in an emergency. 749.3039 (e) (5) (B)

**DePelchin Children's Center and Affiliate Organizations
Policies and Procedures**

Section: Child Placing Services

Subject: Pet Safety in Foster/Adoptive Homes

**Applicable Standards: COA: AS 3.02, FKC 15.05
TDFPS: 749.2917, 749. 607 (1), 749.2593 (a) (4)**

Departments Affected: Child Welfare Services

As used in this document, DePelchin Children's Center includes its affiliates: DePelchin Psychiatric Services and Caring Family Network, collectively referred to as "DePelchin."

Purpose: To define pet safety in adoptive/foster homes to ensure the child's safety and well-being.

Policy: DePelchin adoptive/foster homes are able to provide for child's safety around pets and animals. Adoptive/foster parents monitor the child's interactions with family pets and instruct children on how to appropriately play and nurture a pet.

Procedure:

Safety:

DePelchin is concerned about the safety of children in the foster home when pets are present as well as exposure to animals outside the home such as possible strays, petting zoos, fairs etc. The safety of children is paramount.

1. During the home study process information is obtained regarding the pets in the home;
2. The organization's staff will observe the pets in the home as well as gauge the interaction of the pets to the family members and visitors to the home;
3. If a new pet or animal is brought into the home additional assessment and observation is provided to ensure the safety and well-being of the children;
4. The foster parents will monitor the children in the home and provide guidance on how to interact with family pets. Many children have not been around pets and need to be taught how to touch and play with pets as well as learn what behaviors are acceptable to pets (for example, not bothering pets when eating, taking pets toys, teasing pets, touching pets inappropriately or pulling pets tails). Foster parents take on this responsibility when they accept children into their home;

The foster parent is expected to intervene immediately if there is a threat to a child in care or safety concern and ensure supervision of the children and pets is provided;

1. If the family pet becomes sick, it is expected that the foster parent will seek medical attention for the pet immediately and obtain written documentation of the outcome of the medical visit;
2. Foster parents will remind children that when a pet is sick, pets need rest and will not likely want to play with children;
3. Children are often not able to understand that sick pets need rest, the foster parent will provide the level of supervision based on the children and pets in the home.

Requirements:

1. Poisonous and exotic snakes as well as dogs that have been observed to be aggressive in the assessment process or who have a history of aggression are not allowed in adoptive/foster homes.
2. The agency has discretion as to the pets or animals that may be in the home or on the property based on risk and temperament.
3. Rodents such as hamsters, guinea pigs and gerbils will be allowed in the adoptive/foster home with a safety plan and proper cages.
4. All exotic pets must be approved by the agency on a case by case basis.
5. Any animals on the premises of a home must be kept free of disease. Animals must be vaccinated and treated as recommended by a licensed veterinarian. The caregivers must have documentation at the home showing that dogs, cats, and ferrets have been vaccinated as required by Texas Health and Safety Code, Chapter 826. If the foster home chooses to have animals on the premises, it must ensure that the animals do not create health problems or a health risk for children.

PREVENTION:

- Keep vaccinations up to date for all animals. This requirement is important not only to keep your pets from getting rabies, but also to provide a barrier of protection for you, if your animal is bitten by a rabid wild animal.
- Keep your pets under direct supervision so they do not come in contact with wild animals. If your pet is bitten by a wild animal, seek veterinary assistance for the animal immediately.
- Call your local animal control agency to remove any stray animals from your neighborhood. They may be unvaccinated and could be infected by the disease.
- If your dog or cat or animal is sick, take it to your veterinarian.

- If you have a compromised immune system, be extra cautious when visiting farms and contacting farm animals, including animals at petting zoos.
- Wash hands with soap and running water before eating and preparing food, after contact with animals, and after handling raw meat.
- Dispose of animal feces in a sanitary manner.

Approved by: Quality Improvement Committee

Date: 10/30/2014

Approved by: _____
President/CEO

Date: _____

DePelchin Children's Center
Policies and Procedures

Section: Child Welfare Services
Subject: Weapons and Firearms Safety
Applicable Standards: TDFPS §749.2961, §749.2963, §749.2965, §749.2967
Departments Affected: Foster Care Adoption

Purpose: The purpose of this policy is to promote a safe environment in foster homes by minimizing risk when children utilize weapons, firearms, explosive materials and/or projectiles and to outline required safety precautions to ensure that children do not have unsupervised access to them.

Policy: Weapons, firearms, explosive materials, and projectiles may be kept in foster homes when maintained in a safe manner that complies with all safety precautions and Residential Child Care Licensing (RCCL) approved procedures. Children in the care of DePelchin may participate in the use of weapons, firearms, explosive materials, and projectiles only after written approval is obtained from the legal guardians and DePelchin staff

Procedure:

1. DePelchin Children's Center foster parents that maintain weapons, firearms, explosive materials, and projectiles in the home must follow safety precautions, including keeping all weapons, firearms, explosive materials, and projectiles in a locked, strong and unbreakable storage compartment area away from children. If the compartment has a glass or breakable front or enclosure, the firearms must be secured with a locked cable or chain placed through the trigger guards. All ammunition must be locked and kept separate from firearms.
2. Decisions regarding children's use of weapons, firearms, explosive materials, and projectiles are made on an individual basis taking into consideration the child's age, individual needs, family history, child's impulse control, emotional maturity, background, wishes, the recommendations of the caregiver, permission of the parent or guardian, and various other factors.
3. All children must be a minimum of 14 years of age before being given consideration to use weapons, firearms, explosive materials, and projectiles.
4. The parent or guardian, DePelchin staff and foster parents must approve of all activities involving weapons, firearms, explosive materials, and projectiles, and it must be documented in the Plan of Service and reviewed regularly.

5. DePelchin staff or foster parents must be present during use of weapons, firearms, explosive materials, and projectiles.
 6. DePelchin's Foster Care Services staff will review the possession and storage of all weapons, firearms, explosive materials, and projectiles during DePelchin quarterly inspections.
 7. When using a firearm, in addition to proper permission from the parent or guardian, the child and the staff or foster parent providing supervision must pass the state safety test for hunting.
 8. If the guardian approves the use of weapons, firearms, explosive materials, and projectiles while the child is on a visit, then the responsibility and decision is solely the responsibility of the guardian.
 9. Foster parents must inform DePelchin Foster Care staff when a change takes place (either the removal or addition of a firearm, weapon, explosive, or projectile in the home) within seven (7) days of the change taking place.
 10. Foster parents may not transport foster children in a vehicle where a handgun is present, unless the handgun is in the possession and control of the foster parent (i.e. holstered) and the foster parent is licensed to carry the handgun under Subchapter H, Chapter 411, of the Government Code.
 11. Foster parents may transport foster children in a vehicle where firearms (not handguns), other weapons, explosive materials, or projectiles are present if:
 - a. All firearms are not loaded;
 - b. The firearms, other weapons, explosive materials, or projectiles are inaccessible to the foster child;
 - c. Possession of the firearm is legal;
 - d. The foster parent has on file with DePelchin a Weapons, Firearms, Explosive Materials, and Projectiles Agreement.
-

Approved by: Quality Improvement Committee

Date: 7/27/2017

Approved by: Board of Directors

Date:

Approved by: _____
President/CEO

Date: _____

**FOSTER/ADOPT HOME WEAPONS, FIREARMS, EXPLOSIVE MATERIALS,
AND PROJECTILES AGREEMENT**

Family Name: _____

Weapons, firearms, explosive materials, and projectiles, such as darts, arrows and BB's are permitted in Foster Homes, however there are some specific restrictions: **§749.2961**

- Children do not have unsupervised access to any weapons, firearms, explosive materials, and projectiles, such as darts, arrows and BB's;
- All items listed above are stored locked and out of children's reach;
- Locked storage must be made of strong, unbreakable material;
- Separate locked storage for the weapons and the ammunition; and
- If the locked storage has a glass or another breakable front or enclosure, guns must be secured with a locked cable or chain placed through the trigger guards.

Before a child in care may participate in activities involving weapons, explosive materials, firearms, projectiles, or toys that explode or shoot, approval must be documented by the team responsible for the child's care. No child shall be permitted use of weapons, explosive materials, firearms, projectiles, or toys that explode or shoot without direct supervision of a qualified adult. In order for a child to use firearms he/she must complete the Texas Hunters' Safety course and obtain approval from DePelchin Children's Center staff

_____ 1. I certify that I do not own or keep any weapons, explosive materials, firearms or projectiles in my home.

OR

_____ 1. I certify that I do own or keep any weapons, explosive materials, firearms or projectiles in my home

_____ 2. Firearms and weapons (as defined by minimum standards) are stored and locked in compliance with minimum standards requirements §.749.2961.

_____ 3. Ammunition is stored and locked separately from weapons.

_____ 4. An inventory of all weapons in the home must be attached, if applicable.

_____ 5. The firearm & weapons regulations and restrictions have been reviewed with my family.

_____ 6. I agree to abide by the weapons and firearms safety plan approved by Depelchin Children's Center staff

_____ 7. I understand that I must notify the agency within seven (7) days if the attached inventory changes in the type of or addition of weapons.

In addition to the above regulations, it is recommended that as an additional safety precaution that the keys for the gun and the ammunition are stored in a different area (unknown to the children) from where the household keys are stored.

FOSTER/ADOPT HOME WEAPONS, FIREARMS, EXPLOSIVE MATERIALS, AND PROJECTILES AGREEMENT

If you are unable to meet the requirements as outlined above and by reference to §749.2961, please specify reason:

TRANSPORTING CHILDREN

_____ I understand that when I am traveling in a vehicle where firearms (other than handguns), other weapons, explosive materials or projectiles are present, the following conditions must be satisfied:

- All firearms are not loaded;
- The firearms, other weapons, explosive materials, or projectiles are inaccessible to the foster child;
- Possession of the firearm is legal

LICENSE TO CARRY A HANDGUN

_____ I understand that when I am traveling in a vehicle with foster children, I will be expected to ensure that the handgun is in my possession and control and that I have a license to carry a handgun under Subchapter H, Chapter 411, of the Government Code.

_____ I understand that even with a license to carry a handgun, I must also abide by the above regulations regarding firearms safety and preventing access to children. This includes ensuring that the handgun is secured appropriately (i.e. in a holster) when on my person during transportation in a vehicle.

Please provide the following information regarding your license to carry a handgun:

License Number & Expiration Date	Law Enforcement Agency (LEA) badge number (if applicable)

Parent Signature

Date

Parent Signature

Date

DePelchin Staff Signature

Date

**FOSTER/ADOPT HOME WEAPONS, FIREARMS, EXPLOSIVE MATERIALS,
AND PROJECTILES AGREEMENT**

**FOSTER/ADOPT HOME WEAPONS, FIREARMS, EXPLOSIVE MATERIALS &
PROJECTILES INVENTORY**

The following weapons, explosive materials, firearms and projectiles are present in the home:

Type of weapon, explosive material, firearm or projectile	Storage Location

Parent Signature

Date

Parent Signature

Date

DePelchin Staff Signature

Date

**FOSTER/ADOPT HOME WEAPONS, FIREARMS, EXPLOSIVE MATERIALS,
AND PROJECTILES AGREEMENT**

**FOSTER/ADOPT HOME WEAPONS, FIREARMS, EXPLOSIVE MATERIALS, AND
PROJECTILES SAFETY PLAN**

A safety plan can include precautions like:

- Ensure safety mechanisms are enabled at all times when carrying in the presence in children
- Utilize a holster that properly secures the firearm
- Completion of a firearms safety training class

Parent Signature

Date

Parent Signature

Date

DePelchin Staff Signature

Date

Foster Care/Foster to Adopt Home Agreement

I agree to accept children from DePelchin Children's Center (DePelchin) for temporary care only. I understand that this is not a permanent arrangement, and I agree that children may be removed at the discretion of the agency, furthermore I also agree to accept and abide by the terms and conditions of the following:

- Texas Department of Family and Protective Services (DFPS) Residential Child Care Contract found at the following link;
http://www.dfps.state.tx.us/PCS/Residential_Contracts/contract_forms.asp
 - The DFPS Minimum Standards for Child Placing Agencies, found at the following link:
http://www.dfps.state.tx.us/documents/Child_Care/Child_Care_Standards_and_Regulations/749_CPA.pdf
 - A hard copy of the above mentioned documents can be provided to me upon request.
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. I agree to comply with all Minimum Standards for Child Placing Agencies, as well as requirements by any other of DePelchin's regulatory or Credentialing authorities. I agree to work cooperatively with DePelchin staff to maintain current documentation of compliance with minimum standards.
 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.
 3. I understand that information regarding training opportunities, mandatory meetings, support services and foster parent activities will be shared by mail, email, voice mail, phone contact, personal interview by DePelchin staff, and/or designated foster parents. I agree to notify DePelchin within 24 hours of any change to the above referenced contact information.
 4. I understand that information given to me regarding children in my home is confidential. I agree to discuss this information only with the Department of Family and Protective Services (DFPS) caseworker or DePelchin worker and will otherwise hold this information in the strictest of confidence. Additionally, I understand I must share all documentation and information regarding the children I care for with DePelchin Children's Center.
 5. I understand that communications are to be channeled through the DePelchin staff assigned to each family. If the assigned staff member is not available, their supervisor or another DePelchin staff is to be contacted. Direct contact should not be made with staff from other agencies or family members of the child unless the DePelchin staff has approved this.
 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 only be quarterly visits regarding continuous

Foster Parent (s) Initials _____

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Foster Care/Foster to Adopt Home Agreement

compliance. Quarterly monitoring will be ongoing unless my home is placed on inactive status or I relinquish my foster home verification.

7. I agree to cooperate with DePelchin staff in all scheduled and unannounced inspections of my home. I also agree to participate in the development of and remain in compliance with recommendations of a Foster Parent/Foster Home Developmental Plan should there ever be a need to have one in place.
8. I agree to provide 24-hour child-care services which ensure each child's health, safety and well being and include basic and therapeutic services. I understand that child care services include room, food, laundry, clothing and transportation (if I receive Beaumont Foundation funds and/or a clothing voucher I must submit receipts within 30 days of clothing purchase). In order to fulfill my role of foster/adoptive parent, I agree to work closely with my DePelchin staff so as to understand and meet the emotional and physical needs of each child. Additionally, I understand that when a placement change occurs with children in my home, I must surrender all of the child's belongings they came to the home with as well as items they acquired during the placement in my home. I will also provide the child's educational portfolio, medication and other documents or items pertaining to the child.
9. I agree to complete foster parent documentation as required by DePelchin, this includes foster parent behavior logs, foster parent progress logs (frequency determined by child's Level of Care), medication logs and obtaining medical encounter forms for all medical, dental and behavior health services received. Additional documentation may be required on a child based on their needs.
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 from 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.
11. I understand that I will not release a child placed by DePelchin without DePelchin's consent and only to authorized DFPS personnel (must document viewing of the representative's identification).
12. I understand that the agency has the responsibility to make decisions about the child in my home that relate to placement and removal, directing the educational planning for each child, directing the access of services for medical, health, and mental health needs of the child. I understand that I will be responsible for providing care and supervision of children in my care and have the responsibility of making routine decisions that are necessary to provide this care. I further understand that it is my responsibility to access emergency medical services, as I deem necessary in order to prevent loss of life and/or to prevent conditions that may result in life long injury or illness.
13. I have read and understand DePelchin's discipline policy and agree to abide by this policy.
14. I understand that I am to participate with my child's DePelchin worker, DFPS caseworker and/or treatment team to make decisions regarding the management of the child's chronic or acute physical and mental health problems, educational needs, family visits and special recreational situations that

Foster Parent (s) Initials _____

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Foster Care/Foster to Adopt Home Agreement

involve individuals outside my family, such as overnights with friends, camping, day trips supervised by another individual, etc.

15. I understand that I am responsible to ensure that medical, dental, vision, hearing, behavioral health, psychotropic medications, and other professionally recommended evaluations and services consistent with the child's permanency/service plan are provided to each child within appropriate timeframes. I must ensure initial as well as annual medical, dental, hearing, and vision screenings for each child placed in my home. I must ensure timely completion of any follow up recommended by medical and or behavioral health providers and must ensure I communicate to my Clinical Case Manager any barriers I am experiencing as a delay in medical care could be viewed as medical neglect. I also understand that I must participate with STAR Health (the State's Medicaid managed care program) and DePelchin to ensure that every eligible child is enrolled for service management
16. I understand that I must enroll any school aged child placed in my home in a Texas Education Agency (TEA) accredited Texas public school within 3 calendar days of placement and provide documentation of enrollment to DePelchin within 5 calendar days. If the child is under three years old, I will notify the local Early Childhood Intervention (ECI) program and schedule an evaluation. This applies even during times of summer and school breaks. In the case of a school break, if a child is 3 years of age or older, I understand that I must notify the school district in which I will enroll the child within 3 calendar days.
17. I will ensure that each child placed in my home has an education portfolio which includes any documentation concerning the child's education including but not limited to: enrollment documentation, child's birth certificate, social security number, immunizations, and withdrawal notice from the child's last school, special education documentation, Admission Review and Dismissal (ARD) team meeting notes, Individual Education Plans (IEP) and progress notes, full educational evaluations and/or diagnostic assessments, report cards, progress notes, vocational training notes, transcripts, Standardized test results, referrals, notices, correspondence, documents related to "reasonable accommodations" per section 504 of the Rehabilitation Act of 1973, and school pictures. This education portfolio will be available for view by DFPS and DePelchin representatives. This portfolio must be updated with the most current information on an ongoing basis. I understand that the child must have this portfolio upon leaving my home.
18. I understand that I must review and discuss progress and report cards with each child placed in my home. This information will also be shared with my DePelchin Clinical Case Manager. I must document this conversation in my foster parent log
19. I understand that I must ensure proper vocational activities and Preparation for Adult Living (PAL) education for children 16 years of age and older, or as developmentally appropriate, in my home. I understand that I must obtain written approval from DFPS prior to utilizing PAL Life Skills Independent Study Guide for a Child in Substitute Care in order for a child to receive credit for completion.
20. I agree that a parent may visit the child at the time and for the period specified by prior arrangement with the DFPS caseworker and/or DePelchin worker. I will not discuss with the parent or relatives their family plans, problems or complaints, but shall refer them for such discussion to the DFPS caseworker.
21. I understand that it is my responsibility to participate in events consistent with each child's individual service plan including but not limited to:

Foster Parent (s) Initials _____

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Foster Care/Foster to Adopt Home Agreement

- Scheduled family visits for each child placed in my home;
- Initiate, facilitate, schedule and transport the children in my care to monthly visits with their siblings (if sibling lives within 100 miles of my home);
- Initiate, facilitate, and schedule children's bi-monthly telephone communications with their siblings (if sibling lives more than 100 miles from my home);
- All necessary medical, dental, vision, hearing, psychiatric, psychological, behavioral health, and other recommended assessments/appointments;
- Recreation, educational and after-school activities;
- Court hearings/legal staffings/any meeting required by the court;
- Required community service appointments/juvenile probation appointments;
- Preparation for Adult Living activities;
- Conferences/meetings, such as Permanency Conferences, Transition Plan Meetings, Family Group Conferences, Circles of Support Conferences;
- Employment or Vocational activities;
- School.

If I am not able to provide transportation I must ensure an approved caregiver provides transportation to these events. Should I have an emergency or a situation that prevents me, and/or my caregiver's, ability to transport or participate I will immediately contact DePelchin to assist with a plan to resolve the matter with DFPS.

If the school bus is utilized for transportation, please see the DePelchin Children's Center Foster Home/School Relationship form for guidelines. This form is completed at the time of the DePelchin admission assessment. If the child will have privileges to walk home unsupervised from school or a vocational activity, or be unsupervised at any time, this must be approved by the child's DFPS caseworker and documented in the child's service plan.

22. Other than in an emergency, I agree to give the DePelchin worker 30 days notice if I desire removal of a child from my home. I will not contact DFPS directly for the removal of a child from my home. I will contact DePelchin regarding any removal requests. I understand that I cannot drop a child off at DFPS or at DePelchin. DePelchin will assist with providing emergency respite and emergency moves as is possible and as needed.
23. I agree to the financial terms of the agency, which are a monthly reimbursement, the amount of which depends on the authorized level of care of the child. I understand that this reimbursement is related to the child's food, shelter, clothing, transportation, and other expenses.
24. I agree not to accept a non-relative child for 24 hour care from any source other than through DePelchin.
25. I agree to obtain authorization from DePelchin prior to the discharge of any child placed in my home.
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.

Foster Parent (s) Initials _____

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Foster Care/Foster to Adopt Home Agreement

27. I understand that anytime I anticipate a threat of any type to my home or any children in my home including biological or adopted children I notify DePelchin immediately and make a plan to ensure the safety of all household members, this may require reporting to law enforcement, temporarily relocating or removing foster children from my home.
28. I agree that in the event of any medical or physical emergency that threatens the children under my care I will first call 911 Emergency Services and then contact DePelchin staff.
29. I agree to contact DePelchin staff regarding any accidents, illnesses, serious behavior or occurrences that may impact the provision of care for any foster child in my home.
30. I understand that consistent with DePelchin's Policy and Procedure I have the right to appeal any DePelchin decision or action that impacts my foster home. The appeal must be in writing and submitted following DePelchin Policy Num. CR 100, provided to my on the day this agreement is signed.
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 which the provider must correct the default (deficiency/ies); otherwise DePelchin shall terminate this agreement.
32. I agree that this contract may also be terminated at any time by mutual consent or either party to this contract may consider it to be cancelled by giving 30 days notice to the other party.
- 33. I also understand that DePelchin reserves the right to remove any Youth and terminate this agreement at anytime without cause and without notice.**

This document is null and void in the absence of an agency staff signature, furthermore, the terms of this agreement are effective as of the date the prospective foster parent is verified/licensed and this document is signed by agency staff.

LICENSE EFFECTIVE DATE: _____

Foster/Adoptive Parent (Type Name)

Signature Date

Foster/Adoptive Parent (Type Name)

Signature Date

Agency Staff (Type Name)

Signature Effective Date

Foster Parent (s) Initials _____

**DePelchin Children's Center s
Policies and Procedures**

Section: Foster Care Services

Subject: Client Grievance

**Applicable Standards: COA CR 3
TDFPS 749.423, 749.425**

Departments Affected: Child Welfare Services

Purpose: To outline the way a client may make a complaint if dissatisfied with service provided.

Policy: Each child and family or guardian has the right to initiate a complaint with the Supervisor and, if not resolved at that level, to 1) Program Coordinator/Manager 2) Director of Child Welfare Service 3) the Vice President of Child Welfare Services. A complaint may be made regarding any aspect of services. The person(s) issuing a complaint has the right to an explanation if not a resolution.

The client has the right to complain to any staff member or any of the agencies, which license the agency's programs.

Procedure:

Grievance Policies are provided to all **families** during the home study process, as well as to **clients** during the Foster Care Intake meeting/Adoptive Placement.

1. A client has the right to complain to the agency or any outside authority, the employee receiving the complaint is to provide a Complaint Feedback form (CR.100-A), postage; and/or access to a telephone upon request. Clients wishing to complain in writing may have assistance in completing the form if they are unable to read or write. A verbal complaint is handled with the same seriousness as a written complaint. A translator will be provided if necessary.
2. Any person receiving a complaint shall refer the matter to the next level of Supervisory/Management staff. At that time the client will be given the contact information of the next level Supervisory/Management staff.
3. The Supervisory/Management staff will initiate an investigation of the client complaint within 2 business days of receiving such a complaint, and set a mutually convenient time to meet with the foster/adoptive parent/applicant.

4. If a face-to-face meeting is requested to resolve the complaint, such meeting will be facilitated by the Supervisory/Management staff, including the provision of transportation for such a conference, if necessary.
5. Each complaint will receive a written response within five business days from the review meeting. This written response will include the information used to determine the appeal decision. The Supervisory/Management staff will complete a Complaint/Reviews Form and forward it to the Program Manager.
6. Copies of the response and the final resolution of the complaint will be kept in a central file in the Program Development Evaluation and Quality Improvement (PDEQI).
7. **EXCEPTION:**
When a complaint against a foster/adoptive parent is received by DePelchin the allegation will be reviewed with appropriate Supervisory/Management staff within the Child Welfare Program. All incidents required by Licensing Standards to be reported will be called into the 1-800 number or notification will be given to Texas Department of Family and Protective Services Licensing Representative and TDFPS/Residential Child Care License protocol will be followed.

Approved by: Quality Improvement Committee

Date: 06/05/2014

Approved by: Board of Directors

Date: _____

Approved by: _____
President/CEO

Date: _____

DePelchin Children's Center

Administrative Review Procedure for Foster / Adoptive Parent Applicants

Purpose: To outline the way a foster/adoptive parent applicant may request an administrative review of a decision made by DePelchin staff.

Procedure:

A copy of this Administrative Review procedure is provided to all families during application and intake process.

Applicants will be notified if they are denied the opportunity to foster and/or adopt. Staff will discuss the reasons for denial and provide an opportunity for the applicant to ask questions and seek understanding of the reasons.

1. The reasons for the denial must also be provided to the applicant in writing with a copy of the Administrative Review process.
2. The applicant may request an administrative review either orally or in writing within 15 days of receiving notification of the decision.
3. If the applicant requests an administrative review, it will be conducted by a staff member designated by the Child Welfare Services management.
4. After conducting the review, the applicant will be provided with a written explanation of DePelchin's final decision within five (5) business days of completion of the review.
5. Copies of the response and the final resolution of the administrative review are maintained in the file.

DePelchin Children's Center

Administrative Review Procedure for Foster / Adoptive Parents

Purpose: To outline the way a foster / adoptive parent may request an administrative review of a decision made by DePelchin staff.

Procedure:

A copy of this Administrative Review procedure is provided to all families during the approval process and following approval of their foster / adoptive home.

Families will be notified of any decision that affects the status of their home. Staff will discuss the reasons for the decision and provide an opportunity for the family to ask questions and seek understanding of the reasons.

1. If the foster / adoptive parent requests an administrative review of a decision, it will be conducted by a staff member designated by the Child Welfare Services management.
2. After the review, the decision will be communicated to the family either orally or in writing.
3. The foster / adoptive parent may request an additional administrative review either orally or in writing within 15 days of receiving notification of the decision.
4. Staff will conduct the review in a timely manner and will provide a written notification of the decision within five (5) business days of completion of the review.
5. Copies of the response and the final resolution of the administrative review will be maintained in the file.

Foster Care To Do List for a New Placement

Once a Child is placed	<ul style="list-style-type: none"> <input type="checkbox"/> If child was placed in your home from a hospital, please make all necessary follow-up medical appointments as scheduled on hospital discharge paperwork. There will be no need for a 3-Day Initial Medical Exam or the 72 Hour Health Screening. <input type="checkbox"/> If child is new to DFPS care, they must see a doctor for their 3-Day Initial Medical Exam within 72 Hours of placement to be checked for injuries or illnesses and receive any treatment needed. <input type="checkbox"/> If a child is not new to DFPS care and new to DePelchin, they must have a 72 Hour Health Screening completed within 72 hours of placement in the home.
First 3 days	<ul style="list-style-type: none"> <input type="checkbox"/> Enroll your child if ages 3 to 4 in Pre-K/Head Start Program, if program is full obtain documentation stating such. <input type="checkbox"/> Referral will be made to ECI to set up an assessment for children ages 0-3. This can be done by the pediatrician, the foster parent, or DePelchin staff. <input type="checkbox"/> Ensure that your school age child is enrolled in school within 3 days of placement.
First Week	<ul style="list-style-type: none"> <input type="checkbox"/> If child is new to DFPS care, schedule the Texas Health Steps Medical Check-Up. It must be completed within 30 days of placement. Please be sure that <u>Hearing Exam</u> and <u>Optical Exam</u> are included. <input type="checkbox"/> Schedule CANS assessment for children ages 3 to 17. <input type="checkbox"/> Complete TB test within 30 days of placement, if age one or older <input type="checkbox"/> Schedule Dental exam within 30 days of placement. Dental must be completed within 60 days of placement, if child is 6 months or older. <input type="checkbox"/> Contact WIC if you have a child under the age of 5. <input type="checkbox"/> Make appointment with psychiatrist, if the child is currently prescribed psychotropic medication or if evaluation is recommended
Within 1st 30 days	<ul style="list-style-type: none"> <input type="checkbox"/> Attend Permanency Conference meeting (PC), if scheduled. <input type="checkbox"/> Invite and notify your Clinical Case Manager of the PC meeting. <input type="checkbox"/> CANS assessment will be completed within 30 days for children ages 3 to 17. <input type="checkbox"/> Texas Health Steps Medical Check-up must be completed.
Ongoing	<ul style="list-style-type: none"> <input type="checkbox"/> Complete Monthly Foster Parent Logs <input type="checkbox"/> Turn in documentation monthly (i.e. medical encounter forms, medication logs, immunization records, school documentation) <input type="checkbox"/> Foster Parent Report of Significant Event should be submitted within 24 hours of the incident <input type="checkbox"/> Keep all binder and educational portfolios organized and file current information <input type="checkbox"/> Physical completed annually <input type="checkbox"/> Hearing exam completed annually <input type="checkbox"/> Optical exam completed annually <input type="checkbox"/> Dental exam completed every 6 months, for all children 6 months and older

ADMISSION ASSESSMENT

CLIENT'S NAME: _____ DATE OF BIRTH: _____ AGE: _____

BIRTHPLACE: _____ GENDER: ☐ Male ☐ Female

ETHNICITY: _____

Is the Child "New to Care" (entering care from Bio Home/Kinship Placement/Hospital): ☐ Yes ☐ No

The Child is a member of an Indian Tribe: ☐ Yes ☐ No

Is the Child the bio. child of a member of an Indian Tribe and eligible for membership in an Indian Tribe: ☐ Yes ☐ No

CHILD'S RELIGION: _____

RELIGIOUS NEEDS/CONSIDERATIONS: _____

LEGAL STATUS:

☐ TMC ☐ PMC ☐ Child is over 18 years old and has signed the Voluntary Placement Agreement

MANAGING CONSERVATOR NAME: _____

ADDRESS: _____

EMAIL: _____

OFFICE PHONE: _____ CELL PHONE: _____

Conservator's expectations for placement, duration of placement, and family involvement and understanding of placement: _____

FOSTER PARENT(S): _____

ADDRESS: _____

PHONE #'S: _____

PLACEMENT DATE: _____

INTAKE MEETING DATE: _____

LEVEL OF CARE: _____

CLINICIAN: _____

TYPE OF PLACEMENT: ☐ Emergency ☐ Planned

PRE-PLACEMENT: ☐ Prior to placement ☐ Pre-placement same day as placement

FOSTER PARENT'S RESPONSE TO PREPLACEMENT: _____

CHILD'S RESPONSE TO PREPLACEMENT: _____

REASON FOR INITIAL REMOVAL, HISTORY OF CONTRIBUTING FACTORS SUCH AS POVERTY, DOMESTIC VIOLENCE, SUBSTANCE ABUSE, MENTAL HEALTH AND CHRONIC HEALTH PROBLEMS, PLACEMENT HISTORY, REASON FOR CURRENT PLACEMENT: *(Please detail prior placement info.)*

HISTORY OF TRAUMA:

- | | | |
|---|---|--|
| <input type="checkbox"/> Prenatal drug exposure | <input type="checkbox"/> Prenatal physical trauma | <input type="checkbox"/> Shaken baby |
| <input type="checkbox"/> Victim of sexual abuse | <input type="checkbox"/> Medical trauma or serious injury | <input type="checkbox"/> Community Violence |
| <input type="checkbox"/> Gang violence | <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Exposure to Criminal Activity |
| <input type="checkbox"/> Loss of a loved one | <input type="checkbox"/> Witness to family members death | <input type="checkbox"/> Refugee |
| <input type="checkbox"/> Natural Disaster | <input type="checkbox"/> Medical neglect | <input type="checkbox"/> Incarcerated family member |
| <input type="checkbox"/> Life threatening illness | <input type="checkbox"/> Witness to murder/suicide | <input type="checkbox"/> Animal Attack |
| <input type="checkbox"/> Involved in Car crash | <input type="checkbox"/> Other: _____ | |

Description of any items checked above: _____

CHILD'S UNDERSTANDING OF PLACEMENT:

EDUCATION

CURRENT GRADE	SCHOOL TO BE ENROLLED IN (name, address and phone number)	SPECIAL EDUCATION STATUS

SPECIALIZED SERVICES NEEDED:

- | | |
|---|---|
| <input type="checkbox"/> ECI | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Occupational therapy | <input type="checkbox"/> Speech Therapy |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Other: _____ |

PREVIOUS SCHOOLS ATTENDED:

Name of School	Dates	Grades Earned	Special Achievements

HAS CHILD COMPLETED PAL: ☐ Yes ☐ No

BEHAVIORAL NEEDS

CHILD'S STRENGTHS, SKILLS, ACHIEVEMENTS, COMPETENCIES, SUPPORT RESOURCES AND SPECIAL INTERESTS: __

HISTORY OF PSYCHIATRIC HOSPITALIZATIONS: ☐ Yes

☐ No

If Yes, Where / Reason / Dates: _____

IDENTIFIED TRIGGERS: _____

IDENTIFIED BEHAVIORS WHEN CHILD IS TRIGGERED: _____

IDENTIFY ANY MALADAPTIVE AND/OR HIGH-RISK BEHAVIORS POSING A RISK TO SELF OR OTHERS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Fire setting | <input type="checkbox"/> Sexual acting out | <input type="checkbox"/> Self-harm/Self-mutilation |
| <input type="checkbox"/> Fighting | <input type="checkbox"/> Smoking | <input type="checkbox"/> Alcohol use |
| <input type="checkbox"/> Substance use/abuse | <input type="checkbox"/> Suicide threats/attempts | <input type="checkbox"/> Animal cruelty |
| <input type="checkbox"/> Running away | <input type="checkbox"/> Damage to property | <input type="checkbox"/> Criminal activity |
| <input type="checkbox"/> Manipulates others | <input type="checkbox"/> Excessive temper tantrums | <input type="checkbox"/> Provokes others |
| <input type="checkbox"/> Threatens others | <input type="checkbox"/> Physical aggression | <input type="checkbox"/> Verbal aggression |
| <input type="checkbox"/> Sexual perpetrator | <input type="checkbox"/> Other: _____ | |

Description of any items checked above: _____

BEHAVIOR / RISK MANAGEMENT PLAN (*De-Escalation & Calming & Safety Strategies, Include child's preferences on de-escalation behavior management*): _____

CONTRA-INDICATIONS TO USE OF RESTRAINT (*Known reasons a restraint is not appropriate for this child*): _____

LEVEL OF SUPERVISION (*check all that apply and define each level*):

☐ Eye Sight ☐ Voice Range ☐ Independent time

Parameters of supervision: _____

HISTORY OF SUBSTANCE ABUSE/ EXPOSURE/ TREATMENT: (*List all substances child has been exposed to, tried, or abused including length of time/severity. If child was in treatment, please identify where, when, and duration. Discuss impact on the child's family and appropriate level of care*): _____

PSYCHOLOGICAL/EMOTIONAL NEEDS

CURRENT DEVELOPMENTAL LEVEL OF FUNCTIONING (*Emotional Age, Reasoning Abilities, Coping & Social Skills, Special Interests / Attachments / Plan to address delays & adjustment issues*): _____

PSYCHIATRIC EVALUATION:

Date of last Visit: _____ Physician: _____

Diagnoses: _____

*See full psychiatric note in child's file for complete list of instructions and recommendations.

CURRENT PSYCHOTROPIC MEDICATIONS:

Medication	Dosage	Target Symptom	Prescribed By

Medication changes in last 30 day period: _____

PSYCHOLOGICAL EVALUATION:

Date of last evaluation: _____ Examiner: _____

Diagnoses: _____

FSIQ: _____ Verbal: _____ Performance: _____

Academic Achievement (list score or grade equivalent):

Reading: _____ Spelling: _____

Writing: _____ Math Computation: _____

*See full psychological report in child's file for other relevant test results and recommendations.

Additional Services Recommended:

- ☐ Developmental Assessment ☐ Physical Evaluation ☐ Psychiatric Assessment
☐ Occupational Therapy ☐ Speech Therapy ☐ Physical Therapy
☐ Other: _____

If child identified as MR or PDD, other special needs/referrals may include:

- ☐ DMR/Referral to MHMR ☐ Referral to APS ☐ Referral to DADS
☐ Employment program ☐ Job skills training ☐ Special Olympics
☐ Referral to DFPS Developmental Disability Specialist ☐ Other: _____

FAMILY/ PERMANENCY

MOTHER: _____

ADDRESS: _____

PHONE NUMBER: _____

FATHER: _____

ADDRESS: _____

PHONE NUMBER: _____

VISITS PERMITTED WITH BIOLOGICAL PARENTS: ☐ Yes ☐ No

Type of Contact: _____

Frequency/ Duration: _____

Location: _____

SIBLING: _____

ADDRESS: _____

PHONE NUMBER: _____

SIBLING: _____

ADDRESS: _____

PHONE NUMBER: _____

SIBLING: _____

ADDRESS: _____

PHONE NUMBER: _____

SIBLING: _____

ADDRESS: _____

PHONE NUMBER: _____

VISITS PERMITTED WITH BIOLOGICAL SIBLINGS: ☐ Yes ☐ No

Type of Contact: _____

Frequency/ Duration: _____

Location: _____

CONTACT PERMITTED WITH OTHER SIGNIFICANT PERSONS: ☐ Yes ☐ No

Type of Contact: _____

Frequency/ Duration: _____

Location: _____

DOES THE CHILD HAVE ANY OTHER SUPPORTIVE ADULTS THAT CAN BE A RESOURCE/SUPPORT? ☐ Yes ☐ No

If yes, have child create a list of names and contact info. (Explain that approval will have to be obtained for each adult listed) _____

DESCRIBE CHILD'S QUALITY OF ATTACHMENT TO CAREGIVERS AND/OR SIGNIFICANT ADULTS: _____

DESCRIBE HOME ENVIRONMENT, FAMILY FUNCTIONING, AND QUALITY OF RELATIONSHIP WITH PARENTS, SIBLINGS, EXTENDED FAMILY MEMBERS AND OTHER SIGNIFICANT PERSONS: _____

BIRTH FAMILY STRENGTHS & RESOURCES: _____

CULTURAL/ETHNIC CONSIDERATIONS: _____

HEALTH CARE INFORMATION

(IF PMN, SEE ATTACHMENT ON PAGE 14)

INDIVIDUALS WHO HAVE LEGAL AUTHORITY TO CONSENT TO CHILD'S MEDICAL CARE:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> CPS Case Worker | <input type="checkbox"/> Foster parent | <input type="checkbox"/> DCC |
| <input type="checkbox"/> Guardian ad litem | <input type="checkbox"/> Client | <input type="checkbox"/> Other: _____ |

DESCRIPTION OF CHILD:

Height _____ Weight _____ Eye Color _____ Hair Color _____

Identifying Marks: _____

MEDICAL HISTORY *(Include birth and neonatal history):* _____

Current Medical and Dental Status:

Service	Date	Provider (include address and phone number of physician, if available)	Results, Recommendations and Follow-up	Next Due Date
Annual Physical				
Bi-Annual Dental				
Annual Vision				
Annual Hearing				
TB test				

*Immunization records will be requested from CPS or obtained from STAR Health Passport and can be found in the child's file. Any missing immunizations will be obtained per the child's Primary Care Physician's recommendations.

CHRONIC/ONGOING HEALTH CONDITION(S): _____

*If child is deaf or hard of hearing, Contact Deafness Resource Specialist at the Department of Assistive & Rehabilitative Services at www.dars.state.tx.us/dhhs/providers/specialists.asp *

HEALTH MONITORING/MEDICAL SERVICES/INTERVENTIONS REQUIRED: _____

ASTHMA/ RESPIRATORY SENSITIVITIES (Does child use an inhaler? Any activities/places/environments to avoid?):

NON-PSYCHOTROPIC MEDICATIONS:

Medication	Dosage	Target Symptom	Prescribed By

ALLERGIES/DRUG SENSITIVITIES (*food, medications, stings, skin allergies*): _____

ARE ASSISTIVE OR AUGMENTATIVE DEVICES USED: ☐ YES ☐ NO

If YES, what type? _____

HAS THE CHILD HAD ANY MAJOR/SIGNIFICANT SURGERIES: ☐ YES ☐ NO

If YES, list dates and reasons for surgeries: _____

MAJOR INJURIES: (*Include visible or child-reported bruises, marks, scratches, and physical abnormalities along with an explanation. A picture should be taken of any bruises, marks, etc. and included with the report.*) _____

IS THE CHILD SEXUALLY ACTIVE: ☐ Yes ☐ No

IF YES, IS THE CHILD CURRENTLY ON BIRTH CONTROL: ☐ Yes ☐ No

DOES THE CHILD REPORT PRACTICING SAFE SEX: ☐ Yes ☐ No

ANY KNOWN FAMILY MEDICAL AND PSYCHOSOCIAL HISTORY: (*medical conditions, psychological problems, substance abuse, domestic violence, generational abuse/neglect*) _____

IF ANY FAMILY MEMBERS ARE DECEASED, WHO AND WHAT WERE THE CAUSES AND AGE OF EACH DEATH: _____

SUMMARY

BASED ON THE INFORMATION ABOVE, WILL THE PLACEMENT MEET THE YOUTH'S IMMEDIATE NEEDS? (§749.1133)

☐ Yes ☐ No

If YES, please describe how, the Organization and the Foster Parents, will meet the needs of the child _____

If No, list the major concerns that bar continued placement from being possible, and describe what course of action will be taken to find new placement for the child: _____

IDENTIFIED NEEDS OF THE FOSTER PARENT(S) TO CONTINUE PLACEMENT: _____

IDENTIFIED NEEDS OF THE CHILD TO CONTINUE PLACEMENT: _____

Signatures

Caregiver

Date

Clinical Case Manager

Date

Foster Care Supervisor/Coordinator

Date

***All additional information obtained and added over the first 30 days of placement will be dated and initialed by the person providing the information.**

Attachment- PMN Services

DOCTORS AND ADDITIONAL SPECIALISTS:

Primary Physician: _____

Location of Practice: _____

Phone Number: _____

Emergency Numbers: _____

Other specialists (name & title): _____

Location of Practice: _____

Office/Emergency Numbers: _____

Medical issues being addressed: _____

Other specialists (name & title): _____

Location of Practice: _____

Office/Emergency Numbers: _____

Medical issues being addressed: _____

Other specialists (name & title): _____

Location of Practice: _____

Office/Emergency Numbers: _____

Medical issues being addressed: _____

HOME HEALTH SERVICES:

Does child qualify for home health care:

☐ Yes

☐ No

Home Health Provider: _____

Address: _____

Phone Number: _____

Number nursing hours approved: _____

(See attached Nursing Plan of Service for more info)

Does child qualify for Personal Care Assistance: ☐ Yes ☐ No

PCA Provider: _____

Address: _____

Phone Number: _____

Number of hours approved: _____

DNR in Place: ☐ Yes ☐ No

DURABLE MEDICAL EQUIPMENT COMPANY:

Company Name: _____

Address: _____

Phone: _____

List Equipment:

EDUCATION:

Is child able to attend public school?: ☐ Yes ☐ No

Special education services received: _____

Transportation considerations: _____

Homebound services provided: ☐ Yes ☐ No

Frequency and Duration of educational services: _____

PRELIMINARY SERVICE PLAN

Client Name: _____

DOB: _____ Age: _____

YFT LOC: _____

Expiration of LOC: _____

Foster Home: _____

Case Manager: _____

All sections must be complete. If not applicable, please indicate as "N/A" If unknown, indicate "Unknown"

TYPE OF SERVICE:

☐ Child Care Services OR ☐ Treatment Services (specify category)

- ☐ Pervasive Developmental Disorder
- ☐ Primary Medical Needs
- ☐ Emotional Disorder
- ☐ Mental Retardation

IMMEDIATE NEEDS:

- ☐ Enroll in school
- ☐ If age 3-5, contact the school district within 3 days for available resources/assessment
- ☐ If younger than 3-years-old, contact the local ECI Program within 3 days for assessment
- ☐ Foster parents will access STAR Health providers for Medicaid-paid behavioral health and diagnostic assessment and fully participate, when it is offered, with STAR Health service management.
- ☐ Obtain needed medical care as assessed in the Admission Assessment
- ☐ If child is, "New to Care" admission medical must be scheduled for a Texas Health Step well child check up
- ☐ Complete clothing and possession inventory
- ☐ Schedule appropriate appointments as assessed in the Admission Assessment
- ☐ Other: _____

Additional needs for Emergency Admissions of Children Receiving Treatment Services (§749.1187);

[all required evaluations must be completed, signed, dated, and documented in the child's record within 30 days of placement]

Evaluations: _____ Psychiatric, _____ Psychological, _____ Medical Evaluation
_____ Psychosocial Assessment,

Foster Parent/s will meet all of child's immediate needs unless otherwise specified.

LEVEL OF SUPERVISION:

- ☐ Arm's Length
- ☐ Eye Sight
- ☐ Voice Range
- ☐ Scheduled Contact

CHILDS NEEDS:

Describe the child's immediate treatment and care needs (*Psychological and/or psychiatric appointment, individual therapy, explanation of supervision if necessary, etc*):

Person(s) responsible for meeting these needs:

Describe child's immediate educational needs:

Person(s) responsible for meeting these needs:

Describe child's immediate medical and dental needs:

Person(s) responsible for meeting these needs:

Child's Medication	Possible Side Effects

Child's Treatment	Possible Side Effects

If foster parent is suspect of side effect of medication or treatment, they will notify the following as appropriate: DePelchin Case Manager, DePelchin On-Call (if after hours), child's physician or psychiatrist or 911.

Child's identified triggers (from child and/or caregiver):

	Food		Eye Contact		Physical Touch
	Enclosed Spaces		Yelling\Loud Voices		Personal Property
	Darkness		Bedtime		Bath Time
Other Triggers\Fears:					

GOALS TO PREVENT ESCALATION (MEASURABLE)

1. Foster parents and child (if verbal) will identify at least three possible strategies to effectively deescalate emotional responses to assist the child in calming and prevent emergency behavior intervention.

STRATEGIES/INSTRUCTIONS: Foster parents will discuss identified triggers and successful coping skills with child. Foster parents will suggest new coping skills and encourage the child to use these skills to manage behavior. Foster parents will monitor child's success with each new coping skill.

2.

STRATEGIES/INSTRUCTIONS: _____

Child

Date

Caregiver

Date

Clinical Case Manager

Date

Foster Care Supervisor

Date

Visitation/Contact/Restriction Plan

Re. _____

Youth's Name(s)

Visitation/Contact Plan:

With Parent(s): _____

With Sibling(s): _____

With CPS Worker: _____

Contact Restrictions

Parent (Complete only if parental rights are not terminated)

Name of Parent(s): _____

Restrictions: _____

Court Ordered: _____ YES _____ NO Date Discussed with Child: _____

Sibling(s): (include contact with siblings in care)

Name of Sibling(s): _____

Restrictions: _____

Court Ordered: _____ YES _____ NO Date Discussed with Child: _____

****Restrictions on sibling contact that last more than 90 days must be re-evaluated at least every 90 days and documented in this form.**

FOSTER CHILD ORIENTATION CHECKLIST

(Completed within 7 days of each new placement/subsequent placement (\$749.1111))

Child's Name: _____ Date Checklist Completed: _____

Foster Home: _____ Date of Placement: _____

- _____ Reviewed Client Rights. This includes rights to visitation, mail, telephone calls, and gifts.
- _____ Clothing and Possession Inventory completed (please discuss limits placed on possessions with child. Example, rules related to video games, stereos, etc).
- _____ If child is age 3-5, contacted the local school district on: _____.
Must be within 3 days of placement.
- _____ If child is younger than 3-year-old, contacted local ECI on: _____.
Must be within 3 days of placement.
- _____ Foster parents will access STAR Health providers for Medicaid-paid behavioral health and diagnostic assessment and fully participate, when it is offered, with STAR Health service management.
- _____ Reviewed program expectations and rules (including rewards for positive behaviors and consequences for non-compliance).
- _____ Reviewed level of independent time and steps to earn independent time if applicable.
- _____ Reviewed religious practices of the home and the expectations of the child.
- _____ Reviewed plans for trips away from the home.
- _____ Reviewed educational expectations.
- _____ Reviewed Sexual Self Defense and Sexual Safety.
- _____ Reviewed Emergency Behavior Intervention, including DePelchin's policy and practices on the use of personal restraint— completed at time of placement.
- _____ Summary of discussion regarding emergency behavior intervention (include discussion of triggers, preferred de-escalation techniques and effective coping skills):

- _____ Grievance procedures—reviewed at time of placement.
- _____ Health screen completed within 72 hrs. of placement (can be completed at any local clinic)
- _____ TB test completed with results provided to DePelchin

If any of the above items were not presented to the child during orientation to your home, please explain why:

Child

Caregiver

Required Placement Documentation

☐ 1st Attempt

☐ 2nd Attempt

☐ 3rd Attempt

Date: _____

Conservator: _____

Phone #: _____

Fax #: _____

Email: _____@dfps.state.tx.us

Child: _____

In order to complete our records and maintain compliance with Minimum Standards (749.1107 DFPS Rules, 40 TAC, effective 1/1/07) the following information is due to DePelchin Children's Center by:

☐ _____ FOR EMERGENCY PLACEMENT

(Date—25 days from placement)

--OR--

☐ Immediately for NON-EMERGENCY PLACEMENT

-
- _____ Birth Certificate
 - _____ Child's most recent service plan
 - _____ Child's Contact List
 - _____ Copy of last dental exam/cleaning
 - _____ Copy of last eye exam
 - _____ Copy of last hearing screening
 - _____ Copy of last physical
 - _____ Copy of Rights of Children and Youth in Foster Care with conservator's signature
 - _____ Court Orders showing conservatorship
 - _____ Current LOC Confirmation (from IMPACT)
 - _____ Current Psychological or Psychiatric
 - _____ Discharge Summary from previous placement
 - _____ Educational Portfolio (ARD info, withdraw form, education log, IEP, etc.)
 - _____ Education Decision-Maker Form (2085-E)
 - _____ Immunization records or Exemption Certificate
 - _____ Medicaid card
 - _____ Names/Relationship/Phone #'s of adults and children/siblings with whom client can have phone contact or visits
 - _____ Placement log
 - _____ Psychiatric hospital discharge papers (if in psych hospital in last 2 months)
 - _____ Ombudsman Notification
 - _____ Removal Affidavit
 - _____ Social Security Card
 - _____ TB test w/results
 - _____ Updated Full Common Application (2087)

Thank you for your prompt attention to this matter.

DATE EMAILED/ FAXED TO CONSERVATOR: _____

Individual Foster Home Placement Agreement

As used in this document, DePelchin Children's Center includes its affiliate: DePelchin Psychiatric Services collectively referred to as "DePelchin."

I, _____, agree to accept _____. (DOB _____)
Caregiver Name Child Name

from DePelchin Children's Center for temporary care only. I recognize that this is not a permanent arrangement and I agree that the child may be removed at the discretion of DePelchin Children's Center.

1. I agree to furnish adequate care including room, board and laundry in order to fulfill the role of substitute parent. I agree to work closely with my clinical case manager so as to understand and meet the emotional and physical needs of the above named child.
2. Any information given me regarding the above named child will be discussed only with the Clinical Case Manager, and will otherwise be held in the strictest confidence.
3. DePelchin Children's Center will be notified immediately of any accidents, illness or serious behavior problems of the above named child. The after-hours cellular number is _____. In a life threatening emergency I will take the child to the nearest hospital emergency room and notify DePelchin Children's Center as soon as possible.
4. I accept the fact that the above named child is the responsibility of DePelchin Children's Center and is subject to the plans of the agency. Further, I will not allow any of the following without authorization from DePelchin Children's Center and written approval from CPS: a) Any trip outside the state, b) Any trip within state that lasts more than 72 hours, c) Any trip, activity, or visit with an unrelated person that lasts more than 48 hours.
The above named child will also not be left with any other person, except for very brief periods, without notice to the agency.
5. I agree that the above named child's parent(s) may visit the child at the time and period specified by prior arrangement with the caseworker. I will not discuss with this parent or the relatives their family plans, problems or complaints but shall refer them for such discussion to the clinical case manager.
6. Other than in an emergency I agree to give the clinical case manager 30 days notice if I desire the removal of the above named child from my home.
7. I agree to the financial terms of this placement which is ___ \$27.07, ___ \$47.37, ___ \$57.86, ___ \$92.43 per night. This will be paid each month. The clinical case manager and supervisor must authorize any additional, financial allowances.
8. I understand that the financial terms detailed above are contingent upon the Level of Care (LOC) authorized, by Youth for Tomorrow, for the child in my home. DePelchin will **ONLY** reimburse the rate that correlates to the child's authorized LOC for the period. New Individual Placement Agreements will be issued every time a child's LOC changes.
9. The Foster Parent is responsible for scheduling and transporting the child, covered under this agreement, to a physical examination (with a healthcare professional) within 72 hours of placement. This must occur within the specified time frame for the protection of the foster parent.

Date of Placement / LOC Change

Caregiver (Signature)

Agency Staff

Agency Staff Position

CPS Staff

CPS Staff Position



DePelchin
CHILDREN'S CENTER

A brighter tomorrow for children and families in Texas.

FOSTER CARE PLACEMENT NOTIFICATION

_____ is a foster child placed on _____

with _____

Foster Parents

Address

This Child is in the custody of the Texas Department of Family and Protective Services,

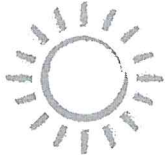
_____ County

TDFPS contracts with DePelchin Children's Center for foster and adoption services, DePelchin Children's Center and its foster parents are authorized by TDFPS to provide placement and medical services for this child. Foster parents are required to interface with local schools as well as the community at large in the interest of this child. They are charged to provide for the total care of this child. DePelchin Children's Center assigns a foster care clinician to work in the foster home with this child to support the foster parent efforts on behalf of this child.

Foster Care Clinician Phone # Date

Foster Care Supervisor Phone # Date

Foster Parents Phone # Date



**DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537**

1. The after-hours emergency cell phone number is listed above. Leave your name and telephone number and a Foster Care Clinical Case Manager will call you back. The voice message will direct to the number of the on-call supervisor as well, if needed. This number should be called after 5:00pm and before 8:00am on Monday – Friday and during weekends and holidays. Do not call the main DePelchin number. If there is no return call within 10 minutes for a serious incident, contact the on-call Program Coordinator as directed. If you do not receive a response from On-call or the On-call Program Coordinator please contact DePelchin's Foster Care Program Manager, Lynne Spiwak at 832-524-1194.
2. During regular business hours whenever there is an incident, contact your DePelchin Clinical Case Manager or their Program Coordinator:

Clinical Case Manager Name & Phone #: _____

Staff Person	Role	Office Number	Cell Phone Number
Program Coordinator	Stacy Blackmon	713-802-6257	832-202-4740
Program Coordinator	Tricia Halley	713-802-7624	832-273-9141
Program Coordinator	Celena Stewart	281-367-7707 ext.288	832-578-2293
Registered Nurse	Sandy Valdez	svaldez@depelchin.org	281-627-9072

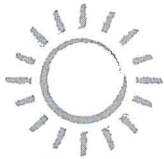
3. During regular business hours, if you cannot reach your Clinical Case Manager or Program Coordinator and there is no return call within 10 minutes for a serious incident, contact DePelchin's Foster Care Program Manager, Lynne Spiwak at 832-524-1194 or Debbie Lawrence, DePelchin's Foster Care Treatment Director at 832-901-9541.
4. If there is an immediate danger/threat to a child or anybody else, call the police. Then immediately follow emergency reporting protocol - Numbers 1-3 above.
5. Medical emergencies require taking a child to the local hospital Emergency Room first. Report the incident as soon as you can afterwards. In the event a child needs hospitalization and surgery, DePelchin must be immediately notified. In addition, the TDFPS (Texas Department of Family and Protective Services) staff in the county which custody was granted may need to supply this authorization.
6. If a child requires psychiatric hospitalization, follow emergency reporting protocol – numbers 1-3 above. Please obtain the patient code so we can talk and visit with the child. Also, please do not leave the hospital until the child is officially admitted before leaving.

Do not drop a child off at any facility or DePelchin Children's Center office (including Children's Protective Services Chimney Rock Center) for any reason without approval from DePelchin, as this is considered abandonment.

7. Foster Parents must report any serious incidents directly to the:

Texas Abuse and Neglect Hotline at 1-800-252-5400 (§749.509); as the State does prefer when possible to obtain information first-hand instead of by a third party. All calls to this 800 number will automatically prompt Licensing to evaluate if there was adequate supervision, timely response and appropriate and timely follow-up. During this period of investigation, new children cannot be placed in your home nor can you provide respite services. **If it is necessary for you to call, please immediately notify DePelchin that you will be reporting and document the following:**

- a. Date and Time of the incident
- b. Date and Time that you called
- c. Confirmation number
- d. ID# of person who took your call



**DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537**

8. Temporary emergency respite can sometimes be arranged to assist with a situation.
9. For foster youth age 18 or older who remain in your home during voluntary extended foster care, serious incidents do not need to be reported to the Statewide Hotline, but they do need to be reported to DePelchin and to the youth's CPS caseworker. If a minor child is involved in the incident with the older youth, it will be determined by DePelchin whether Licensing will be called this is why it is so critical that you contact DePelchin to report a serious incident for direction.
10. 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 may comply within the timeframes required in the Minimum Standards (see following page)
 - a. A child is missing
 - b. A child goes to the emergency room
 - c. A child is admitted to the psychiatric or medical hospital and be sure to obtain the personal ID number or pass code so DePelchin can communicate with the hospital
 - d. A child suffers a dislocated/fractured/broken bone, concussion, injury to the face/head, laceration requiring stitches, 2nd or 3rd degree burns or internal organ damage
 - e. A child is indicted, charged or arrested for a crime
 - f. Communicable disease
 - g. A suicide threat or attempt
 - h. Sexual acting out between peers
 - i. An incident such as a fire or flood that renders all or part of the household unsafe or unsanitary for a child
 - j. Law enforcement is called to your home or comes to home
11. DePelchin should be your first and immediate point of contact even if you call the CPS worker to report an incident.
12. You are required to document the serious incident following the incident on the foster parent behavior log. Writing down a child's behavior along with your response to it, even if it does not create an emergency, is the best way to be helpful. In addition, be sure to obtain police report numbers if law enforcement is contacted. If a child is admitted to the hospital or treated in the ER, be sure to submit discharge paperwork to DePelchin upon discharge and ensure any medical follow-up is addressed within the specified timeframe (For example, follow-up appointment with an orthopedist within three days). Remember, failure to meet follow-up timeframes can be deemed as medical neglect.

Foster Parent Signature _____

Date _____

Foster Parent Signature _____

Date _____

Relief Care Provider Signature _____

Date _____

DePelchin Staff Signature _____

Date _____

DePelchin Children's Center Discipline Expectations for Foster Care and Adoption

Discipline is the process of teaching self-control and responsibility. Every child needs appropriate discipline in order to become a responsible productive adult. All discipline should be administered with kindness and be fair, reasonable, and consistent. Each child's disciplinary needs should be considered on an individual basis and should be discussed with the foster care/adoption clinical case manager. For children over three (3) the discipline should be related to the child's behavior and appropriate to the child's age or developmental level. Restriction from privileges or time in* would be appropriate. Discipline for children under three (3) years of age should involve distraction and redirection rather than punishment.

It is a good idea for disciplinary measures to be consistent among caregivers. Using positive methods of discipline and guidance encourage self-esteem, self-control, and self-direction. Positive methods of discipline include the following:

1. Using praise, positive reinforcement, and encouragement of good behavior instead of focusing only on unacceptable behavior;
2. Reminding a child of behavior expectations daily by using clear, positive statements;
3. Talking with the child about the situation;
4. Focusing on the rule to learn and the reason for the rule;
5. Focusing on solutions that are respectful, reasonable, and related to the problem behavior, rather than blaming or focusing on consequences;
6. Redirecting the child's attention or behavior using positive statements;
7. Providing prior notice of possible consequences for inappropriate behaviors;
8. Giving the child acceptable choices or alternatives;
9. Allow the child a chance to "re-do" a behavior, as this allows the child an opportunity to regulate behaviors by learning and practicing appropriate ways to interact.
10. Allow opportunities for compromise – offer the child a compromise that is appropriate to the child's need/problem and can be accomplished in a reasonable time.
11. Arranging the environment to allow safe testing of limits;
12. Using kind but firm action;
13. Giving logical consequences that are appropriate to the situation and severity of the behavior; and
14. Withholding privileges

NO PHYSICAL DISCIPLINE OR THREATS OF PHYSICAL DISCIPLINE SHALL BE USED ON ANY CHILD PLACED IN FOSTER CARE OR ADOPTION WITH THIS AGENCY

The Minimum Standards for Child-Placing Agencies and DePelchin Policy prohibit the following:

1. Physical punishment of any kind is not considered an appropriate form of discipline for a child in foster care. Many of these children have already been subjected to serious physical abuse. Because of this, they may become frightened and fearful if physical discipline is used. Minimum Standards for child Placing Agencies does not allow corporal or physical punishment or threats of physical punishment toward any child placed in the foster/adoptive home.
2. Discipline shall be consistent with policies of the child placing agency. There shall be no cruel, harsh, unusual, or unnecessary punishment.
3. Only foster/adoptive parents and adult caregivers known to and knowledgeable of the child may discipline a child.
4. Children shall not be subjected to remarks which belittle or ridicule them or their families.
5. Children shall not be denied food, mail, or visits with their families as punishment.
6. Any discipline shall be appropriate to the child's age and developmental level.
7. Children shall not be threatened with the loss of foster or adoptive home placement.
8. Children shall not be placed in a locked room.
9. Short personal restraint as a method of restraint will only be used when necessary to protect the child from injury to self and others. Short personal restraints will not be used as a disciplinary tool.
10. Foster and adoptive parents must attend yearly required, agency training on behavior management and restraint prior to using physical holding as a method of restraint.
11. Mechanical restraints shall not be used.
12. Some examples (not exhaustive) of corporal punishment (physical contact with child) that are prohibited include:
 - a. Spanking, belting, whipping, hitting, swatting, striking with hand or any instrument
 - b. Slapping, popping, pinching, tapping on any part of the child's body,
 - c. Pinching, pulling hair, biting, or shaking a child.
 - d. Arm grabbing or arm pulling are not acceptable unless part of a short personal restraint to protect a child from immediate danger such as running into the street or getting close to something dangerous
13. Some examples (not exhaustive) of inappropriate discipline with children in foster care:
 - a. Maintaining an uncomfortable physical position, such as kneeling during time-outs or holding arms outstretched,
 - b. Putting anything in or on a child's mouth, such as soap or tape;
 - c. Humiliating, shaming, ridiculing, rejecting, or yelling at a child
 - d. Subjecting a child to abusive or profane language
 - e. Placing a child in a dark room, bathroom, or closet;

- f. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age;
 - g. Confining a child to a highchair, box, or other similar furniture or equipment as discipline or punishment;
 - h. Holding nose against a wall,
 - i. Time-out location not monitored by caregiver,
 - j. Excessive restrictions or extended loss of privileges
 - k. Excessive work or chores beyond child's developmental level,
 - l. Running laps, doing push-ups or sit-ups (or any type of physical activity) and unproductive work (work that serves no purpose except to demean the child).
14. Failure to cooperate fully with any and all investigations with the Licensing Division of the Texas Department of Family and Protective Services and/or DePelchin can result in closure of your foster or adoptive home.
15. Failure to abide by these expectations could result in one or all of the following:
- a. A report of abuse and an investigation by the Licensing Division of the Texas Department of Family and Protective Services.
 - b. Revoking of foster/adoptive home verification and closing of the home.
 - c. The removal of the child from the foster or adoptive home.

I understand that any suspected child abuse or neglect must be immediately reported to DePelchin and the Statewide Child Abuse and Neglect Hotline at 1-800-252-5400 must also be notified immediately. Failure to comply can result in closure of your foster or adoptive home.

DePelchin requires foster and adoptive parents to abide by these expectations and all other regulations regarding discipline as outlined in the Minimum Standards for Child-Placing Agencies, Division 6. These expectations were reviewed and discussed with _____ on _____. We have read and understand the above expectations regarding discipline and agree to abide by them.

Agency Staff Date

Foster or Adopt Parent Date

Foster or Adopt Parent Date

**Time In Activities: Reading, writing, role playing skills or other appropriate activities*

Rights of Youth in Substitute Care

As a child or youth in Substitute Care, I have the right:

1. To the rights, benefits, responsibilities, and privileges guaranteed by the constitution and laws of the United States and Texas unless they have been restricted by specific terms of law.
2. To receive the most appropriate services.
3. To be informed of DePelchin Children's Center rules and hours, especially about how I am expected to behave.
4. To be told the rules by a person at the place where I am living.
5. To have physical, emotional, developmental, educational, social, religious, and spiritual needs met.
6. To good care and treatment that meets my needs in the least restrictive setting available. This means I have the right to live in a safe, healthy, and comfortable place where I am protected from harm, treated with respect, and have some privacy for personal needs.
7. To know
 - Why am I in substitute care?
 - What will happen to me?
 - What is happening to my family (including brothers and sisters) and how CPS is planning for my future?
8. To speak and be spoken to in my own language when possible. This includes Braille if I am blind or sign language if I am deaf. If my caregivers do not know my language, CPS will give me a plan to meet my needs to communicate.
9. To be free from abuse, neglect and exploitation.
10. To fair treatment, whatever my gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.
11. **To not receive any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes not being shaken, hit, spanked, threatened, forced to do unproductive work, or denied food, sleep, access to a bathroom, mail, or family visits as punishment. I will not receive remarks that make fun of me or my family or any threats of losing my placement or shelter.**
12. To be disciplined in a manner that is appropriate to how mature I am, my developmental level, and my medical condition. I must be told why I was disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment or threat of corporal punishment.
13. To reasonable opportunities to participate in community functions, including recreational and social activities such as Little League teams, Girl Scouts and Boy Scouts, and extracurricular school activities outside of the agency to the extent that is appropriate for me to do so;
14. To attend my choice of community, school, religious services and activities to the extent that it is right for me, as planned for and discussed by my caregiver and caseworker, and based on my caregiver's ability.
15. To go to school and receive an education that fits my age and individual needs.
16. To a comprehensive transition plan that includes planning for my career and help to enroll in an educational or vocational job training program, when I am 14 or older.
17. To be trained in personal care, hygiene, and grooming.
18. To comfortable clothing similar to clothing worn by other children in my community.
19. To clothing that does a good job of protecting me against natural elements such as rain, snow, wind, cold, sun, and insects.
20. To have personal possessions at my home and to get additional things within reasonable limits, as planned for and discussed by my caregiver and caseworker, and based on caregiver's ability.
21. To personal space in my bedroom to store my clothes and belongings.
22. To healthy foods in healthy portions proper for my age and activity level.
23. To good quality medical, dental, and vision care, developmental and mental health services that are at least adequate enough for my needs.
24. To be free from unnecessary or too much medication.
25. To visit and have regular contact with my family, including my brothers and sisters (unless a court order or case plan doesn't allow it) and to have my worker explain any restrictions to me and write them in my record.
26. To contact my caseworker, attorneys, Ad-litem, probation officer, CASA, and Advocacy, Inc. at any time. I can communicate with my caseworker, CASA, Advocacy, Inc. or my attorney ad-litem without limits.
27. To see my caseworker at least monthly and in private if necessary.
28. To actively participate in creating my plan for my services and permanent living arrangement, and in meetings where my medical services are reviewed, as appropriate. To be given a copy or summary of my plan and to review. I have the right to ask someone to act on my behalf or to support me in my participation. At age 14, I have the right to invite two or more additional people of my choosing, that are not my foster parent or caseworker, to participate in my case planning meetings.
29. To meet with the DePelchin Children's Center Staff treating me and receive an explanation of their education and training, title, and responsibilities.
30. To one or more Circle of Support Conferences or Transition Planning Meetings, when I am 14 or older.

Rights of Youth in Substitute Care

31. To request an in-house review of care, treatment, and service plan.
32. To an explanation of the benefits, effects, other choices and options, and risks of all treatment and medication, (if any).
33. To go to my court hearing and speak to the judge.
34. To speak to the judge at a court hearing that affects where I have been placed including status hearings, permanency hearings, or placement review hearings.
35. To confidential care and treatment.
36. To expect that my records and personal information will be kept private and will be discussed only when it is about my care.
37. To have visitors, to keep a personal journal, to send and receive unopened mail, and to make and receive private phone calls unless appropriate professionals or a court says that restrictions are necessary for my best interests.
38. To get paid for any work done, except for routine chores or work assigned as fair and/or reasonable discipline.
39. To have a credit report run annually beginning at age 14, be informed of the results, and receive assistance in interpreting the report and disputing any inaccuracies.
40. To give my permission in writing before taking part in any publicity or fund raising activity for where I am placed for the agency, including the use of my photograph.
41. To not be forced to make public statements showing my gratitude to the DePelchin Children's Center & any of its Programs and/or foster home(s).
42. To be asked if I agree to the use of one-way observation (watching) mirrors, video or television recordings, photography, or tape recorders before any of these are used.
43. To be free from intrusive body searches unless ordered by a physician; It must be justified for clinical necessity and witnessed (This does not include Residential Treatment Clients).
44. To receive, refuse, or request treatment for physical, emotional, mental health, or chemical dependency needs separately from adults (other than young adults) who are receiving services.
45. To reasonable protection from theft or loss.
46. To make a complaint about my services and rights without such complaints being used against me.
47. To call the Texas Abuse/Neglect Hotline at 1-800-252-5400 to report abuse, neglect, exploitation, or violation of personal rights without fear of punishment, interference, coercion, or retaliation.
48. To complain to the DFPS Consumer Affairs Office at 1-800-720-7777 and/or Advocacy, Inc. at 1-800-252-9108 if I feel any of my rights have been violated or ignored. To be free from threats of punishment for making complaints and have the right to make an anonymous complaint if I choose.
49. To get information from my caseworker, attorney, CASA, or any other individual in my case about where I can make my complaint if I have one.
50. To be told in writing of the name, address, phone number and purpose of the Texas Protection and Advocacy System for disability assistance.
51. To hire independent mental health professionals, medical professionals, and attorneys at my own expense.
52. To not get pressured to get an abortion, give up my child for adoption, or to parent my child, if applicable.
53. To an explanation of my transfer to another staff member or program within or outside of DePelchin Children's Center.
54. To understand and have a copy of the rights of children and youth in Substitute Care.
55. To have contact with persons outside the foster care system. These visitors can be, but are not limited to, teachers, church members, mentors and friends.
56. To be told about services, programs and benefits available to me when I leave care (PAL, Education and Training Voucher program, College Tuition and Fee Waiver, STAR Health-Medicaid, Extended Foster Care, etc) once I turned 14 years old.
57. To be informed of search policies. I have the right to be told if certain items are forbidden (or I am not allowed to have them) and why.
58. To be informed of emergency behavioral intervention policies in writing. I have the right to know how they will control me if I cannot control my behavior. To know how they will keep me and those around me safe.
59. To live with my siblings who are also in foster care. If I am not living with my siblings, I have the right to know why. If there are no safety reasons why I cannot live with my siblings, it is my caseworker's job to try to work hard to find a home where I can live with my siblings.
60. To an explanation of any rights that I do not understand.
61. My records, and/or any information conveyed by me and/or members of my family to DePelchins personnel, will not be released without my or my guardian/conservator's permission unless required by Texas Law. (Reporting alleged or suspected incidents of child abuse is mandatory under the Texas Family Code.)

Rights of Youth in Substitute Care

I hereby acknowledge that:

- ✓ I have received a copy of DePelchin Children's Centers Rights of Children and Youth in Substitute Care.
- ✓ My rights have been explained to me.
- ✓ I have been provided with information regarding DePelchin Children's Centers grievance procedure and how to obtain a grievance (complaint) form.

Child / Youth Signature _____	Date _____
Caregiver Signature _____	Date _____
Agency Staff Signature _____	Date _____
DFPS Staff Signature _____	Date _____

Youth 16 and Older

When I am age 16 and older in Substitute Care, I also have the right:

62. To attend Preparation for Adult Living (PAL) classes and activities as appropriate to my case plan.
63. To be told about educational opportunities when I leave care.
64. To get help in obtaining an independent residence when aging out as well as information on the cost of housing so that I can plan for my future independence.
65. To take part in youth leadership development opportunities.
66. To consent to all or some of my medical care as authorized by the court and based on my maturity level. For example, if the court authorizes, I may give consent to:
 - diagnose and treat an infectious, contagious, or communicable disease
 - to examine and treat drug addiction
 - for counseling related to preventing suicide, drug addiction, or sexual, physical, or emotional abuse
 - for hospital, medical, or surgical treatment (other than abortion) related to the pregnancy if I am unmarried and pregnant

If I consent to any medical care on my own, without the court or DFPS involved, then I am legally responsible for paying for my own medical care.
67. To request a hearing from a court to determine if I have the capacity to consent to medical care (Sec 266.010).
68. To help with getting my driver's license, social security number, birth certificate, and state ID card.
69. To seek proper employment, keep my own money, and have my own bank account in my own name, depending on my case plan and age or level of maturity.
70. To get necessary personal information within 30 days of leaving care, including my birth certificate, immunization records, and information contained in my education portfolio and health passport.
71. To request a copy of DCC rules, compliance reports and/or policies pertinent to my stay in foster care.

Child / Youth Signature _____	Date _____
Caregiver Signature _____	Date _____
Agency Staff Signature _____	Date _____
DFPS Staff Signature _____	Date _____

HOW WE CAN KEEP YOU SAFE RESTRAINT POLICY

Child: _____

Home: _____

In an **emergency situation**, which is when your foster parents think that serious bodily harm or death is just about to happen to you or someone else because of **your** behavior, an Emergency Behavior Intervention will be done to keep you and others safe until you can calm down. These are usually needed only when you've stopped using your words and our words have stopped working. An Emergency Behavior Intervention **cannot** be used as punishment, retaliation, a consequence, a convenience to caregivers, or as a substitute for other less restrictive interventions (like talking).

In an **urgent situation**, which is when you are significantly damaging property, trying to run into the street, touch a hot stove, undress in public, or other behaviors that may provoke others and create a safety risk, only a short personal restraint may be used.

Three types of restraint may be used in an emergency situation:

1. **Personal restraint**—All foster parents will be trained in Emergency Behavior Intervention. A personal restraint can last up to 15 minutes (if you're 9 or younger) or 30 minutes (if you're 10 or older). A transition period can include you being on your back or stomach on the floor, but this can only last up to 1 minute. Your foster parent does have to use the least amount of force needed to keep you safe. You must be able to breath and talk freely and your foster parent must be able to see your face at all times. Your arms and legs cannot be placed behind your back.
2. **Short personal restraint**—This type of restraint will only last **1 minute or less**. You must not be placed on your back or stomach during a short personal restraint. A short, personal restraint may also be used, with any child, lasting no longer than 1 minute, to protect a child from immediate danger, such as running into the street or getting too close to something dangerous. Such a restraint is simply, gently, harmlessly, painlessly, and safely stopping the child's movement toward danger. This same kind of restraint can be used with a child for disruptive behavior creating a safety risk, or to intervene to prevent a child from physically fighting.
3. **Emergency medication**—there has to be a written order by a doctor in your chart (order has to be reviewed every 30 days) before it can be used by your foster parent. The order must include instructions very specific to your needs.

Your foster parent must try hard to protect your **privacy, personal dignity and well-being** during the intervention. They must explain what you must do to be released from the restraint (and re-explain every 15 minutes until you understand or until you are released from the restraint). You can suggest ways your foster parent can help you calm down so you can be released from the restraint. A restraint will be stopped immediately and treatment sought if you start feeling sick.

After the emergency you and your foster parent/s will privately talk about what happened, why, how you felt, and what all of you can do to prevent the need for a restraint in the future. You will go back to normal activities (mealtimes, snacks, other therapeutic recreation) as soon as you're ready.

These behavior interventions have been explained to me. To prevent the need for a physical restraint, I prefer _____
_____ (type of intervention) to be used first to help calm me down or control my behavior. If I feel an intervention has been used on me improperly, I will contact my Clinical Case Manager, _____.

Child _____ Date _____

Foster Parents:

All restraints must be reported to child placing agency within 24 hours or immediately if a child has sustained any injury or adverse response to a restraint. Failure to report a restraint within the designated timeframe will be treated as a breach of the Foster Home Agreement and evaluated as such by the agency. The restraint will be documented within 24 hours by the child placing agency staff and documented on the Physical Restraint Form. A client can make a complaint if he thinks he was restrained improperly. Caregivers must help a child return to activities, observe the child for 15 minutes, and discuss the restraint with the child within 48 hours. Staff must review the restraint in 72 hours.

Caregiver _____ Date _____

Agency Staff _____ Date _____

SAFETY CONTRACT

Child: _____

Home: _____

This agreement is designed to keep everyone safe in this family. It lists the rules for living together safely in this family, for respecting the rights of others, and for ensuring the personal safety of everyone. Our signatures on the bottom acknowledge that these rules have been discussed as a family, that we understand these rules, that we will follow them, and that we will help each other to follow these rules. *(If a child is under the age of six "Good Touch, Bad Touch" will be reviewed to assist with understanding of concepts outlined in the contract).*

1. I understand that before I go into another person's bedroom I must get permission first.
2. I understand that if no one is home to give me permission to enter their room, I am not to go into another person's bedroom.
3. I understand that when visiting another person's bedroom, the door must be open.
4. I understand that if someone is visiting my bedroom, the door must be open.
5. I understand that if my foster parent(s) talk with me in my bedroom, the door must be open.
6. I understand that undressing is allowed only in my bedroom and in the bathroom with the door closed.
7. I will dress appropriately around the house. The adults and children will wear robes or clothes that provide the same standard of body coverage that would be expected in public areas.
8. If the door is closed, I understand that there is to be only one person in the bathroom at one time. Some exceptions to include: if the child is a toddler, parents close the door if the house is too cold, will only be an exception while they are in need of assistance in bathing. An individualized plan for providing or assisting with hygiene will be developed in my (the child's) service plan.
9. I understand that everyone sleeps in his or her own bed.
10. I understand that children do not sleep in the same bedroom with the foster parents. (Children 0-3 may sleep in the bedroom with foster parents.) Sleeping arrangements while traveling will be discussed with the caseworker prior to the trip.
11. I understand that if I am 6 years of age or older I will not share a bedroom with a person of opposite sex.
12. It is understood that children may be sexually attracted to others. I understand even though I may have these feelings, I will not act on them with anyone in my foster home.
13. I understand there is to be no sexual contact or sexual touching between children in this family or between parents and children in this family. This also includes respecting safety with pets. The only individuals who have sex together in this home are parents and always with the door closed.
14. I understand that there will be no sexual play and sexual touching and that includes playing doctor, nurse, or things like that.

15. I understand that all inappropriate sexualized language (references to body parts, sexual activity), looks that feel uncomfortable, and sexualized behaviors will not be permitted.
16. I understand that all physical touching between family members must be kept safe and be seen as safe touching.
17. I understand that children will not have access to or bring into the home any inappropriate sexually oriented materials (books, pictures, magazines, videos, Internet access etc.). Only material appropriate for sex education will be permitted.
18. I understand there is to be no showing or touching of one's private parts in front of other people, and no masturbation in front of other people.
19. I understand that my body belongs to me and if anyone touches me in a sexual way or makes me feel uncomfortable, I will say, "No," and will tell an adult and/or someone "safe", e.g. school counselor, coach, therapist, teacher, etc. Even if something starts out as playful (wrestling, horseplay, etc.) and becomes uncomfortable, I will tell someone immediately. I will continue to tell until someone believes me.
20. I will follow these rules of privacy, e.g. no touching of another's private parts, purses, notebooks, private notes, diaries, no opening another's mail, etc.
21. To ensure safety for you and others, these specific rules or restrictions will apply:

I understand that all family members are responsible for obeying these rules. I also understand that if I break these rules, there will be consequences. I understand these rules and they have been explained to me clearly. I agree to follow these rules.

Child _____

Date _____

By Signing I understand I am responsible for talking with my biological and/or adopted children regarding the safety guidelines and house rules outlined in this Safety Contract.

Caregiver _____

Date _____

Caregiver _____

Date _____

Agency Staff _____

Date _____

Problem and Complaint Resolution Procedure Acknowledgement

Child: _____

Home: _____

As a child, you have the right to good care and treatment that meets your needs in the least restrictive setting available. If you become dissatisfied with the care provided by your foster/adoptive parents or the services you receive from agency staff, you may make a complaint to the agency or any outside authority and seek resolution.

- Complaints can be verbal or written. A verbal complaint is handled with the same seriousness as a written complaint.
- Agency staff will begin looking into your complaint within 2 days of receiving your complaint and DePelchin staff will set a date and time to meet with you and your foster/adoptive parents.
- If the issue is not able to be resolved on this level, you can request contact information for the Foster Care Supervisor and other agency staff further up the agency chain of command as needed.
- Your dissatisfaction will be noted and every attempt will be made to find a reasonable solution.
- If your desired resolution cannot be achieved, you will at least be provided an explanation as to why.
- Please be aware that agency staff and/or your foster parents may be required to report your complaint to CPS for your safety and the safety of everyone else in the home.

Child _____

Date _____

Caregiver _____

Date _____

Agency Staff _____

Date _____

Early Childhood Intervention (ECI) REFERRAL FORM

To search for your area: <https://citysearch.hhsc.state.tx.us>

Emails to scan referral form and/or numbers to call for referral

ECI of The Harris Center for Mental Health & IDD: marlene.hollier@TheHarrisCenter.org 713-970-4800

Bay Area Rehab ECI: chasey.reed-boston@bayarearehab.org 281-424-5513

ECI Infant Program of Easter Seals: dday@eastersealshouston.org 713-838-0926

ECI Project TYKE/Katy ISD: marthaaki@katyisd.org 281-237-6647

BACH ECI: dbynum@bacheci.org 979-849-2447

Project GROW ECI: Amanda.McCalla@texanacenter.com 281-238-1800

First Steps ECI (Galveston Co): lora.waller@stctr.org 713-970-4800

REFERRAL DATE: _____

CHILD/FAMILY INFORMATION

Child's Name: _____ Sex: ☐ M ☐ F

Date of Birth: _____ Ethnicity: _____ Medicaid #: _____

Parent/Guardian/Foster Parent (circle): _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail Address: _____

Primary Language Spoken: ☐ English ☐ Spanish ☐ Other: _____

DEVELOPMENTAL CONCERN

CHECK: ☐ speech ☐ motor ☐ social/emotional ☐ vision ☐ hearing ☐ global ☐ other

Medical Diagnosis: _____

COMMENTS: _____

REFERRAL SOURCE (Please be sure to include mailing address so that ECI programs can send the outcome of referral)

Name: _____ Organization/Agency: **DePelchin Children's Center**

Address: _____ City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Have the parent(s) been informed of the ECI referral? ☐ Yes ☐ No ☐ Unknown

If child is currently hospitalized: Discharge date: _____ or projected date: _____

For additional information, contact: _____ Phone: _____

CLOTHING and POSSESSION INVENTORY

Form to be completed and turned into DePelchin staff at placement, transfer and discharge.

Also to be completed and turned into DePelchin staff at regular quarterly intervals:

March, June, Sept., and Dec.

Child's Name: _____

Admission ____ Transfer / Discharge ____ Qtr 1 ____ Qtr 2 ____ Qtr 3 ____ Qtr 4 ____

Clothing	Minimum Recommended	Number in Inventory
Undergarments	8	
Bra	4	
Pajamas	2	
Socks	8	
T-Shirts	6	
School/Play/Dress Shoes	3	
Casual Shirts	4	
Dress Shirts	2	
Dress Slacks	1	
Jeans	4	
Sweater/Sweatshirts	2	
Jacket	1	
Swim Suit	1	
Gym Clothes	As required by school	
Shorts	5	
Coat/Hat/Gloves	1 of each	

Please indicate the child's possessions by checking the appropriate items and/or putting a quantity in the box to the right of the item. Please list any additional possessions in the space below or on the back.

Stereo/Radio/MP3 player	Handheld Game System	TV / DVD Player	Phone / Computer
Video Game System	Sports Equipment	Bike/Skateboard/ Skates	Jewelry/Watch
PMN Medical Equipment (list below)	Hospital Bed	Wheel Chair	Power Chair

Other items the child possesses:

Child _____

Date _____

Caregiver _____

Date _____

Agency Staff _____

Date _____

DAILY/SEASONAL ACTIVITY SCHEDULE

Child _____

Home _____

Time	School Days		Non-School Days
6-7 AM			
7-8AM			
8-9 AM			
9-10 AM			
10-11 AM			
11-12 PM			
12-1 PM			
1-2 PM			
2-3 PM			
3-4 PM			
4-5 PM			
5-6 PM			
6-7 PM			
7-8 PM			
8-9 PM			
9-10 PM			
10-11PM			
11-12 AM			

Rules	Positives for Good Choices	Negatives for Poor Choices

Child _____

Date _____

Caregiver _____

Date _____

Agency Staff _____

Date _____



MEDICAL, DENTAL, VISION, HEARING, OR BEHAVIORAL HEALTH APPOINTMENT

Purpose: Use this form to document medical, dental, vision, hearing and behavioral health (Child and Adolescent Needs and Strengths assessment (CANS)) appointments.

Completion of this form meets requirements in:

- Residential Child Care Licensing Minimum Standards
- Residential Child Care Contracts
- Child Protective Services policy

Completion of this form is not required for allied health services such as physical therapy, occupational therapy, speech therapy, or dietary services.

Directions: The person taking the child or youth completes Section I of this form on each visit with a health care provider. When possible, Section II is completed by the health care provider.

If the health care provider is unable to complete Section II, the person taking the child or youth to the appointment completes Section II, signs his or her name, and checks the box labeled: *health care provider unable to complete*. The health care provider may attach medical records or other information to this form in lieu of completing Section II.

The caregiver provides a copy of the completed form to the CPS caseworker to file in the case record.

SECTION I.			
CHILD'S INFORMATION			
Child's or Youth's Name:	Date of Birth:	Person Identification (PID) Number:	Appointment Date:
CAREGIVER INFORMATION			
Caregiver can be a foster parent, relative, non-relative, or representative of a residential operation who is taking the child to the health care provider.			
Caregiver's Name:	Phone:	Agency:	
Address:	City:	State:	Zip:
CPS CASEWORKER INFORMATION			
Caseworker's Name:	Phone:	Fax:	



REASON FOR VISIT

- ☐ **3-Day Medical Exam.** (Required within three business days of removal with some exceptions, such as DFPS removal while child is in a hospital setting).
- ☐ **Child or Youth with Primary Medical Needs.** (Required within seven days before or three days after placement date).
- ☐ **Initial Child and Adolescent Needs and Strengths (CANS) Assessment.** (Required within 30 days of entering DFPS conservatorship).
- ☐ **Child and Adolescent Needs and Strengths Update (CANS) Assessment.** (Required annually; may be required more frequently in some areas).
- ☐ **Initial Texas Health Steps Medical Checkup.** (Required within 30 days of entering DFPS conservatorship).
- ☐ **Routine Texas Health Steps Medical Checkup.** (Required at the following ages: within five days after discharge from the hospital, at 2 weeks of age, at 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months, 24 months, 30 months, 36 months, and then annually).
- ☐ **Other Medical Checkup.** Reason:
- ☐ **Initial Texas Health Steps Dental Checkup.** (Required within 60 days of entering DFPS conservatorship if the child is 6 months of age or older, or within 30 days of turning age 6 months).
- ☐ **Routine Texas Health Steps Dental Checkup.** (Required every six months or as recommended by a dentist).
- ☐ **Other Dental Checkup.** Reason:
- ☐ **Vision Check.** ☐ **Hearing Check.**
- ☐ **ER Visit.**— Reason:
- ☐ **Specialty Visit.** — Reason:
- ☐ **Illness, injury or accident or other follow-up visit.** (Describe the injury, accident or illness, including the date and time of the incident.)

MEDICATIONS

☐ No ☐ Yes (List):

Medication	Dosage	Prescribed for	Instructions



Caregiver Comments:

SIGNATURE OF PERSON COMPLETING SECTION I

DFPS Staff or Caregiver Signature:

X

Date Signed:

SECTION II. HEALTH CARE APPOINTMENT (TO BE COMPLETED BY HEALTH CARE PROVIDER)

Child or Youth's Name:

Date of Birth:

Appointment Date:

VISIT RESULTS

☐ Child or Youth Refused Appointment

VITALS:

Years:	Months:	Weeks:	Temperature:	Pulse:	Respirations:	Blood Pressure:
--------	---------	--------	--------------	--------	---------------	-----------------

Height: %:	Weight: %:	Head Circumference: %:	BMI: %:
---------------	---------------	---------------------------	------------

VISION SCREEN:

☐ Not Done ☐ Child or youth unable to comply with screening ☐ Refused

R 20/	L 20/	<input type="checkbox"/> No Glasses <input type="checkbox"/> Glasses <input type="checkbox"/> Did not bring Glasses
-------	-------	---

HEARING SCREEN:

☐ Not Done ☐ Child or youth unable to comply with screening ☐ Refused

	500	1000	2000	4000
R				



L						
PROCEDURES OR TESTS:						
<input type="checkbox"/> None <input type="checkbox"/> TB Screen <input type="checkbox"/> Lead Screen <input type="checkbox"/> Developmental Screen <input type="checkbox"/> Autism Screen <input type="checkbox"/> Hemoglobin <input type="checkbox"/> PPD						
<input type="checkbox"/> Blood Lead Test <input type="checkbox"/> Other (list):						
DIAGNOSES:						
<input type="checkbox"/> Well Child or No Dental Problems <input type="checkbox"/> Other (list):						
NEW OR CHANGED MEDICATIONS ONLY:						
<input type="checkbox"/> No Medication Changes						
Name	Dosage	Prescribed for	Instructions	Discontinued	New	Changed
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VACCINES						
Children and youth are prohibited from receiving vaccinations at the 3-Day Medical Exam unless an emergency situation requires tetanus vaccination.						
<input type="checkbox"/> None Administered						
<input type="checkbox"/> DTap <input type="checkbox"/> DT <input type="checkbox"/> Tdap <input type="checkbox"/> HIB <input type="checkbox"/> PCV <input type="checkbox"/> Td <input type="checkbox"/> MMR <input type="checkbox"/> Varicella <input type="checkbox"/> Hep A <input type="checkbox"/> Hep B <input type="checkbox"/> IPV <input type="checkbox"/> HPV <input type="checkbox"/> MCV						
<input type="checkbox"/> Rotavirus <input type="checkbox"/> Influenza <input type="checkbox"/> Pneumovax <input type="checkbox"/> Other (list):						
REFERRED TO:						
<input type="checkbox"/> None Necessary						
<input type="checkbox"/> ECI (Early Childhood Intervention) <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy						
<input type="checkbox"/> Specialist (Type):				<input type="checkbox"/> Other (Type)		
FOLLOW-UP:						



☐ None Necessary

☐ Return Visit: When and Why

Provider Comments:

PROVIDER INFORMATION

Provider Signature:

X

Clinic Name:

Phone:

Printed Name:

Address:

Fax:

Date Signed:

City, State, Zip

CAREGIVER

If section II is not completed by a medical or dental provider, the caregiver signs below.

Caregiver Signature

X

Date:

☐ The health care provider was unable to complete this form.

Medication-Nutrition-Treatment Logs

Month/Year

Child: For medications with regularly scheduled doses, you may use the regularly scheduled time as long as the medication is given within thirty minutes of the scheduled time. Otherwise, you must document the actual time the medication is given. 749.1541 Helpful Information

Allergies:	Day	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	Time																															
Medication																																
Strength																																
Reason																																
Dosage																																
Frequency																																
Physician																																
Phone #																																
Medication																																
Strength																																
Reason																																
Dosage																																
Frequency																																
Physician																																
Phone #																																
Medication																																
Strength																																
Reason																																
Dosage																																
Frequency																																
Physician																																
Phone #																																

H=medication held, O=medication unavailable, S=school, HOS=hospital, R=refused to take, ME=medication error

Signature	Initials	Signature	Initials

DATE/TIME	MED NAME / DOSAGE / AMOUNT GIVEN	BRIEF DESCRIPTION	INITIAL

Printed Name:

Signature:

EDUCATIONAL:

GOAL:	
GOAL:	
Describe educational progress this month:	
(Submit copies of all documentation received from the school during this month, i.e. copies of progress reports, report cards, disciplinary actions, referrals, feedback from teachers, bus drivers, ARDs, IEPs, etc.)	

RECREATION & LEISURE:

GOAL:	
DATE:	Recreational Activities and Participation:

MEDICAL / DENTAL / THERAPY / PSYCHIATRIC APPOINTMENTS:

DATE	TYPE OF APPT	PROVIDER NAME	OUTCOME OF TREATMENT

HOSPITALIZATIONS:

Name of Physician providing care:
Hospital:
Reason for Admission, Date Admitted/Date Discharged, Other Notes:

SUPPORTIVE SERVICES: (if applicable)

Dates of ECI services:
Dates of Physical Therapy:
Dates of Occupational Therapy:
Dates of Speech Therapy:
Comments about progress:

INDEPENDENT LIVING SKILLS: (for youth 16+ years old)

GOAL:	
GOAL:	
Describe the independent living skills practiced this month (i.e. manage bank account, applying for college, budgeting, grocery shopping, meal planning, laundry, housing searches, employment searches):	
IF EMPLOYED PROVIDE THE FOLLOWING INFORMATION:	
Place of Employment:	
Average Hours Worked:	
Comments:	

RESPITE:

Dates respite was used:
Name of respite provider:
Youth Notified of Date and Length of Respite Stay (\$749.2623)
(Provide any paperwork submitted by any respite provider, including Medication administration logs, school papers, etc.)
Comments:

FAMILY CONTACT:

Visits with family this month	
With Whom?	
Dates of Visit:	
Location of Visit:	
Phone / mail / Email:	
Comments about Family Contact:	

NUTRITION, HYGIENE & GROOMING

APPETITE		HYGIENE		DAILY GROOMING ASSISTANCE NEEDS	
<input type="checkbox"/> Good	<input type="checkbox"/>	<input type="checkbox"/> Good	<input type="checkbox"/>	<input type="checkbox"/> Independent	<input type="checkbox"/> Some Assistance
<input type="checkbox"/> Under-eating	<input type="checkbox"/>	<input type="checkbox"/> Fair	<input type="checkbox"/>	<input type="checkbox"/> Fully Dependent	<input type="checkbox"/> in the following:
<input type="checkbox"/> Refusing to Eat	<input type="checkbox"/>	<input type="checkbox"/> Improving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bathing
<input type="checkbox"/> Over-Eating	<input type="checkbox"/>	<input type="checkbox"/> Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toileting
<input type="checkbox"/> Over-Drinking	<input type="checkbox"/>	<input type="checkbox"/> Refusing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hair
VOIDING PROBLEMS				<input type="checkbox"/>	<input type="checkbox"/> Nails
<input type="checkbox"/> Encopresis	<input type="checkbox"/>	<input type="checkbox"/> Average Times Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Teeth Care
<input type="checkbox"/> Enuresis	<input type="checkbox"/>	<input type="checkbox"/> Average Times Weekly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Dressing

FIRE DRILL:

Date:		Response:	
--------------	--	------------------	--

Foster Parent



Foster Parent Report of Significant Event

Foster Youth: _____ Age: _____ Gender: _____

Foster Home: _____

Date of Incident: _____ Time of Incident: _____

☐ HOTLINE Report: ☐ Yes ☐ No (IF YES, please send this form to your CCM within 24 hours of the report)

If YES: Date: _____ Time: _____ ☐ am ☐ pm Confirmation #: _____

Nature of Incident

- ☐ Adverse reaction to a medication ***
- ☐ Runaway/Missing Child (child returned prior to time requiring call to RCCL)
- ☐ Runaway/Missing Child (child did not return prior to time requiring call to RCCL)
- ☐ Suicidal ideation or threat (no gestures)
- ☐ Suicidal attempt
- ☐ Physical aggression
- ☐ Physical aggression among Children
- ☐ Sexualized Behavior (no physical contact, no indecent exposure)
- ☐ Sexually Acting Out/Sexual Abuse
- ☐ Criminal Behavior (not reported to Law Enforcement)
- ☐ Child indicted, charged or arrested for a crime
- ☐ Injury/Illness (requiring medical treatment)
- ☐ Injury/Illness (requiring admission to hospital)
- ☐ Admitted to Psychiatric Hospital
- ☐ Physical Restraint (please complete restraint report and submit to CCM within 24 hours)
- ☐ Other: _____

*** Immediately report any serious side effects to the child's prescribing health-care professional, DePelchin's Clinical Case Manager and to the child's parent (Caseworker)

Description of Incident: Include any interventions used during the incident, such as contacts made, and other follow-up actions.

Foster Parent Report of Significant Event

Resolution of Incident: Describe outcome of incident, interventions used, status of youth (child's feelings, reactions, attitudes, behaviors observed, anger, rage, sullen, despondence, compliance, etc.)

Health Care Professional Follow-Up

If follow-up with a licensed health-care professional was necessary (e.g. Medical doctor, Call to therapist or Psychiatrist, if concerning suicidal ideation):

Name of Professional: _____

Findings: _____

Treatment: Recommendation:

Caregiver

Date

DePelchin

Date



DePelchin
CHILDREN'S CENTER

DePelchin Children's Center

Foster Home Reimbursement Claim

Foster Parent _____

Address: _____

Date: _____

Description of item	FBI		Fire		**Mileage		Other (Account)	TOTAL
	Fingerprints	7793	Inspection	7325	7315			

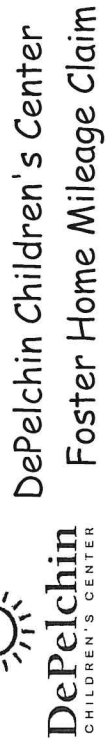
Attach ORIGINAL documentation for proof of expenditures.

TOTAL AMOUNT OF REIMBURSEMENT \$ _____

** Attach mileage log.

I certify the above information is accurate.

Foster Parent Signature	FOR DEPELCHIN STAFF ONLY	
Clinical Case Manager's Approval	Division: # 16	
Supervisor's Approval	Cost Center # (Ex. Foster Care -611) _____	



Foster Parent Name

[illegible]

RATE PER MILE	0.40
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TOTAL

DEPELCHIN CHILDREN'S CENTER
AUTHORIZATION FOR DIRECT DEPOSIT – FOSTER PARENTS

I (we) authorize DePelchin Children's Center (Tax ID# 76-0318867) to credit my (our) account with the depository named below. If the Company erroneously deposits funds into my (our) account, I authorize DePelchin Children's Center to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current reimbursement payment.

Primary Account (Please print or type)

Depository Name (Financial Institution)
Address (City, State, Zip)
Transit / ABA Number
Account Number

Type of Financial Institution

<input type="checkbox"/> Bank	<input type="checkbox"/> Saving & Loan
<input type="checkbox"/> Credit Union	<input type="checkbox"/> Other

Type of Account

<input type="checkbox"/> Checking
<input type="checkbox"/> Savings

NOTE: BANKS REQUIRE A 10 DAY WAITING PERIOD FROM THE INITIAL REQUEST FOR DIRECT DEPOSIT BEFORE FUNDS CAN BE DEPOSITED INTO THE REQUESTED ACCOUNT. WE WILL NOTIFY YOU WHEN THE FIRST DEPOSIT WILL OCCUR.

Foster Parent(s) Information

Foster Parent(s) Names(s) Name: _____

**PLEASE STAPLE A VOIDED CHECK,
DEPOSIT SLIP OR BANK LETTER STATING
THEIR OWNERSHIP OF THIS ACCOUNT (FOR
EACH ACCOUNT) TO THIS FORM.**

Social Security #: _____

Address: _____

(City) (State) (Zip)

Phone Number: _____

Foster Parent Signature: _____ Date: _____

Foster Parent Signature: _____ Date: _____
(Both Foster Parents need to sign)

For DePelchin Use:




Vendor Number: _____

Date Set Up For EFT: _____

Set Up By: _____

3 IN 30

A COMPLETE APPROACH TO BETTER CARE FOR CHILDREN

Appointment	Date/Time/Location of Appointment
 3-Day Initial Medical Exam <small>*Due within 72 hours of placement of child into your home</small> Due:	
 CANS Assessment Due:	
 Texas Health Steps Medical Check-Up Due:	

What should I bring to the appointment?

- A fully signed and approved Medical Consent Form 2085-B
(a form that shows the child has STAR Health and immediate coverage)
- Texas Benefits Medicaid ID Card, if available.
- Superior Health Plan ID Card, if available.

	Component	Guidelines	Additional Instructions/Considerations
Medical Assessment	Vital signs (including growth parameters)	Growth parameters include weight and height/length for all children and youth and head circumference for children under three years of age.	For children older than 2 years of age, consider calculation of Body Mass Index (BMI) to assess nutritional needs.
	History	CPS' reasons for removal with specific mention of presence or absence of sexual abuse, physical abuse, physical neglect, nutritional neglect, exposure to violence or environmental hazards.	Consider child abuse specialist consultation if guidance/ assistance is needed, for example, when history or physical indicates concerns for sexual abuse, physical abuse, or failure to thrive. Evaluation of suspected/alleged physical or sexual abuse should follow established protocols.
		Known past medical history and current concerns, medications, allergies.	Report new disclosures or findings of child abuse or neglect to CPS caseworker and the CPS hotline (1-800-252-5400).
		Signs/symptoms of: <ul style="list-style-type: none">▶ health conditions related to risks reported/documented by CPS.▶ physical and intellectual disabilities.▶ vision, hearing, communication deficits.▶ mental illness, suicidality, aggression or emotional distress.▶ pregnancy, sexually transmitted infections, substance abuse.	
	Physical exam	Complete exam, including all body surfaces, with respect of child's level of distress.	Consider child abuse specialist consultation if guidance/ assistance is needed, for example, when history or physical indicates concerns for sexual abuse, physical abuse, or failure to thrive. Evaluation of suspected/alleged physical or sexual abuse should follow established protocols. Report new disclosures or findings of child abuse or neglect to CPS caseworker and the CPS hotline (1-800-252-5400).
	Tests (laboratory, imaging, etc.)	At medical professional's discretion.	Consider child abuse specialist consultation if guidance/ assistance is needed, for example, when history or physical indicates concerns for sexual abuse, physical abuse, or failure to thrive. Evaluation of suspected/alleged physical or sexual abuse should follow established protocols. Formal hearing, vision and TB surveillance skin testing in children over 1 year of age is not required with the initial 3-Day Medical Exam but may be done at the medical professional's discretion. Report new disclosures or findings of child abuse or neglect to CPS caseworker and the CPS hotline (1-800-252-5400).
Discharge	Treatment	A provider may not administer a vaccination, other than an emergency tetanus vaccination, during the initial 3-Day Medical Exam unless the medical provider has obtained the consent of the parent or the court has named DFPS managing conservator.	Ensure caregiver and child are aware that traumatic stress, family separation, and living in foster care may impact physical and emotional health, as well as management of special health care needs. Provide assistance as needed. If child is a newborn, consider completing Texas Health Steps 3-day newborn visit. Report new disclosures or findings of child abuse or neglect to CPS caseworker and the CPS hotline (1-800-252-5400).
	Follow-up expectations	Provide written communication of follow-up expectations based on medical necessity. Provide written communication of medically necessary equipment or referrals; particularly important if exam is conducted outside of medical home setting.	If examiner is a Texas Health Steps provider, schedule follow-up and Texas Health Steps 30-day visit. Contact Superior STAR Health for assistance such as finding in-network providers, securing needed medical supplies or filling prescriptions (1-866-912-6283).
	Follow-up expectations	Provide written communication of follow-up expectations based on medical necessity. Provide written communication of medically necessary equipment or referrals; particularly important if exam is conducted outside of medical home setting.	If examiner is a Texas Health Steps provider, schedule follow-up and Texas Health Steps 30-day visit. Contact Superior STAR Health for assistance such as finding in-network providers, securing needed medical supplies or filling prescriptions (1-866-912-6283).



DePelchin Case Manager

Name:
Phone:
Email:

Have a question or problem with your foster care placement?

FOSTER CARE OMBUDSMAN CAN HELP!

Call to make confidential reports:
1-844-286-0769

hhs.texas.gov/foster-care-help

Foster Care Ombudsman
P.O. Box 13247, Austin, Texas 78711-3247
Fax: 1-888-780-8099

As a youth in foster care, you have a right to ask a question or file a complaint with the Foster Care Ombudsman if any of your rights have been violated or ignored. You cannot be punished or threatened with punishment for making a complaint, and you have a right to make an anonymous complaint, if you choose. If you are not sure how we can help, please call.

To report abuse or neglect at any time day or night, call

1-800-252-5400



¿Tienes alguna pregunta o problema con tu colocación bajo cuidado temporal?

¡EL OMBUDSMAN PARA EL CUIDADO TEMPORAL PUEDE AYUDARTE!

Llama para hacer una denuncia confidencial:
1-844-286-0769

hhs.texas.gov/foster-care-help

Foster Care Ombudsman
P.O. Box 13247, Austin, Texas 78711-3247
Fax: 1-888-780-8099

Como joven bajo cuidado temporal, tienes el derecho de hacer preguntas o de presentar quejas ante el Ombudsman para el Cuidado Temporal si alguien ha violado o ignorado tus derechos. Nadie puede castigarte ni amenazar con castigarte por presentar una queja, y tienes el derecho de presentar una queja anónima si lo prefieres. Si no sabes cómo te podemos ayudar, llámanos.

Para denunciar el abuso, maltrato o descuido a cualquier hora del día o de la noche, llama al

1-800-252-5400





DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537

Serious Incident	(i)To Licensing? (ii)If so, when?	(i)To Parents? (ii)If so, when?	(i)To Law Enforcement? (i)If so, when?
(1) A child dies while in your care.	(A)(i) YES (A)(ii) Within 2 hours after the	(B)(i) YES (B)(ii) Within 2 hours after the child's death.	(C)(i) YES (C)(ii) Immediately, but no later than 1 hour after the child's death. Medium-High
(2) A substantial physical injury or critical illness that a reasonable person would conclude needs treatment by a medical professional or hospitalization.	(A)(i) YES (A)(ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence..	(B)(i) YES (B)(ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence.	(C)(i) NO (C)(ii) Not Applicable.
(3) Allegations of abuse, neglect, or exploitation of a child; or any incident where there are indications that a child in care may have been abused, neglected, or exploited.	(A)(i)YES, including whether you plan to move the child until the investigation is complete. (A)(ii) As soon as you become aware of it.	(B)(i) YES, including whether you plan to move the child until the investigation is complete. (B)(ii) As soon as you become aware of it.	(C)(i) NO (C)(ii) Not applicable.
(4) Physical abuse committed by a child against another child. For the purpose of this subsection, physical abuse occurs when there is substantial physical injury, excluding any accident; or failure to make a reasonable effort to prevent an action by another person that results in substantial physical injury to the child.	(A)(i) YES (A)(ii) As soon as you become aware of it. Medium-High	(B)(i) YES (B)(ii) As soon as you become aware of it. Medium	(C)(i) NO (C)(ii) Not applicable.



DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537

Serious Incident	(i)To Licensing? (ii)If so, when?	(i)To Parents? (ii)If so, when?	(i)To Law Enforcement? (i)If so, when?
(9) A child 13 years old or older is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.	(A)(i) YES (A)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the foster home. Medium	(B)(i) YES (B)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the foster home. Medium	(C)(i) YES (C)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the foster home. Medium
(10) A child in your care contracts communicable disease that the law requires you to report to the Department of State Health Services (DSHS) as specified in 25 TAC Chapter 97, Subchapter A, (relating to Control of Communicable Diseases).	(A)(i) YES, unless the information is confidential. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease. Medium	(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.	(C)(i) NO (C)(ii) Not applicable.
(11) A suicide attempt by a child.	(A)(i) YES (A)(ii) As soon as you become aware of the incident.	(B)(i) YES (B)(ii) As soon as you become aware of the incident.	(C)(i) NO (C)(ii) Not applicable.

- b) If there is a medically pertinent incident, such as a seizure, that does not rise to the level of a serious incident, you do not have to report the incident but you must document the incident in the same manner as a serious incident.
- c) If there is a serious incident involving an adult resident, you do not have to report the incident to Licensing, but you must document the incident in the same manner as a serious incident. You do have to report the incident to: 1) Law enforcement, as outlined in the chart above; 2) The parents, if the adult resident is not capable of making decisions about the resident's own care; and 3) Adult Protective Services through the Hotline if there is reason to believe the adult resident has been abused, neglected or exploited.

(continue)



DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537

(d) You must report and document the following types of serious incidents involving your agency, one of your foster homes, an employee, professional level service provider, contract staff, or a volunteer to the following entities within the specified time frame:

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?
(1) Any incident that renders all or part of your agency unsafe or unsanitary for a child, such as a fire or a flood.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after the incident. Medium	(B)(i) YES (B)(ii) As soon as possible, but no later than 24 hours after the incident. Medium
(2) A disaster or emergency that requires your operation to close.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after the incident. Medium	(B)(i) YES (B)(ii) As soon as possible, but no later than 24 hours after the incident. Medium
(3) An adult who has contact with a child in care contracts a communicable disease noted in 25 TAC 97, Subchapter A, (relating to Control of Communicable Diseases).	(A)(i) YES, unless the information is confidential. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease. Medium	(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease. Medium
(4) An allegation that a person under the auspices of your agency who directly cares for or has access to a child in the agency has abused drugs within the past seven days.	(A)(i) YES (A)(ii) Within 24 hours after learning of the allegation. Medium	(B)(i) NO (B)(ii) Not applicable.
(5) An investigation of abuse or neglect by any other entity (other than Licensing) of an employee, professional level service provider, foster parent, contract staff, volunteer, or other adult at the agency.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the investigation. Medium	(B)(i) NO (B)(ii) Not applicable.
(6) An arrest, indictment, or a county or district attorney accepts an "Information" regarding an official complaint against an employee, professional level service provider, foster parent, contract staff, volunteer, or other adult at the agency alleging commission of any crime as provided in §745.651 of this title (relating to What types of criminal convictions may affect a person's ability to be present at an operation?); or when law enforcement responds to an alleged incident at the foster home.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the situation. Medium	(B)(i) NO (B)(ii) Not applicable.



DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537

<p>(5) Sexual abuse committed by a child against another child. For the purpose of this subsection, sexual abuse is: conduct harmful to a child's mental, emotional or physical welfare, including nonconsensual sexual activity between children of any age, and consensual sexual activity between children with more than 24 months difference in age or when there is a significant difference in the developmental level of the children; or failure to make a reasonable effort to prevent sexual conduct harmful to a child.</p>	<p>(A)(i) YES (A)(ii) As soon as you become aware of it. Medium-High</p>	<p>(B)(i) YES (B)(ii) As soon as you become aware of it. Medium</p>	<p>(C)(i) NO (C)(ii) Not applicable.</p>
<p>(6) A child is indicted, charged, or arrested for a crime, not including being issued a ticket at school by law enforcement or any other citation that does not result in the child being detained; or when law enforcement responds to an alleged incident at the foster home.</p>	<p>(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of it. Medium</p>	<p>(B)(i) YES (B)(ii) As soon as you become aware of it. Medium</p>	<p>(C)(i) NO (C)(ii) Not applicable.</p>
<p>(7) A child developmentally or chronologically under 6 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.</p>	<p>(A)(i) YES (A)(ii) Within 2 hours of notifying law enforcement.</p>	<p>(B)(i) YES (B)(ii) Within 2 hours of notifying law enforcement.</p>	<p>(C)(i) YES (C)(ii) Immediately upon determining the child is not on the premises and the child is still missing.</p>
<p>(8) A child developmentally or chronologically 6 to 12 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.</p>	<p>(A)(i) YES (A)(ii) Within 2 hours of notifying law enforcement, if the child is still missing. Medium-High</p>	<p>(B)(i) YES (B)(ii) Within 2 hours of determining the child is not on the premises, if the child is still missing. Medium</p>	<p>(C)(i) YES (C)(ii) Within 2 hours of determining the child is not on the premises, if the child is still missing. Medium-High</p>

DePelchin Children's Center
Policies and Procedures

Section: Foster Care Services

Subject: Relief Care Providers in Foster Homes

Applicable Standards: TDFPS: 749.43 (7-8); 749.353; 749.2599; 749.2621-2635; 749.127
24 Hour Residential Child Care Requirements Guide 2300, 2310, 2320, 2330
COA: FKC18

Departments Affected: Foster Care

Purpose: DePelchin Children's Center (DePelchin) strives to ensure that proper precautions are taken to make certain that foster children are safe while in alternate care. DePelchin Children's Center provides foster parents with opportunities to utilize relief care/respite, as short breaks, to help them regenerate, stay focused, and remain committed to caring for children with special needs. To support use of relief care this policy is designed to ensure all individuals (including other foster parents) caring for children in the absence of foster parents are appropriately screened and trained.

Policy: Foster parents are to inform DePelchin of all individuals that they have designated to provide relief care for foster children placed in their home. Additionally, all relief care providers must be identified, screened and trained prior to being left alone to care for foster children in the absence of foster parents.

DePelchin requires single foster parents to have an approved relief care provider prior to verification. Two-parent homes are highly encouraged to have an approved relief care provider, and in some situations an approved relief care provider may be required based on parent travel or work schedules.

Foster parents must use prudent judgment when choosing to have a relief care provider. It is important that foster parents choose individuals that are mature, responsible individuals, capable of making sound decisions regarding the care of the foster children in their absence. If the relief care provider has children, consideration and prudent judgment must be used in ensuring the safety and well-being of all children. This policy is designed to help reach this goal.

Definitions: Short-term care and extended care are collectively called **relief care**. Identified providers of each type are collectively referred to as **relief care providers**.

Short-term care: Temporary care provided for a child in foster care by someone other than the foster parents for up to 72 continuous hours.

Extended care: Temporary care provided for a child in foster care by someone other than the foster parents for up to 14 continuous days.

Note: Foster homes providing care to children with primary medical needs may use a short-term caregiver if a nurse is on duty providing primary medical care/coverage for the child. Other occurrences of relief care for families providing primary medical needs care to children must be provided by an extended care provider who is able to meet the complex medical needs and care of the identified child.

Relief care providers/babysitters approved under former versions of this policy will be "grandfathered" in as approved relief care providers until June 30, 2019. By June 30, 2019 all babysitters and relief care providers must determine if they wish to complete the requirements for short-term care or extended care providers (as defined above effective 11/1/2018) or relinquish their status as a relief care provider.

Procedure:

A. Screening Process for Short-term Care Providers

1. Foster parent will notify DePelchin of their interest in having a short-term care provider care for the foster children prior to the identified individual being left alone with foster children.
2. Individual will complete the relief care application and the application will be reviewed by designated staff. One written reference will be required by the foster parent.
3. Short-term care provider applicants care providers are required to complete an interview with DePelchin Foster Care staff. The answers/participation from this interview will be evaluated and a decision made in regards to approving the individual regarding the appropriateness to care for children in the foster home.
4. A background check will be completed and submitted in order to verify a cleared Department of Public Safety and Central Registry history. A fingerprint-based check will also be required. If the individual has lived out of state within the past five (5) years an out of state central registry check will be required.

B. Screening Process for Extended Care Providers

1. Foster parent will notify DePelchin of their interest in having an extended care provider care for the foster children prior to the identified individual being left alone with foster children.
2. Individual will complete the relief care application and the application will be reviewed by designated staff.
3. A background check will be completed and submitted in order to verify a cleared Department of Public Safety and Central Registry history. A fingerprint-based check will also be required. If the individual has lived out of state within the past five (5) years, an out of state central registry check will be required.

4. Extended Care Provider applicants must submit a total of two (2) references prior to caring for foster children. These references will consist of one (1) reference from the Foster Parent and one (1) additional reference.
5. Extended care provider applicants are required to complete an interview with DePelchin Foster Care staff. The answers/participation from this interview will be evaluated and a decision made in regards to approving the individual regarding the appropriateness to care for children in the foster home.
6. Extended care provider applicants are required to complete and submit results of a TB Test.

Out-of-Home Short-term care and Extended care

Short-term and extended care are allowed in the home of the relief care provider if all requirements have been met and approved as listed below:

1. Initial home inspection completed by DePelchin staff or the foster parent referring the relief care provider for screening (completion of environmental checklist) for all occurrences of relief care provided in the home of the relief care provider.
2. Appropriate sleeping arrangements and bedding specific to the age and gender of the children must be available.
3. Completion of the Relief Care Provider Application (copy of driver's license, auto insurance if driving children in care, and social security card).
4. Cleared criminal history and Central Registry (abuse/neglect) check for all household members ages 14 and up.
5. If the relief care provider is a verified foster parent, the foster home should be in good standing and all capacity/ratio requirements should be maintained.

C. Required Training and Documentation – renewal required bi-annually

1. **Short-term care:**
 - A minimum of three (3) hours of First Aid/CPR training
 - One (1) hour of Abuse Risk Management
 - Two (2) hours of Psychotropic Medication Training (online), if they will be administering any psychotropic medication to children for whom they provide care. The foster parent will review medication administration and documentation requirements with the relief care provider.

2. Extended Care Providers:

- A minimum of three (3) hours of First Aid/CPR training
- One (1) hour of Abuse Risk Management
- Four (4) hours of TBRI/De-escalation and Emergency Behavior Intervention (EBI)
- Two (2) hours of Psychotropic Medication Training (online), if they will be administering any psychotropic medication to children for whom they provide care. The foster parent will review medication administration and documentation requirements with the relief care provider.

Required Documentation for Relief Care Providers:

The following documents must be signed and placed in the foster parent record for each identified relief care provider:

- Relief care application
- Relief care provider responsibilities
- Discipline Policy
- Safety Contract
- Reporting Serious or Critical Incidents Memo
- Medication Agreement (as applicable) – will review and determine if needed
- Copy of auto insurance (if transporting children)
- Relief Care Provider Environmental checklist (required when care is provided in the relief care provider's home)

Required Training and Documentation for Treatment Services:

Qualified staff will review and approve the training needs of any type of relief care provider based on the children being cared for and the relief care provider's previous child care/parenting experience.

If any of the children being cared for have Specialized or Intense service levels, new caregivers without previous experience in a residential setting must have:

- 40 hours supervised direct child care documented before they are left solely responsible for the child care duties.
- Documented verification of a minimum of one year relevant experience to the population the relief care provider plans to serve, such as Primary Medical Needs, Autism Spectrum Disorder, Intellectual Disability, and Emotional Disorders, may permit new caregivers to be waived from the 40 hour supervision requirement.

D. Supervision & Safety

1. Relief care providers are required to provide a safe, nurturing environment and follow Minimum Standards and policies of DePelchin Children's Center.
2. Relief care providers 21 years of age or older may provide care for the maximum number of children for whom the foster home is verified, up to a maximum of (six) children. Qualified staff

establishes limits on the number of children that a relief care provider may care for at a time, as well as limits on the duration and frequency of the short-term care.

3. Foster Parents must notify the DePelchin Clinical Case Manager of all occurrences of short-term care and extended care prior to the occurrence.
4. All occurrences of extended care (inside or outside the home) must be pre-approved by DePelchin staff and the CPS caseworker. The approval must be documented in the foster home record.
5. Foster parents must share pertinent information with relief care providers regarding any special needs or important behaviors to be aware of with the foster children they will be caring for prior to being left alone with the children, including treatment services. This information includes (as applicable per each child):
 - a. medical and behavioral information on each foster child for whom care is being provided;
 - b. medication instructions for each foster child for whom care is being provided, if applicable;
 - c. appropriate discipline methods for all foster children;
 - d. eating and sleeping instructions (including any food restrictions or allergies) for each foster child for whom care is being provided ;
 - e. names of acceptable approved visitors;
 - f. emergency instructions and contact information to include a child's physician; and
 - g. Information on how to get in touch with each foster child's CPS worker and foster parents, if needed.
6. Foster parents are to ensure relief care providers are given the appropriate names and phone numbers of individuals to contact in the event of an emergency. Relief care providers need to have access to names and phone numbers of the children's 1) Foster Care Clinical Case Manager and Supervisor/Coordinator, 2) CPS caseworker, 3) DePelchin on-call phone number, 4) child's doctor's phone number and 5) foster parent.
7. In the case of an emergency or natural disaster, a relief care provider must ensure the safety and supervision of the foster children until approved alternate arrangements are made to care for the children.
8. If a foster child is to be transported by a relief care provider for any reason, the foster parent is responsible for ensuring the vehicle is safe and has proper seating for all children in accordance with Texas State Law.
9. The foster parent will transport medications to the relief care provider's home where medication will be appropriately stored, administered, and documented on the agency medication log.
10. At the end of the occurrence, the relief care provider will provide a verbal or written summary of the child's behavior, any major incidents or concerns. The foster parent must be sure to include this in their foster parent notes.

E. Paid Relief Care Guidelines:

1. Foster Parents accrue 1.5 days of relief care per month/per child with Moderate, Specialized and Intense levels of care. Families with children who are a Basic/Standard level of care do not accrue any paid relief care days.
2. Families with children that are Basic/Standard level of care may use relief care but will not receive any reimbursement. Financial arrangements must be handled by the foster parents.

3. For children with service levels of Moderate, Specialized and Intense, DePelchin will reimburse both the requesting foster parent and the relief care provider at the appropriate child/ren's daily rate for foster care for accrued days only.
4. Requests for paid relief care arranged through DePelchin staff is never guaranteed for the time for which it is requested, and it is based on the availability of relief care providers and the needs of the children.

Procedure for Requesting Paid Relief Care:

1. All relief care requests (i.e., out-of-home & in-home relief care) should be submitted to staff, at least, two (2) weeks prior to the requested date.
2. Advance notice is required in order to ensure that paid relief care is available.
3. All planned relief care must be coordinated and approved in advance by agency staff unless the relief care is for an emergency which still requires agency approval. Qualified Staff must approve each relief care occurrence.
4. DePelchin Foster Parents are allowed to provide relief care for children from other child-placing agencies and place children in relief care with other child placing agencies, contingent on the expectation that the child's needs can be safely met in the home without interfering with the needs of the other children. Prior to approval for relief care, there must be verification that the home is in good standing and meets the conditions of the Memorandum of Understanding developed between agencies.
5. Relief care is never intended to be used as a punishment for children. In fact, most relief care offers the child a fun filled weekend due to the activities already scheduled with the relief care provider. If a child is on restrictions for behavioral reasons, this should be addressed between the families.
6. If a child has been discharged from the home, the accrued relief care days for that child are no longer usable. Additionally, all relief care days accrued within the calendar year must be used by the 31st of December of that year. Any unused relief care days accrued within the year will not carry over into following year.
7. Relief care requests are paid in whole days. Half days cannot be used when requesting relief care. Relief care is paid out to the relief care provider based on the number of nights the child is in relief care. One whole day of relief care is equal to approximately 24 hours.

Foster parents who do not accrue paid relief care benefits based on the child's service level will be responsible for payment to relief care providers. According to Medicaid Rules, a home health nurse may only provide 1:1 medical care to the child to whom the nurse is assigned while on duty for the home health agency. The foster parent or an approved relief care provider must be present in the home at all times.

- The Home Health Agency Nurse may be approved to provide relief care care while not on duty for the home health agency. In order for the nurse to be alone with the child and be counted into the child/caregiver ratio, the nurse must complete the requirements to be an approved relief care provider by DePelchin.

F. Consent for care/Authorizations

- DePelchin will ensure that notification to the CPS Caseworker/designated SSCC staff is made for relief care occurrences. DePelchin staff ensure that the relief care provider can reach the family in an emergency if medical authorization is needed and is handled on a case by case basis due to the needs of the child.

Approved by Quality Improvement Committee

Date: 10/25/2018

Approved by Board of Directors

Date: 08/05/2019

Approved by: _____


President/CEO

Date: Aug 6, 2019

TDFPS Online Training-

Psychotropic Medication:

https://www.dfps.state.tx.us/Training/Psychotropic_Medication/default.asp

Recognizing and Reporting Child Sexual Abuse:

https://www.dfps.state.tx.us/Training/Child_Sexual_Abuse_for_Caregivers/index.html

Date rec'd: _____ FBI ☐ Yes ☐ No Office location: ☐ Memorial ☐ Montgomery
 Staff Submitting Request: _____ Family Name: _____
 Background check for ☐ Foster Parent ☐ Adoptive Parent ☐ Substitute Caregiver ☐ Household member
☐ Frequent Visitor ☐ Kinship ☐ Fictive ☐ Relative ☐ Other (Babysitter, Respite/IAC) _____
☐ Out of State Visitor
 Special instructions or notes: _____

Item	Date submitted	Date received results from DFPS	Date entered into Solutions	Date saved to Udrive as PDF
Criminal History				
Central Registry				
FBI				
Out of State CR				

If Match letter received, date sent to staff _____ Date OAP/req'd docs sent to DFPS _____
 If Risk Evaluation completed, date sent to DFPS _____ Date rec'd from DFPS _____
 Date last background check completed _____ Date FBI fingerprint completed _____

BACKGROUND INQUIRY AGREEMENT

Name: _____
 First Middle Last (Maiden)

Other names that you have used (married, maiden, etc.) _____

Mailing Address: _____
 Street City County State Zip

Address where you reside: _____
 Street City County State Zip

_____ ☐ Male ☐ Female
 Social Security Number Date of Birth

Best Contact Number *REQUIRED Email Address Texas Driver License/ ID Number

List all other cities in Texas where you have had residency (if additional space is needed please use the backside of this page):

Date When Lived There Address City State Zip County

Have you live out of state in the past five years? ☐ Yes ☐ No

If yes, please list the address, including the county in the space provided:

Date When Lived There Address City State Zip County

Ever been arrested, convicted or charged of any criminal offense other than a minor traffic violation?

☐ Yes ☐ No

If yes, explain in detail: _____

Please attach a copy of your Texas driver's license or state issued ID
 AND a copy of your social security card.

Race: ☐ White ☐ Native Hawaiian / Pacific Islander Ethnicity (must accompany race)
 ☐ Asian ☐ American Indian / Alaskan Native ☐ Hispanic ☐ Other
 ☐ Black ☐ Unable to Determine

**Criminal Background Statement
Foster Care/Adoption**

I have been informed that determinations relative to participation in the Foster Care/Adoption Program are made on a case by case basis and that I may be prohibited from serving in any capacity with a child-placing agency for direct involvement in any of the following:

- a) felony or misdemeanor classified as an offense against person or family;
- b) felony or misdemeanor involving public indecency;
- c) felony or misdemeanor violation of any statute intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act;
- d) any other felony or misdemeanor violation of any state or federal statute.

I understand that involvement in these situations does not require that there be a conviction or an indictment alleging commission of any of these crimes.

I am providing detailed information relative to any involvement I may have had in the past or may be experiencing at this time relative to the above enumerated situations. Give details including date, place, nature of offense, disposition or current status of situation.

AFFIDAVIT

"I hereby acknowledge that I have been informed that DePelchin Children's Center will contact the Department of Family and Protective Services and the Department of Public Safety, to obtain information on my criminal history, driving history, and Child Protective Services involvement. I hereby authorize the release of any and all confidential or public information about me from the above noted sources, including but not limited to those types of information listed above, to DePelchin Children's Center or its legal representatives. This action is required under Standard §749.2447(7) of the Minimum Standards for Child Placing Agencies, Texas Department of Family and Protective Services. This check will be required for all persons in the household age 14 and over and anyone who will regularly or frequently be staying or present at the home,

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that any willful misrepresentation or failure to provide identifying information is cause for immediate denial of the application. I have neither been charged, indicted nor convicted on any of the criminal offenses in the Texas Penal Code nor the Texas Controlled Substance Act except as may be noted above. There are no impending charges for any of these offenses.

I authorize DePelchin Children's Center to release my information to obtain an out-of-state child abuse/neglect records check to any state I have lived in within the last 5 years.

I agree that a photocopy of this authorization shall be as valid as the original. I understand this background inquiry form will be used to process my background check every 24 months throughout the duration of time I am affiliated with DePelchin Children's Center. Furthermore, I understand that any information obtained pursuant to this authorization will be used to evaluate my eligibility to become a foster/adoptive parent or to be an approved frequent visitor, household member or substitute caregiver in a verified foster home. I agree that I will inform DePelchin Children's Center if, at any time during my affiliation with the organization, I am (or any member of my household is) charged or arrested for any crime or become the subject of a Child/Adult Protective Services Abuse/Neglect investigation."

Signature _____

Date _____



Relief Care Provider Application

Date: _____

Foster Home Name: _____

Name of Applicant: _____

Address: _____

Phone: _____

E-Mail: _____

Education (Highest Grade Completed): _____

Please tell us why you would like to be a relief caregiver for this family?

Do you have any conditions or disabilities that may impact caring for children? (If so, briefly explain below):

Please summarize your care giving experience, please include the ages of the children you have cared for as well as your relationship to these children?

Authorization: I Authorize DePelchin's Children's Center to check references that I have provided and obtain an investigative report containing information obtained through personal interviews with local (applicable) agencies, including but not limited to law enforcement agencies and The Department of Protective and Regulatory Services (and other state children's service systems), for the purpose of determining my suitability to care for children in Therapeutic Foster homes. I understand this information will be used only for this purpose and that information solicited will be unlimited. This consent may be revoked by notifying DCC. It may also be revoked by specifying a date, time, event or condition upon which you consent will expire.

Applicant's Signature

Date

Relief Person's Name:

Family Last Name:

Tell us about a time when you had to stick to a rule, even though it didn't seem reasonable. How did you handle this situation?

Give an example of a time when a child or vulnerable adult really tried your patience. Specifically, tell us what happened. How did you respond to the situation?

What is your pet peeve, and in what specific ways can children frustrate you?

Describe the two most frustrating situations you have ever had to deal with involving children and how you handle them.

Do you understand that DePelchin Children's Center is ultimately responsible for these children and that you have to follow our policies?

☐ Yes ☐ No

Have you ever abused or molested a child?

☐ Yes ☐ No

Have you ever been accused of child abuse or molesting a child?

☐ Yes ☐ No

Do you associate with, live, or have a relationship with a known or registered sex offender?

☐ Yes ☐ No

Relief Care Provider Reference from

☐ Foster Family ☐ Relative ☐ Non-Relative

Relief Person's Name: _____ Family Name: _____

Please answer the questions below in reference to the respite care provider you have identified for your home. Your help is extremely valuable; as our knowledge of this individual is limited to the relatively short time they have been in our application process. We do not expect respite care providers to be perfect, and we hope you will feel free to describe areas of improvement, as well as good qualities this respite care provider may possess. We appreciate you taking the time to answer the following questions. Please include any concerns you may have regarding the respite care provider's ability to provide care for children who are in foster care.

All comments will be kept confidential. Thank you in advance for your time and effort completing this form.

1. How long have you known this caregiver, and what is your relationship? How well do you know him/her?

2. What kind of person is this caregiver?

3. What are their strengths? What are their weaknesses, or areas they could improve upon?

4. If you were responsible for a child's future, would you want this person to be that child's caregiver? Please explain why, or why not.

5. Please describe any children in the home, or any experience this caregiver has with children?

6. What activities and interests does this caregiver have outside of the home?

7. Do you feel this caregiver has experienced any of the following:

- ☐ Alcohol abuse in the past or present ☐ Mental Health problems ☐ Other:
☐ Prescription or illegal drug abuse ☐ Criminal history or activity ☐ Severe medical health problems

If you selected any of the above, please explain:

8. Any additional comments regarding this caregiver applicant's home life or any other comments you care to make?

Printed Name: _____

Signature: _____

Date: _____

Phone Number: _____

Address: _____
Street City State Zip

RELIEF CARE PROVIDER ENVIRONMENTAL CHECKLIST

Relief Care Provider Name: _____

Relief Care Provider Home Address: _____

Please check each item below indicating compliance. If the item is not in compliance, please note how each concern is being addressed in the space provided below.

	Yes	No	N/A
1. Home and grounds are kept clean and free of hazards to children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Kitchen and all food preparation, storage, and serving areas are kept clean.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Perishable food is refrigerated or safely stored in other ways.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Plumbing appears to be in good working conditions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Home has hot and cold running water.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. There is at least one toilet, lavatory, and bathtub or shower in the home....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Bathrooms are kept clean.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Soap and toilet paper are available in the bathrooms at all times.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Each child has access to hygiene supplies as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Garbage is kept in metal or plastic containers with tight fitting lids in an area away from the children.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The home is kept free of insects, mice and rats.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The yard is well drained, with no standing water.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. The yard is kept free from garbage and trash.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. The house is adequately ventilated and free from bad odors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Windows and outside doors kept open for ventilation are screened.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Cleaning supplies, insect sprays, medicine and other materials that can harm young children are kept where children under age eight and children for whom these items might present an unusual danger, cannot reach them.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Accessible electric outlets in rooms used by children under age eight and children for whom these outlets might present unusual dangers are safety outlets or have child proof covers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Electric fans are securely mounted where children under age eight or children for whom these items might present an unusual danger cannot reach them, or have guards which keep children from touching the fan blades.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Outdoor steps are not slippery. Porches, railings, playhouses and other wooden structures do not have splinters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Indoor floors and steps are not slippery, and are kept dry when children are using them. Wood surfaces and objects do not have splinters.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Glass doors are marked at a child's eye level to prevent accidents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Weapons, explosives, projectiles, and/or ammunition are stored in a locked container and never made available to a foster child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDRESS HOW CONCERNS/NONCOMPLIANCE AREAS ARE BEING RESOLVED, INCLUDING DATE IDENTIFIED ISSUE(S) IS RESOLVED:

"I swear and affirm I have conducted an inspection of the _____ home in accordance with DePelchin Children's Center's guidelines for relief care and that this home is safe."

Foster Parent Name (print)

Foster Parent Signature

Date

Foster Parent Name (print)

Foster Parent Signature

Date



Relief Care Provider Policy Acknowledgement

I, _____ have been given a copy of the policies and agreements listed below. I have reviewed these policies and agreements. Furthermore, I agree to abide by these policies as well as all DePelchin policies in order to ensure the safety and well being of the children in my care.

Initials

- After Hours Emergency Contact & Serious Incident Reporting _____
- Foster Care Medication Agreement _____
- Safety Contract _____
- Discipline Expectations for Foster Care & Adoption _____
- Relief Care Provider Responsibilities _____

I understand as a Relief Care Provider, I am a mandatory reporter, and I am legally required to report any suspicion of child abuse or neglect to the Texas Abuse Hotline 1-800-252-5400 and to DePelchin Children's Center _____

Name (Please Print)

Signature

Date

The following pages are to be
given to the RCP



**DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537**

1. The after-hours emergency cell phone number is listed above. Leave your name and telephone number and a Foster Care Clinical Case Manager will call you back. The voice message will direct to the number of the on-call supervisor as well, if needed. This number should be called after 5:00pm and before 8:00am on Monday – Friday and during weekends and holidays. Do not call the main DePelchin number. If there is no return call within 10 minutes for a serious incident, contact the on-call Program Coordinator as directed. If you do not receive a response from On-call or the On-call Program Coordinator please contact DePelchin's Foster Care Program Manager, Lynne Spiwak at 832-524-1194.
2. During regular business hours whenever there is an incident, contact your DePelchin Clinical Case Manager or their Program Coordinator:

Clinical Case Manager Name & Phone #: _____

Staff Person	Role	Office Number	Cell Phone Number
Program Coordinator	Stacy Blackmon	713-802-6257	832-202-4740
Program Coordinator	Tricia Halley	713-802-7624	832-273-9141
Program Coordinator	Celena Stewart	281-367-7707 ext.288	832-578-2293
Registered Nurse	Sandy Valdez	svaldez@depelchin.org	281-627-9072

3. During regular business hours, if you cannot reach your Clinical Case Manager or Program Coordinator and there is no return call within 10 minutes for a serious incident, contact DePelchin's Foster Care Program Manager, Lynne Spiwak at 832-524-1194 or Debbie Lawrence, DePelchin's Foster Care Treatment Director at 832-901-9541.
4. If there is an immediate danger/threat to a child or anybody else, call the police. Then immediately follow emergency reporting protocol - Numbers 1-3 above.
5. Medical emergencies require taking a child to the local hospital Emergency Room first. Report the incident as soon as you can afterwards. In the event a child needs hospitalization and surgery, DePelchin must be immediately notified. In addition, the TDFPS (Texas Department of Family and Protective Services) staff in the county which custody was granted may need to supply this authorization.
6. If a child requires psychiatric hospitalization, follow emergency reporting protocol – numbers 1-3 above. Please obtain the patient code so we can talk and visit with the child. Also, please do not leave the hospital until the child is officially admitted before leaving.

Do not drop a child off at any facility or DePelchin Children's Center office (including Children's Protective Services Chimney Rock Center) for any reason without approval from DePelchin, as this is considered abandonment.

7. Foster Parents must report any serious incidents directly to the:

Texas Abuse and Neglect Hotline at 1-800-252-5400 (§749.509); as the State does prefer when possible to obtain information first-hand instead of by a third party. All calls to this 800 number will automatically prompt Licensing to evaluate if there was adequate supervision, timely response and appropriate and timely follow-up. During this period of investigation, new children cannot be placed in your home nor can you provide respite services. **If it is necessary for you to call, please immediately notify DePelchin that you will be reporting and document the following:**

- a. Date and Time of the incident
- b. Date and Time that you called
- c. Confirmation number
- d. ID# of person who took your call



**DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537**

8. Temporary emergency respite can sometimes be arranged to assist with a situation.
9. For foster youth age 18 or older who remain in your home during voluntary extended foster care, serious incidents do not need to be reported to the Statewide Hotline, but they do need to be reported to DePelchin and to the youth's CPS caseworker. If a minor child is involved in the incident with the older youth, it will be determined by DePelchin whether Licensing will be called this is why it is so critical that you contact DePelchin to report a serious incident for direction.
10. 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 may comply within the timeframes required in the Minimum Standards (see following page)
 - a. A child is missing
 - b. A child goes to the emergency room
 - c. A child is admitted to the psychiatric or medical hospital and be sure to obtain the personal ID number or pass code so DePelchin can communicate with the hospital
 - d. A child suffers a dislocated/fractured/broken bone, concussion, injury to the face/head, laceration requiring stitches, 2nd or 3rd degree burns or internal organ damage
 - e. A child is indicted, charged or arrested for a crime
 - f. Communicable disease
 - g. A suicide threat or attempt
 - h. Sexual acting out between peers
 - i. An incident such as a fire or flood that renders all or part of the household unsafe or unsanitary for a child
 - j. Law enforcement is called to your home or comes to home
11. DePelchin should be your first and immediate point of contact even if you call the CPS worker to report an incident.
12. You are required to document the serious incident following the incident on the foster parent behavior log. Writing down a child's behavior along with your response to it, even if it does not create an emergency, is the best way to be helpful. In addition, be sure to obtain police report numbers if law enforcement is contacted. If a child is admitted to the hospital or treated in the ER, be sure to submit discharge paperwork to DePelchin upon discharge and ensure any medical follow-up is addressed within the specified timeframe (For example, follow-up appointment with an orthopedist within three days). Remember, failure to meet follow-up timeframes can be deemed as medical neglect.

Foster Parent Signature _____

Date _____

Foster Parent Signature _____

Date _____

Relief Care Provider Signature _____

Date _____

DePelchin Staff Signature _____

Date _____



**DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537**

Serious Incident	(i)To Licensing? (ii)If so, when?	(i)To Parents? (ii)If so, when?	(i)To Law Enforcement? (i)If so, when?
(1) A child dies while in your care.	(A)(i) YES (A)(ii) Within 2 hours after the	(B)(i) YES (B)(ii) Within 2 hours after the child's death.	(C)(i) YES (C)(ii) Immediately, but no later than 1 hour after the child's death. Medium-High
(2) A substantial physical injury or critical illness that a reasonable person would conclude needs treatment by a medical professional or hospitalization.	(A)(i) YES (A)(ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence..	(B)(i) YES (B)(ii) Report as soon as possible, but no later than 24 hours after the incident or occurrence.	(C)(i) NO (C)(ii) Not Applicable.
(3) Allegations of abuse, neglect, or exploitation of a child; or any incident where there are indications that a child in care may have been abused, neglected, or exploited.	(A)(i)YES, including whether you plan to move the child until the investigation is complete. (A)(ii) As soon as you become aware of it.	(B)(i) YES, including whether you plan to move the child until the investigation is complete. (B)(ii) As soon as you become aware of it.	(C)(i) NO (C)(ii) Not applicable.
(4) Physical abuse committed by a child against another child. For the purpose of this subsection, physical abuse occurs when there is substantial physical injury, excluding any accident; or failure to make a reasonable effort to prevent an action by another person that results in substantial physical injury to the child.	(A)(i) YES (A)(ii) As soon as you become aware of it. Medium-High	(B)(i) YES (B)(ii) As soon as you become aware of it. Medium	(C)(i) NO (C)(ii) Not applicable.



DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537

<p>(5) Sexual abuse committed by a child against another child. For the purpose of this subsection, sexual abuse is: conduct harmful to a child's mental, emotional or physical welfare, including nonconsensual sexual activity between children of any age, and consensual sexual activity between children with more than 24 months difference in age or when there is a significant difference in the developmental level of the children; or failure to make a reasonable effort to prevent sexual conduct harmful to a child.</p>	<p>(A)(i) YES (A)(ii) As soon as you become aware of it. Medium-High</p>	<p>(B)(i) YES (B)(ii) As soon as you become aware of it. Medium</p>	<p>(C)(i) NO (C)(ii) Not applicable.</p>
<p>(6) A child is indicted, charged, or arrested for a crime, not including being issued a ticket at school by law enforcement or any other citation that does not result in the child being detained; or when law enforcement responds to an alleged incident at the foster home.</p>	<p>(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of it. Medium</p>	<p>(B)(i) YES (B)(ii) As soon as you become aware of it. Medium</p>	<p>(C)(i) NO (C)(ii) Not applicable.</p>
<p>(7) A child developmentally or chronologically under 6 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.</p>	<p>(A)(i) YES (A)(ii) Within 2 hours of notifying law enforcement.</p>	<p>(B)(i) YES (B)(ii) Within 2 hours of notifying law enforcement.</p>	<p>(C)(i) YES (C)(ii) Immediately upon determining the child is not on the premises and the child is still missing.</p>
<p>(8) A child developmentally or chronologically 6 to 12 years old is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.</p>	<p>(A)(i) YES (A)(ii) Within 2 hours of notifying law enforcement, if the child is still missing. Medium-High</p>	<p>(B)(i) YES (B)(ii) Within 2 hours of determining the child is not on the premises, if the child is still missing. Medium</p>	<p>(C)(i) YES (C)(ii) Within 2 hours of determining the child is not on the premises, if the child is still missing. Medium-High</p>



**DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537**

Serious Incident	(i)To Licensing? (ii)If so, when?	(i)To Parents? (ii)If so, when?	(i)To Law Enforcement? (i)If so, when?
(9) A child 13 years old or older is absent from a foster home and cannot be located, including the removal of a child by an unauthorized person.	(A)(i) YES (A)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the foster home. <i>Medium</i>	(B)(i) YES (B)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the foster home. <i>Medium</i>	(C)(i) YES (C)(ii) No later than 6 hours from when the child's absence is discovered and the child is still missing. However, you must report the child's absence immediately if the child has previously been alleged or determined to be a trafficking victim, or you believe the child has been abducted or has no intention of returning to the foster home. <i>Medium</i>
(10) A child in your care contracts communicable disease that the law requires you to report to the Department of State Health Services (DSHS) as specified in 25 TAC Chapter 97, Subchapter A, (relating to Control of Communicable Diseases).	(A)(i) YES, unless the information is confidential. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease. <i>Medium</i>	(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease.	(C)(i) NO (C)(ii) Not applicable.
(11) A suicide attempt by a child.	(A)(i) YES (A)(ii) As soon as you become aware of the incident.	(B)(i) YES (B)(ii) As soon as you become aware of the incident.	(C)(i) NO (C)(ii) Not applicable.

b) If there is a medically pertinent incident, such as a seizure, that does not rise to the level of a serious incident, you do not have to report the incident but you must document the incident in the same manner as a serious incident.

(c) If there is a serious incident involving an adult resident, you do not have to report the incident to Licensing, but you must document the incident in the same manner as a serious incident. You do have to report the incident to: 1) Law enforcement, as outlined in the chart above; 2) The parents, if the adult resident is not capable of making decisions about the resident's own care; and 3) Adult Protective Services through the Hotline if there is reason to believe the adult resident has been abused, neglected or exploited.

(continue)



DEPELCHIN CHILDREN'S CENTER
FOSTER CARE AFTER HOURS EMERGENCY CONTACT
AND SERIOUS INCIDENT REPORTING
AFTER HOURS PHONE NUMBER: 281-627-9537

(d) You must report and document the following types of serious incidents involving your agency, one of your foster homes, an employee, professional level service provider, contract staff, or a volunteer to the following entities within the specified time frame:

Serious Incident	(i) To Licensing? (ii) If so, when?	(i) To Parents? (ii) If so, when?
(1) Any incident that renders all or part of your agency unsafe or unsanitary for a child, such as a fire or a flood.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after the incident. Medium	(B)(i) YES (B)(ii) As soon as possible, but no later than 24 hours after the incident. Medium
(2) A disaster or emergency that requires your operation to close.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after the incident. Medium	(B)(i) YES (B)(ii) As soon as possible, but no later than 24 hours after the incident. Medium
(3) An adult who has contact with a child in care contracts a communicable disease noted in 25 TAC 97, Subchapter A, (relating to Control of Communicable Diseases).	(A)(i) YES, unless the information is confidential. (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease. Medium	(B)(i) YES, if their child has contracted the communicable disease or has been exposed to it. (B)(ii) As soon as possible, but no later than 24 hours after you become aware of the communicable disease. Medium
(4) An allegation that a person under the auspices of your agency who directly cares for or has access to a child in the agency has abused drugs within the past seven days.	(A)(i) YES (A)(ii) Within 24 hours after learning of the allegation. Medium	(B)(i) NO (B)(ii) Not applicable.
(5) An investigation of abuse or neglect by any other entity (other than Licensing) of an employee, professional level service provider, foster parent, contract staff, volunteer, or other adult at the agency.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the investigation. Medium	(B)(i) NO (B)(ii) Not applicable.
(6) An arrest, indictment, or a county or district attorney accepts an "Information" regarding an official complaint against an employee, professional level service provider, foster parent, contract staff, volunteer, or other adult at the agency alleging commission of any crime as provided in §745.651 of this title (relating to What types of criminal convictions may affect a person's ability to be present at an operation?); or when law enforcement responds to an alleged incident at the foster home.	(A)(i) YES (A)(ii) As soon as possible, but no later than 24 hours after you become aware of the situation. Medium	(B)(i) NO (B)(ii) Not applicable.

Foster Care Medication Agreement

I understand that as a foster parent it is my obligation to provide a safe environment for the children in my care. Part of a safe environment is to be sure that all medication is unavailable to children. **This includes the medication prescribed for the foster children and all other medication in my home, including medication for biological and adopted children, as well as medication for all adults in the home.**

I understand and will follow the guidelines in DFPS Minimum Standards in the handling of medication. They are as follows:

1. All medications will be kept in locked containers that are unavailable to children. **Psychotropic medications must be double locked.**
2. 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, 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.**
3. Children will only be given medication that is prescribed for them and never given any medication prescribed for someone else.
4. 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/
5. Children will have medication in correctly labeled bottles while in respite care.
6. When children go to respite care, the foster parents will directly hand the medication to the foster parents providing respite and provide medication logs and directions.
7. Foster parents will attend scheduled psychiatric appointments with the child and ask questions and request needed explanations that will allow them to be informed caretakers of the foster children.
8. All psychotropic medication dispensation will be appropriately, correctly, and promptly entered in to the medication log.
9. **At the time of any concern or question about prescribed, psychotropic medication, or about medication supply, or if another doctor instructs changing prescribed psychotropic medications, the foster parents will contact the Agency during business hours, or Agency on-call staff after-hours, for information about medication procedures.**
10. At the time medication is prescribed for a child, the foster parent will received information about the medication. Medication information that comes with the prescription will be kept for reference.
11. **Medication prescriptions are filled immediately and dispensed only when necessary authorizations are obtained. Notification of approval should come from DePelchin Children's Center staff.**

I have read the above information. I have attended Psychotropic Medication training. I know that yearly, psychotropic medication training is my responsibility. I understand how to and agree to provide medication to foster children as instructed in this agreement.

Foster Parent Signature

Date

Foster Parent Signature

Date

SAFETY CONTRACT

Child: _____ **Home:** _____

This agreement is designed to keep everyone safe in this family. It lists the rules for living together safely in this family, for respecting the rights of others, and for ensuring the personal safety of everyone. Our signatures on the bottom acknowledge that these rules have been discussed as a family, that we understand these rules, that we will follow them, and that we will help each other to follow these rules. *(If a child is under the age of six "Good Touch, Bad Touch" will be reviewed to assist with understanding of concepts outlined in the contract).*

1. I understand that before I go into another person's bedroom I must get permission first.
2. I understand that if no one is home to give me permission to enter their room, I am not to go into another person's bedroom.
3. I understand that when visiting another person's bedroom, the door must be open.
4. I understand that if someone is visiting my bedroom, the door must be open.
5. I understand that if my foster parent(s) talk with me in my bedroom, the door must be open.
6. I understand that undressing is allowed only in my bedroom and in the bathroom with the door closed.
7. I will dress appropriately around the house. The adults and children will wear robes or clothes that provide the same standard of body coverage that would be expected in public areas.
8. If the door is closed, I understand that there is to be only one person in the bathroom at one time. Some exceptions to include: if the child is a toddler, parents close the door if the house is too cold, will only be an exception while they are in need of assistance in bathing. An individualized plan for providing or assisting with hygiene will be developed in my (the child's) service plan.
9. I understand that everyone sleeps in his or her own bed.
10. I understand that children do not sleep in the same bedroom with the foster parents. (Children 0-3 may sleep in the bedroom with foster parents.) Sleeping arrangements while traveling will be discussed with the caseworker prior to the trip.
11. I understand that if I am 6 years of age or older I will not share a bedroom with a person of opposite sex.
12. It is understood that children may be sexually attracted to others. I understand even though I may have these feelings, I will not act on them with anyone in my foster home.
13. I understand there is to be no sexual contact or sexual touching between children in this family or between parents and children in this family. This also includes respecting safety with pets. The only individuals who have sex together in this home are parents and always with the door closed.
14. I understand that there will be no sexual play and sexual touching and that includes playing doctor, nurse, or things like that.

15. I understand that all inappropriate sexualized language (references to body parts, sexual activity), looks that feel uncomfortable, and sexualized behaviors will not be permitted.
16. I understand that all physical touching between family members must be kept safe and be seen as safe touching.
17. I understand that children will not have access to or bring into the home any inappropriate sexually oriented materials (books, pictures, magazines, videos, Internet access etc.). Only material appropriate for sex education will be permitted.
18. I understand there is to be no showing or touching of one's private parts in front of other people, and no masturbation in front of other people.
19. I understand that my body belongs to me and if anyone touches me in a sexual way or makes me feel uncomfortable, I will say, "No," and will tell an adult and/or someone "safe", e.g. school counselor, coach, therapist, teacher, etc. Even if something starts out as playful (wrestling, horseplay, etc.) and becomes uncomfortable, I will tell someone immediately. I will continue to tell until someone believes me.
20. I will follow these rules of privacy, e.g. no touching of another's private parts, purses, notebooks, private notes, diaries, no opening another's mail, etc.
21. To ensure safety for you and others, these specific rules or restrictions will apply:

I understand that all family members are responsible for obeying these rules. I also understand that if I break these rules, there will be consequences. I understand these rules and they have been explained to me clearly. I agree to follow these rules.

Child _____

Date _____

By Signing I understand I am responsible for talking with my biological and/or adopted children regarding the safety guidelines and house rules outlined in this Safety Contract.

Caregiver _____

Date _____

Caregiver _____

Date _____

Agency Staff _____

Date _____

DePelchin Children's Center Discipline Expectations for Foster Care and Adoption

Discipline is the process of teaching self-control and responsibility. Every child needs appropriate discipline in order to become a responsible productive adult. All discipline should be administered with kindness and be fair, reasonable, and consistent. Each child's disciplinary needs should be considered on an individual basis and should be discussed with the foster care/adoption clinical case manager. For children over three (3) the discipline should be related to the child's behavior and appropriate to the child's age or developmental level. Restriction from privileges or time in* would be appropriate. Discipline for children under three (3) years of age should involve distraction and redirection rather than punishment.

It is a good idea for disciplinary measures to be consistent among caregivers. Using positive methods of discipline and guidance encourage self-esteem, self-control, and self-direction. Positive methods of discipline include the following:

1. Using praise, positive reinforcement, and encouragement of good behavior instead of focusing only on unacceptable behavior;
2. Reminding a child of behavior expectations daily by using clear, positive statements;
3. Talking with the child about the situation;
4. Focusing on the rule to learn and the reason for the rule;
5. Focusing on solutions that are respectful, reasonable, and related to the problem behavior, rather than blaming or focusing on consequences;
6. Redirecting the child's attention or behavior using positive statements;
7. Providing prior notice of possible consequences for inappropriate behaviors;
8. Giving the child acceptable choices or alternatives;
9. Allow the child a chance to "re-do" a behavior, as this allows the child an opportunity to regulate behaviors by learning and practicing appropriate ways to interact.
10. Allow opportunities for compromise – offer the child a compromise that is appropriate to the child's need/problem and can be accomplished in a reasonable time.
11. Arranging the environment to allow safe testing of limits;
12. Using kind but firm action;
13. Giving logical consequences that are appropriate to the situation and severity of the behavior; and
14. Withholding privileges

NO PHYSICAL DISCIPLINE OR THREATS OF PHYSICAL DISCIPLINE SHALL BE USED ON ANY CHILD PLACED IN FOSTER CARE OR ADOPTION WITH THIS AGENCY

The Minimum Standards for Child-Placing Agencies and DePelchin Policy prohibit the following:

1. Physical punishment of any kind is not considered an appropriate form of discipline for a child in foster care. Many of these children have already been subjected to serious physical abuse. Because of this, they may become frightened and fearful if physical discipline is used. Minimum Standards for child Placing Agencies does not allow corporal or physical punishment or threats of physical punishment toward any child placed in the foster/adoptive home.
2. Discipline shall be consistent with policies of the child placing agency. There shall be no cruel, harsh, unusual, or unnecessary punishment.
3. Only foster/adoptive parents and adult caregivers known to and knowledgeable of the child may discipline a child.
4. Children shall not be subjected to remarks which belittle or ridicule them or their families.
5. Children shall not be denied food, mail, or visits with their families as punishment.
6. Any discipline shall be appropriate to the child's age and developmental level.
7. Children shall not be threatened with the loss of foster or adoptive home placement.
8. Children shall not be placed in a locked room.
9. Short personal restraint as a method of restraint will only be used when necessary to protect the child from injury to self and others. Short personal restraints will not be used as a disciplinary tool.
10. Foster and adoptive parents must attend yearly required, agency training on behavior management and restraint prior to using physical holding as a method of restraint.
11. Mechanical restraints shall not be used.
12. Some examples (not exhaustive) of corporal punishment (physical contact with child) that are prohibited include:
 - a. Spanking, belting, whipping, hitting, swatting, striking with hand or any instrument
 - b. Slapping, popping, pinching, tapping on any part of the child's body,
 - c. Pinching, pulling hair, biting, or shaking a child.
 - d. Arm grabbing or arm pulling are not acceptable unless part of a short personal restraint to protect a child from immediate danger such as running into the street or getting close to something dangerous
13. Some examples (not exhaustive) of inappropriate discipline with children in foster care:
 - a. Maintaining an uncomfortable physical position, such as kneeling during time-outs or holding arms outstretched,
 - b. Putting anything in or on a child's mouth, such as soap or tape;
 - c. Humiliating, shaming, ridiculing, rejecting, or yelling at a child
 - d. Subjecting a child to abusive or profane language

- e. Placing a child in a dark room, bathroom, or closet;
 - f. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age;
 - g. Confining a child to a highchair, box, or other similar furniture or equipment as discipline or punishment;
 - h. Holding nose against a wall,
 - i. Time-out location not monitored by caregiver,
 - j. Excessive restrictions or extended loss of privileges
 - k. Excessive work or chores beyond child's developmental level,
 - l. Running laps, doing push-ups or sit-ups (or any type of physical activity) and unproductive work (work that serves no purpose except to demean the child).
14. Failure to cooperate fully with any and all investigations with the Licensing Division of the Texas Department of Family and Protective Services and/or DePelchin can result in closure of your foster or adoptive home.
15. Failure to abide by these expectations could result in one or all of the following:
- a. A report of abuse and an investigation by the Licensing Division of the Texas Department of Family and Protective Services.
 - b. Revoking of foster/adoptive home verification and closing of the home.
 - c. The removal of the child from the foster or adoptive home.

I understand that any suspected child abuse or neglect must be immediately reported to DePelchin and the Statewide Child Abuse and Neglect Hotline at 1-800-252-5400 must also be notified immediately. Failure to comply can result in closure of your foster or adoptive home.

DePelchin requires foster and adoptive parents to abide by these expectations and all other regulations regarding discipline as outlined in the Minimum Standards for Child-Placing Agencies, Division 6. These expectations were reviewed and discussed with _____ on _____. We have read and understand the above expectations regarding discipline and agree to abide by them.

Clinical Case Manager Date

Foster or Adopt Parent Date

Family Services Coordinator Date

Foster or Adopt Parent Date

**Time In Activities: Reading, writing, role playing skills or other appropriate activities*



Relief Care Provider Responsibilities

Short term and overnight extended care are collectively called relief care. Identified providers of each type of care are collectively referred to as relief care providers.

1. Each Relief Care Provider must submit a background inquiry agreement with a copy of his or her Driver's License and Social Security Card attached. TDFPS, DPS and FBI fingerprints will be filed. Background checks will be submitted every two years.
2. Must complete the Relief Care Provider application.
3. Must sign Acknowledgement of policies.
4. Must complete Psychotropic Medication training if applicable, Abuse Risk Management Training and First Aid/CPR.
5. Extended Care Providers must complete TBRI /De-escalation and EBI training in addition to the above trainings.
6. Respite Care Providers must submit a reference from the foster parent, and Extended Care Providers must submit one additional reference.
7. Extended Care Providers must submit a negative TB test Screening

**DEPELCHIN CHILDREN'S CENTER
CHILD FILE CHECKLIST**

- ☐ 2085-FC or TDFPS Placement Authorization - #11 and #12 completed
- ☐ 2085-B Designation of Medical Consenter for Non-DFPS Employee
- ☐ CPS Children's Rights Form or documentation of attempts to obtain
- ☐ After Hours Emergency Contact and Serious Incident Reporting
- ☐ Copy of Medicaid Card
- ☐ Medical Encounter Form- Intake Physical and Intake Dental
- ☐ Medical Encounter Form- 6 month Dental
- ☐ Medical Encounter Form- Annual Physical
- ☐ Medical Encounter Form- Optical Exam and Hearing Exam
- ☐ Immunization Record and one passed TB test
- ☐ Psychotropic Medication Log- last 30 days for each med
- ☐ Medication Log- last 30 days for over the counter medications
- ☐ Daily/Seasonal Activity Schedule
- ☐ Clothing and Possession Inventory
- ☐ Copy of Birth Certificate
- ☐ Copy of Social Security Card
- ☐ Copy of DePelchin's last Treatment Plan
- ☐ Copy of Initial (30 day) Treatment Plan
- ☐ Placement Agreement reflecting current rate and Level of Care
- ☐ Agreements signed at intake: Safety Contract, Placement Notification, Clients Rights, Foster Home/School Relationship, Discipline Expectations, Restraint Policy, Problem and Complaint Resolution, Client Safety Plan

EDUCATIONAL PORTFOLIO

- ☐ Education Portfolio (from CPS CW, updated by foster parent)
- ☐ School Grade Reports, standardized testing results, other school papers
- ☐ Special Testing including and ARD with Individualized Education Plan

Foster Home Name:	Reviewer Name:	Facility #	Date:
Address:	Verified Age Range:	Verified Capacity:	Announced <input type="checkbox"/> Unannounced <input type="checkbox"/>
CPA:	CPA Facility #:	Verification Date:	Time Begin: End:
Foster Family and Children in Care		Reviewer Findings: List the names and ages of all persons living in the home.	
Reviewer Guidelines: Record the names and ages of all household members and caregivers. To determine compliance with these standards, you may interview foster parent(s) and other caregivers, interview foster children, and evaluate CPA records, including background check requests submitted.			
Observation: You should also observe the children's living quarters during the tour of the home. Be alert to the number of beds/sleeping locations in the home. Take photographs, as needed, in accordance with section 4800 in the Licensing Policy and Procedure Handbook.			
Sample Interview questions: Who lives here? Do you have any overnight visits/visitors? Who do you use for respite care? What procedures do you follow? Has the CPA ever asked you to care for children 18 years old or older? What is the CPA policy regarding releasing foster children to other persons? Who do you have contact with in the CPA? Foster Group Home caregivers: what is your work schedule? Describe your duties in the home.			
Paperwork: View verification certificate. 749.2481 View foster home agreement. 749.2487 CPA reports changes to CCL 749.2489	Related Standards: 749.607-749.609 Agency staff and caregivers 749.2401-749.2405 General Requirements 749.2441-749.2451 Screenings 749.2551-749.2567 Capacity and Ratio 749.2651-749.2655 Foster Family Relationships		

Behavior Intervention and Behavior Management		Reviewer Findings:
Reviewer Guidelines: To determine compliance with these standards, interview foster parent(s), interview foster children, and evaluate CPA records including serious incident reports.		
Observations: Be alert to the presence of prohibited medications. Emergency medications should only be given when a child is a danger to himself or others. Are high chairs and car seats being used appropriately?		
Sample Interview questions: <u>Children:</u> What happens when you break a rule (get into trouble)? What happens when the other children (or insert name of another child in the home) break a rule? Did anyone explain to you what would happen to you if you tried to hurt yourself or someone else? Have you ever been restrained or held? Tell me what happened? <u>Adults:</u> How do you discipline the children? What is your most difficult discipline issue and how do you handle it? Did you receive specific instructions regarding when you can use personal restraints? What were your instructions regarding personal restraints? What happens after you restrain a child? Tell me how you participated in (insert the foster child's name) service planning re: behavior intervention?		
Paperwork: View serious incident reports. View behavior intervention documentation. View medication log and/or physician's orders.	Related Standards: 749.1951-749.1961 Discipline 749.2051-749.2305 Behavior Intervention	

Foster Home Name:	Facility #	Date:
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<p>Training</p> <p>Reviewer Guidelines: To determine compliance with these standards, interview foster parent(s) & caregivers, and evaluate CPA records.</p> <p>Sample Interview questions: What type of training did you receive prior to children being placed in your home (being hired)? Tell me about the training you have had this year. How do you get your training? How many hours of training have you had this year? When was the last time you had training? What was the training topic? When was the last time you had CPR/First aid training? Who provided the training? Have you had training on assessing causes of behavior, strategies to avoid harmful behaviors, maintaining positive behaviors, or intervention strategies? When was the last time you received this training? Did the training prepare you to deal with the behaviors of children?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>Paperwork: View CPR/first aid training certificate or certification card(s), if available in the home. View training certificates or log, if available in the home.</p> </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>Related Standards: 749.831-749.885 Orientation & Pre-Service Training 749.901-749.903 Behavior Intervention Pre-Service 749.931-749.949 Annual Training 749.981-749.989 First Aid & CPR Training</p> </td> </tr> </table>	<p>Paperwork: View CPR/first aid training certificate or certification card(s), if available in the home. View training certificates or log, if available in the home.</p>	<p>Related Standards: 749.831-749.885 Orientation & Pre-Service Training 749.901-749.903 Behavior Intervention Pre-Service 749.931-749.949 Annual Training 749.981-749.989 First Aid & CPR Training</p>	<p>Reviewer Findings:</p>
<p>Paperwork: View CPR/first aid training certificate or certification card(s), if available in the home. View training certificates or log, if available in the home.</p>	<p>Related Standards: 749.831-749.885 Orientation & Pre-Service Training 749.901-749.903 Behavior Intervention Pre-Service 749.931-749.949 Annual Training 749.981-749.989 First Aid & CPR Training</p>		

<p>Nutrition</p> <p>Reviewer Guidelines: To determine compliance with these standards, interview foster parent(s) & caregivers, interview foster children, and tour the food storage and preparation areas. Take pictures, if necessary, to record observations.</p> <p>Observations: Observe the food storage areas including pantry and refrigerator. Is an adequate supply of food on hand for the number of persons living in the home? Do the refrigeration appliances appear to be cooling adequately? Is other food stored appropriately, including sealed or covered and clearly labeled? Is the food storage and preparation area relatively clean and free of insects or signs of rodents? <ul style="list-style-type: none"> o Do not be distracted by dirty dishes left from a recent meal, unless they are attracting insects/rodents. Does it appear a variety of foods including fruits and vegetables are served daily? Is milk available for those children who drink it? Is water readily available to children?</p> <p>Sample Interview questions: <u>Children:</u> Show me where you eat your meals. Who eats with you? What did you have for (breakfast) (lunch) (supper) today (yesterday)? What do you do if you get hungry (thirsty) between meals? Who does the cooking (do you help with the cooking, shopping, dishes, clean-up)? <u>Adults:</u> Ask questions, as appropriate, re: food preparation, planning, routine meals and snacks served. Follow-up on statements from the children re: meals. Follow-up on observations re: food preparation and storage.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>Paperwork: View therapeutic/special diet instructions, if any. If a menu(s) is maintained and available, view this.</p> </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>Related Standards: 749.3061-749.3081 Nutrition and Food Preparation 749.1819 Feeding Infants</p> </td> </tr> </table>	<p>Paperwork: View therapeutic/special diet instructions, if any. If a menu(s) is maintained and available, view this.</p>	<p>Related Standards: 749.3061-749.3081 Nutrition and Food Preparation 749.1819 Feeding Infants</p>	<p>Reviewer Findings:</p>
<p>Paperwork: View therapeutic/special diet instructions, if any. If a menu(s) is maintained and available, view this.</p>	<p>Related Standards: 749.3061-749.3081 Nutrition and Food Preparation 749.1819 Feeding Infants</p>		

Foster Home Name:

Facility #

Date:

Children's Rights		Reviewer Findings:
Reviewer Guidelines: To determine compliance with these standards, interview foster parent(s) & caregivers, interview foster children, and tour the children's living quarters. Take pictures, if necessary, to record observations. Review the floor plan in the agency foster home record.		
Observations: Observe the storage for children's personal belongings, including dressers, closets, and bathroom area. Observe clothing, shoes, and personal-care items. Be alert to appropriate size, style, condition, season, and accessibility. Is clothing and storage comparable to that of the biological children? If possible, observe children's grooming, particularly hair, teeth, nails, and overall hygiene. Is grooming appropriate for the child's special needs, including ethnic and racial needs? Are the necessary additional supplies available for infants, including crib, diapers, toys, high chair, clothing? Does each child have his own bed and mattress? Are linens clean and changed at least once a week? o Do not be distracted by a child's unkempt room, laundry pending or in progress, or other aesthetics.		
Sample Interview questions: <u>Children:</u> Show me your room. Do you share your room with anyone (Who do you share your room with)? Where do you keep your (clothes, shoes, school work, personal grooming items, personal possessions)? Where do you sleep? Does anyone sleep with you (do you have to share your bed with anyone)? What do you do if you want to be alone (have privacy)? What do you do if you (want to) (need to) buy something? If you get money, what do you do with it? Where do you go to school? Who is your teacher? What is your favorite subject? Where (When) do you do your homework? Who helps you with your homework? What do you get to do for fun? (Name something you did for fun this week?) What do you like the best about being here? What do you like the least about being here? Have you been in other foster homes? <u>Adults:</u> Describe a routine day in your home. How do you determine what level of supervision a child needs? Where do you obtain clothing, shoes, personal items for the children? o Follow-up on statements from children, as needed, re: school work, fun activities, money, grooming supplies, clothing and storage, sleeping arrangements, and privacy.		
Paperwork: View copy of each child's service plan or summary. Be alert to issues in a child's treatment plan that may place other children, family members, or caregivers at risk. View progress notes, if any.	Related Standards: 749.1001-749.1021 Children's Rights 749.1311-749.1321 Service Plan 749.1801-749.1841 Infant/Toddler Care 749.1891-749.1927 Educational & Recreational Services 749.2591-749.2599 Supervision 749.3021-749.3041 Space and Equipment	

Foster Home Name:

Facility #

Date:

Medications and Medical Records		Reviewer Findings:
Reviewer Guidelines: To determine compliance with these standards, the reviewer will interview foster parent(s) & other caregivers, review medication records, observe medication storage, and observe children's medical records in the home. If medication is administered during the sampling visit, the reviewer will observe this.		
Observations: Observe storage of refrigerated and/or non-refrigerated medication. Check expiration dates. Is medication kept inaccessible to children? Is refrigerated medication kept in a separate container to prevent contamination of other foods if it should leak? Is all medication in its original container and clearly labeled? Are there indications children in care may have primary medical needs?		
Sample Interview Questions: <u>Children:</u> When you are sick, who takes care of you? If you have to take medicine, who gives it to you? Do you go to the dentist (doctor)? Who takes you to the dentist (doctor)? <u>Adult:</u> Are any of the children currently taking medications? Show me where you keep refrigerated medication. Where do you keep non-refrigerated medication? How do you keep track of medication? Can you show me the log? What do you do with medication when a child is no longer in care? What are your procedures for maintaining children's medical and dental records? Can you show me the records? How often do you report the child's visits to the doctor (dentist) to the CPA? Do you care for children that have primary medical needs?		
Paperwork: View medication records/logs. View children's medical records, if on file in the home.	Related Standards: 749.1401-749.1435 Medical and Dental Care 749.1461-749.1503 Administering Medication 749.1521-749.1523 Medication Storage and Disposal 749.1541-749.1545 Medication Records 749.1561-749.1565 Medication Errors 749.1581-749.1583 Adverse Reactions to Medication 749.1603-749.1611 Psychotropic Medication 749.1641-749.1675 Protective and Supportive Devices	

Foster Home Name:	Facility #	Date:
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Home Environment	Reviewer Findings:	
<p>Reviewer Guidelines: To determine compliance with these standards, you must walk through the home and outdoor areas to determine if health and safety hazards are present.</p> <p>Observations: Consider all ages of children in care and the type of care provided when determining safety and health hazards.</p> <p>Observe the home, including laundry and/or garage areas for hazards, including accessible flammable or poisonous substances. Ask to see where cleaning supplies are stored. Ask to see the fire extinguisher and smoke detector.</p> <p>Ask to see where firearms are stored. Are firearms, explosive materials, and projectiles inaccessible to children?</p> <p>Observe outdoor play and accessible storage areas. Be alert to accessible power tools, flammable or poisonous substances, play structures in poor repair, trampolines, standing water, evidence of rodents, pet feces, stray animals, dangerous pets, and unsupervised access to swimming pools or other bodies of water.</p> <p>Observe furniture, windows, doors, walls, flooring, kitchens and bathrooms to ensure they do not present hazards to children. Be alert to exposed wiring, garbage/trash not managed properly, inappropriate or unsafe ventilation and heating, peeling paint, weak flooring or trip hazards, insects and rodents, and other hazards.</p> <p>Are bathroom, laundry, and kitchen fixtures in good working order? Be alert to wet carpeting, rotten wood, standing water, blocked drains.</p> <p>Is the home environment generally clean and well maintained? Based on the number of people living in the home, does the home appear overcrowded?</p> <p>Sample Interview Questions: <u>Children:</u> Are there any areas of the house or yard where you are not allowed to go by yourself? Do you or other family members have any pets? Where are they kept? Who is responsible for caring for them? <u>Adult:</u> When was the last time you had a fire inspection (health inspection)? Who did the inspection? Do you keep any firearms, weapons, or explosive materials in or outside of the home? How do you ensure children in your care do not have unsupervised access to bodies of water (poisonous substances) (firearms) (flammable materials)? What are your plans in the event of an emergency?</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;"> Paperwork: View pet vaccination records. View written plan for handling disasters and emergencies. </td> <td style="padding: 5px;"> Related Standards: 749.1801-749.1841 Infant & Toddler Care 749.2591-749.2599 Supervision 749.2901-749.2967 Health and Safety 749.3101-749.3111 Transportation 749.3131-749.3149 Water Safety/Bodies of Water </td> </tr> </table>		Paperwork: View pet vaccination records. View written plan for handling disasters and emergencies.
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Foster Home Name:	Facility #	Date:
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<p>Reports and Communication</p> <p>Reviewer Guidelines: To determine compliance with these standards, you must interview the foster parent & other caregivers, and view records in the home. List the names of all children present and living in the home and their affiliation.</p> <p>Observations: Be alert to breakdowns in or lack of communication between the CPA and foster home. Be sensitive to the concerns a foster parent may have when asked to share information about their current CPA. Be alert to conflict of care issues (i.e. appropriate level of supervision, appropriate placement for children with therapeutic, habilitative, or primary medical needs, needs of all children taken into consideration).</p> <p>Sample Interview Questions: What types of serious incidents have you been instructed to report? What happens if (when) you make a report? Do you know how and who to contact after business hours regarding disaster or emergency situations? Do you know what to do if there is a weather emergency (fire) (flood) (electrical or water failure)? How does the CPA contact you about a potential placement and how long do you have to prepare? What information is shared with you before a child is placed in your home? What information in the admission assessment is shared with you? How was it shared with you? When was it shared with you? What information was shared with the child before being placed in your home? Do you feel that you have the necessary skills to meet the needs of children placed in your care? What role do you play in the development of a child's service plan (treatment team meetings)? What kinds of things do you generally talk about? How are children involved in the development of their service plan (treatment team meetings)? If you have questions about the service plan, what do you do? How does the CPA handle a child's discharge or transfer? How often does a representative from the CPA come to your home? What time of day do they come to your home? What do they do when they come to your home? How much time do they spend with you (your children) (foster children) (other foster parent/adult)? Did someone from the CPA visit your home before children were placed in your care? Who did the CPA interview during the verification process? Were you asked to sign an agreement with the CPA before children were placed in your care? How responsive do you feel the CPA is to your needs? Have you been a foster parent for any other CPA?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Paperwork: View serious incident reports. View the foster home verification certificate. View daily logs, if maintained. View progress notes, if any. View foster home agreement.</td> <td style="padding: 5px;">Related Standards: 749.1101-749.1115 Admission 749.1251-749.1281 Placement 749.1363-749.1369 Discharge or Transfer 749.2471-749.2525 Foster Home Verification 749.2621-749.2635 Respite Services 749.2801-749.2825 Management and Evaluation</td> </tr> </table>	Paperwork: View serious incident reports. View the foster home verification certificate. View daily logs, if maintained. View progress notes, if any. View foster home agreement.	Related Standards: 749.1101-749.1115 Admission 749.1251-749.1281 Placement 749.1363-749.1369 Discharge or Transfer 749.2471-749.2525 Foster Home Verification 749.2621-749.2635 Respite Services 749.2801-749.2825 Management and Evaluation	<p>Reviewer Findings: List the names of all children and their affiliation with the foster home, such as foster child, biological child, adoptive child, day care child, respite care child, child not in care (i.e. neighbor visiting), or other related child (i.e. grandchild):</p>
Paperwork: View serious incident reports. View the foster home verification certificate. View daily logs, if maintained. View progress notes, if any. View foster home agreement.	Related Standards: 749.1101-749.1115 Admission 749.1251-749.1281 Placement 749.1363-749.1369 Discharge or Transfer 749.2471-749.2525 Foster Home Verification 749.2621-749.2635 Respite Services 749.2801-749.2825 Management and Evaluation		

How to use this foster home sampling guide:
Licensing staff are required to use this guide when conducting a foster home sampling visit. This sampling guide provides a list of 8 topics that must be covered during the inspection, and provides suggested interview questions. Licensing staff should follow up on areas of concerns with additional questions that may not be included here. Refrain from reading the questions to the interviewee. The guide is written with the assumption that Licensing staff are familiar with the applicable minimum standards prior to the inspection. It will be the Licensing staff's responsibility to identify all standards related to concerns identified during the inspection. Complete the Foster Home Sampling Report; enter each identified concern into the foster home file in CLASS; prepare the sampling letter for the CPA. For detailed instructions see sections 4322 - 4325 of the Licensing Policy & Procedure Handbook. Save all sampling guides for future reference. Remember to notify the CPA within 24 hours of any immediate hazards found during the inspection. Immediate hazards include hazards that require the CPA follow up immediately to ensure a plan is in place and followed for the protection of children, including but not limited to unsupervised access to bodies of water, firearms, or medication, no water or electricity, structural damage to the home that makes it uninhabitable, unsafe equipment, and construction hazards.

It is YOUR RESPONSIBILITY to check with your local county and city fire departments to ensure your home is being serviced by the correct county or city. Please also be aware of any special inspection requirements by each entity. This list is provided as a courtesy, and is not intended to contain all requirements for all jurisdictions.

Fire Inspection Information		
	Contact Information	Notes
Harris County Fire Marshal	2318 Atascocita Rd Humble, TX 77396 phone: 281-436-8000 fax: 281-436-8005 http://www.hcfmo.net/ http://www.tdi.texas.gov/fire/fmfsi.html	<ul style="list-style-type: none"> • Cost: \$50 • A gas test must be done before the inspection can be completed. • A 5 pound fire extinguisher must be inspected and tagged. • Harris County Fire inspections are current for 2 years for foster home. • All inspection must be paid for and scheduled 30-60 days before the inspection expires.
City of Houston	City of Houston Fire Permit Office 1002 Washington St Houston, TX 77002 832-394-8811 Inspector Nguyen Cell # 832-331-9658 Office # 832-394-6919 Inspector Walker Cell # 713-859-4322 Office # 832-394-6918	<ul style="list-style-type: none"> • Cost: \$251.60 • Please be advised that the fire extinguisher must be tagged and inspected by a certificated fire extinguisher inspector. • Fire Inspection Permit will expire one year from <u>the permit date</u> NOT one year from the inspection date. • Once the permit has been paid for please call the inspectors themselves to schedule. • The Fire Prevention Permit Application is here : http://www.houstontx.gov/fire/formsandpermits/
Fort Bend County	1521 Eugene Heimann Circle#114 Richmond, Texas 77469 281-238-1500 281-342-0421 281-341-4665 http://www.fortbendcountytexas.gov/index.aspx?page=1260	<ul style="list-style-type: none"> • Please note that prior to the fire inspection the gas, electrical, heating and A/C needs to be inspection before the fire inspector will come to the home. Five pound fire extinguisher must be either tagged or bought new with a current receipt. • Foster home residing in cities in Fort Bend County. Call first to see if your home falls under the county or city to ensure proper jurisdiction.
Cities in Fort Bend County Missouri City Fire Marshal	1522 Texas Pkwy Missouri City, TX 77489 281-403-8500	
City of Katy	<ul style="list-style-type: none"> • Please contact both Fort Bend County and Harris County to see which county your home resides in. 	

Sugar Land Fire Prevention	PO Box 110 Sugar Land, TX 77487-0110 281-492-0852		
City of Stafford Fire Marshal	Joe Garcia 2702 South Main Stafford, TX 77477 Phone 281-208-6954		<ul style="list-style-type: none"> Please contact both Fort Bend County and Harris County to see which county your home resides in.
City of Rosenberg Fire Marshal	1012 Fifth Street Rosenberg, TX 77471 Phone 832-595-3600 Fax 832-595-3601		
Montgomery County	2247 North First Street, Suite 200 Conroe, Texas 77301 Phone: 936-538-8288 Fax: 936-538-8277		
Brazoria County	Albert Priselac Brazoria County Fire Marshal 979-864-2291 albertp@brazoria-county.com		Roland Garcia, Fire Marshal/Emergency Management Coordinator Phone: 281.652.1950
Pearland	2010 A Old Alvin Road Pearland, TX 77581 Phone: 281.652.1954 Fax: 281.652.1784		
City of League City	Phone 281-554-1290 Fax 281-554-1295 Mailing Address 300 West Walker Street League City, TX 77573	Physical Address: 305 East Main Street League City, TX 77573	
City of Friendswood Fire Marshal	Phone 281-996-3335 Fax 281-996-3331 Mailing Address: 910 S. Friendswood Dr. Friendswood, TX 77546	Physical Address: 1600 Whitaker Friendswood, TX 77546	
Texas City Fire Marshal Office	1725 25 th St. North Texas City, TX 77590 Phone 409-643-5708		

Fire Extinguisher Service and Inspections- DePelchin does not endorse or recommend any of the service below, these are merely suggestions of service you can obtain based on feedback from other foster parents. Please use the suggested services at your discretion.

AAA Fire Equipment	7707 Bissonnett Suite 110 Houston, TX 713-777-6655	Houston Automation, Inc.	281-499-6165
Fire Co.	John Milam 713-666-3473 milam@fire-co.com	Koetter	3005 Belfort Houston, TX 713-733-6888 *Service and tagged, drop off and ready in 24 hours
American Quality Fire and Safety	611 E. House St. Alvin, TX 77511 281-331-6866	Benesh Fire Pro, Inc	427 PR635 White Oak Trail Dayton, TX 77535 Phone 281-802-9637
Word Fire Equipment	James Word 140 S. Houston Ave. Suite 148 Humble, TX 77347 Phone 281-449-6073 Fax 713-254-2822	Fire Extinguisher Inspections and Purchases	Steven Chrisenberry PO Box 667189 Houston, Texas 77266 Phone: 713.521.9633 Fax 713.521.9634
McCormick Fire Extinguisher Inspections	P: 936-273-2676		

Plumbing Inspections - DePelchin does not endorse or recommend any of the service below, these are merely suggestions of service you can obtain based on feedback from other foster parents. Please use the suggested services at your discretion.

Streamline Plumbing	P.O Box 2834 P. 281-454-5325 F. 1-866-835-7013	ABC Services	P.713-730-9500 P.281-730-9500
Mr. Rooter Plumbing of Houston	P.713-776-8400	One1Call AC, Heating and Plumbing	P. 713-880-5200
Roto-Rooter Plumbing	P. 713-472-5551	Abacus Plumbing, Air Conditions and Electrical	P. 713-812-7070
Aramendia Plumbing, Heating and Air	P. 713-714-3181		

A/C and Heating Inspections - DePelchin does not endorse or recommend any of the service below, these are merely suggestions of service you can obtain based on feedback from other foster parents. Please use the suggested services at your discretion.

Abacus Plumbing, Air and Electrical	P. 713-812-7070	Aramendia Plumbing, Heating and Air	P. 713-714-3181
ABC Services	P. 713-730-9500 P.281-730-9500	Comfort Air System	9210 Jan Glen Ln. Spring, Texas 77379 P.281-836-2454
All Out A/C and Heating	626 E. Hwy 90a Richmond, TX 77406 281-238-9292		

Electrical Inspections - DePelchin does not endorse or recommend any of the service below, these are merely suggestions of service you can obtain based on feedback from other foster parents. Please use the suggested services at your discretion.

Universal Home Experts	9326 Kay Ln. Houston, TX 77064 713-396-3755	A&J Residential Electrical Repair Services	832-426-4972
Lone Star Electrical Services	281-492-7200	Residential Electrical Services Inc.	Friendswood, Texas 77546 281-482-865



FAMILY FOSTER HOME FIRE SAFETY EVALUATION CHECKLIST

INSTRUCTIONS

Purpose: This checklist is provided to specific foster family homes for the purpose of complying with Texas Health and Human Services Commission fire safety evaluation requirements. The use of this form is limited to foster family homes with not more than six ambulatory children, all capable of self-preservation, except as provided for in item 2 below.* These requirements are taken from NFPA 101, *Life Safety Code*® 2009 edition, a nationally recognized standard adopted by the State Fire Marshal, and are intended to provide a minimum standard of fire safety in foster family homes.

Directions: Please read this section prior to conducting an inspection. For more information, email: RCCLSTAN@DFPS.STATE.TX.US

For the purpose of this evaluation only, an owner is defined as the adult resident(s) having primary responsibility for the day-to-day operation of the home, regardless of who actually owns the home or building. Using the checklist as a guide, review the fire safety requirements and answer each item "yes" or "no" with a check mark in the appropriate box. Any "no" checked items must be corrected in order to meet the minimal evaluation standards.

Explanation of each item on the checklist:

1. If seven or more children (total children, not just foster children) reside in the foster home, the home is defined as a "Foster Group Home," and a site inspection by a certified fire safety inspector is required. Additional or modified fire safety requirements may apply. If the answer to this question is "No" and you are unable to locate a certified fire inspector in your area, you may contact the State Fire Marshal's Office for assistance.
2. *Children must be capable of self-evacuation, and be without any primary medical needs. No more than two children younger than 18 months may reside at the home, and an emergency evacuation and relocation plan must specifically provide for the evacuation of all household members in less than three minutes.
3. Smoke detectors must receive power from the building electrical system or batteries. Check the smoke detector monthly for proper operation by pressing the test button or switch on the unit. Do not use a flame or smoke to test the unit. If a battery-powered smoke detector does not operate when tested, change the battery and retest. If the unit still does not work, replace the smoke detector. Any non-functional line-powered smoke detectors must be replaced. Batteries must be changed at least annually. Statistics show about one-third of the smoke detectors installed in homes are inoperative. When detectors are non-operational, the usual reason is dead or missing batteries. The detector(s) should be mounted according to manufacturer's instructions.
4. In addition to providing a smoke detector within each sleeping room, smoke detector(s) must be located in the hall or open area(s) in the vicinity of the sleeping rooms. The detector(s) should be mounted according to manufacturer's instructions. The smoke detectors must be tested in the same manner as described above.
5. In multi-story homes, the smoke detector that covers the upper floor(s), in addition to those required in sleeping rooms, should usually be located at the top of the stairs. The detector(s) should be mounted according to manufacturer's instructions. The smoke detectors must be tested in the same manner as described above.
6. Every sleeping room and every living and dining area must be provided with access to a secondary means of escape to the outside of the home in addition to the front or back doors. The purpose of the secondary means of escape is to provide an occupant with an alternate escape route when fire or other emergency blocks the primary exit from the foster home.

Three types of secondary means of escape are permitted:

(A) A door that opens to the outside.

OR

(B) The use of a readily operable window in the sleeping rooms and living areas of the home that provides an opening of not less than 5.7 sq. ft. in area, minimum of 20 inches wide and 24 inches high, and the bottom of the opening no higher than 44 inches above the floor, located within 20 ft. of outdoor space accessible to fire department apparatus.

OR

(C) Every sleeping room and living area without a secondary means of escape (as described in A or B above), has a passage, other than the hallway, to another room that has a means of escape as described in A or B above. The passage must not have any doors that can be locked. An example would be two bedrooms or living areas directly connected with a passage or door. A shared bathroom connecting two sleeping rooms usually will not be acceptable, because one or both of the doors could be locked, preventing passage from one room to the other.

Note: There are two exceptions to the requirement for secondary means of escape from each bedroom or living area: (1) if the bedroom or living area has a door opening directly to the outside of the building, or (2) where the foster home is protected throughout by an approved automatic fire sprinkler system.

7. No foster home may have any interior door used in a path of escape that can be locked.
8. Primary exit doors and secondary means of escape, such as windows, and security bars that require a key, opening tool or special knowledge (security code, combination) are prohibited. Several multiple-death fires have occurred when a door lock could not be released because the key could not be found. The prohibition on these types of locks applies only to those doors or windows that are part of the required primary and secondary exits.
9. The requirement for a child being able to open a closet door from the inside is to ensure that the child cannot accidentally become locked inside.
10. Children will often lock themselves in the bathroom. Provisions for unlocking the doors from the outside will facilitate rescue by other occupants or by fire department personnel.
11. An attic room, for example, accessible only by a trap door or folding ladder, would not have an approved primary means of escape. A standard set of stairs to access the room would be required. Spiral staircases are also inadequate.
12. Un-vented heaters that have the mark or label of an approved testing firm and are installed in accordance with the manufacturer's instructions and applicable safety codes are acceptable. Some older, un-vented heaters are not equipped with vents to the outside of the home. These heaters depend on regular maintenance, proper adjustment, and an adequate air supply for proper combustion. Un-vented heaters can release lethal carbon monoxide into the home, deplete the oxygen levels in the home to dangerous limits, or provide an ignition source for a fire.
13. It is important to provide safeguards to protect children from the hot surfaces of heating equipment. Children do not always understand the dangers of hot surfaces. Screens (barriers) that prevent children from accessing heating equipment must be of closely spaced wire or expanded metal and must be securely attached to parts of the building to prevent movement.
14. All gas appliances must be equipped with metal tubing and connectors, no rubber hoses.
15. All gas-fired heaters, including any central heating unit, must be inspected annually by a qualified person to ensure the unit is in proper working order, to prevent carbon monoxide poisoning.
16. There must be no storage of any item that could burn (boxes, paper, clothing, wood scraps, blankets/pillows) near stoves, heaters, fireplaces, or other sources of flame or heat, including the gas water heater closets or other gas fired appliances.
17. All matches and or lighters must be out of the reach of children. Children playing with matches and/or cigarette lighters cause many deaths and millions of dollars in damage each year.
18. Flammable liquids must be stored in safety cans with the lid shut to prevent vapors from escaping.
19. There must be a five-pound portable fire extinguisher mounted on a wall in the area of the kitchen to extinguish small fires that may develop in or on the stove and also a fire extinguisher on every level of the home.
20. Home fire escape plans are essential to enable all residents to know what to do when the smoke alarm sounds or other signs of fire are present. Home fire escape plans must rehearsed by all occupants each month to remain effective. The plan must enable all family members to escape using primary or secondary exits. A safe location outside the home must be selected for a gathering point, well away from the dangers of the fire or responding emergency vehicles.
21. Extension cords are to be used on a temporary basis only. When the cords remain plugged in, they become part of the building wiring system. No frayed or spliced appliance cords are permitted because of the danger of a short circuit. All unused openings in the electrical circuit breaker box must be covered to prevent any material from coming in contact with live electrical wires.

NOTE

The above requirements set a minimum standard for fire safety in the home. Special situations and circumstances may call for increased fire safety requirements above those detailed above. You may request assistance from Child Care Licensing if you have questions. The State Fire Marshal's Office may be contacted to interpret fire safety requirements.



FAMILY FOSTER HOME FIRE SAFETY EVALUATION CHECKLIST

Purpose: This checklist is provided to specific foster family homes for the purpose of complying with Texas Health and Human Services Commission fire safety evaluation requirements. The use of this form is limited to foster family homes with six or fewer ambulatory children, all capable of self-preservation.

Directions: Please review the attached instructions prior to conducting the inspection. For more information, email Rcclstan@hhsc.state.tx.us.

HOUSEHOLD INFORMATION

Name of Owner(s):	Telephone Number:
Home Address:	

Item	Yes	No
1. Will there be less than seven children living in the foster home?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all the children ambulatory and capable of self-preservation?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is a working smoke detector installed in each sleeping room?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is a working smoke detector installed in the hallway near the sleeping rooms?	<input type="checkbox"/>	<input type="checkbox"/>
5. If the house is more than one story, is a working smoke detector installed at the top of the stairs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does each sleeping room and living area have at least one of the following secondary means of escape other than the "front" or "back" door of the home? A) A door, stairway, passage, or hall providing unobstructed travel leading directly to the outside of the dwelling. B) An outside window no higher than 44 inches above the floor, located within 20 feet of outdoor space accessible to fire department apparatus, and with an opening that is at least 5.7 square feet in area, a minimum of 20 inches wide, and at least 24 inches tall. C) A non-locking door into an adjoining room that has a means of escape described in A or B above.	<input type="checkbox"/>	<input type="checkbox"/>
7. Can a person travel from any room of the house to an exit that leads directly outside without having to pass through an interior door that can be locked?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can all primary exterior exit doors, windows used as a secondary means of escape, and any security bars incorporated with these primary and secondary means of escape be opened from the inside without the use of a key, tool, or special knowledge (security code, combination)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are the closet doors equipped so that a child can open the door from the inside?	<input type="checkbox"/>	<input type="checkbox"/>
10. If the bathroom door is equipped with a lock, can the door be unlocked from the outside during an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
11. Can all bedrooms and living areas above the first floor be accessed by a standard set of stairs?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are all gas, wood, or fuel fired heaters used in the home vented to the outside (unless listed and approved)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are heaters, including wood burning or gas log fireplaces, equipped with immovable screens or barriers to prevent contact with open flames and hot surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are gas appliances (heaters, water heaters, stoves) equipped with metal tubing and metal connectors?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are all gas-fired heaters inspected annually by a qualified technician?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are combustible items (items that burn) stored away from any stove, heater, or fireplace in the foster home?	<input type="checkbox"/>	<input type="checkbox"/>

Item	Yes	No
17. Are all lighters and matches kept out of the reach of children?	<input type="checkbox"/>	<input type="checkbox"/>
18. Are flammable liquids stored in safety cans and kept away from heat and children?	<input type="checkbox"/>	<input type="checkbox"/>
19. Is there an operable five-pound dry chemical fire extinguisher available for use in the kitchen and on every level of the home (if the home has more than one level)?	<input type="checkbox"/>	<input type="checkbox"/>
20. Has a Home Fire Escape Plan been written, practiced, and documented?	<input type="checkbox"/>	<input type="checkbox"/>
21. Does the electrical system appear to be in good condition?	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURES

Inspector: Contact Information:	Date Signed:
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ENVIRONMENTAL HEALTH CHECKLIST

Facility Name	Facility Address	Telephone No.
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	YES	NO	N/A
1. Home and grounds are kept clean and free of hazards to children	<input type="checkbox"/>	<input type="checkbox"/>	
2. Kitchen and all food preparation, storage, and serving areas are kept clean	<input type="checkbox"/>	<input type="checkbox"/>	
3. Perishable food is refrigerated or safely stored in other ways	<input type="checkbox"/>	<input type="checkbox"/>	
4. Home has an adequate supply of water that meets the standards for drinking water of the Texas Department of Health. If a private well is used, the Texas Department of Health or local health department must be consulted if any problems arise	<input type="checkbox"/>	<input type="checkbox"/>	
5. Home has an adequate, safe sewage disposal system. If a private sewage disposal system is used, the Texas Department of Health or local health department must be consulted if any problems arise	<input type="checkbox"/>	<input type="checkbox"/>	
6. Plumbing appears to be in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	
7. Home has hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	
8. There is at least one toilet, lavatory, and bathtub or shower inside the home	<input type="checkbox"/>	<input type="checkbox"/>	
9. Bathrooms are kept clean	<input type="checkbox"/>	<input type="checkbox"/>	
10. Soap and toilet paper are available in the bathrooms at all times	<input type="checkbox"/>	<input type="checkbox"/>	
11. Each child has a clean towel available, or paper towels are available	<input type="checkbox"/>	<input type="checkbox"/>	
12. Garbage is removed at least once a week	<input type="checkbox"/>	<input type="checkbox"/>	
13. Garbage is kept in metal or plastic containers with tight fitting lids in an area away from the children	<input type="checkbox"/>	<input type="checkbox"/>	
14. The home is kept free of insects, mice and rats	<input type="checkbox"/>	<input type="checkbox"/>	
15. The yard is well drained, with no standing water	<input type="checkbox"/>	<input type="checkbox"/>	
16. The yard is kept free of garbage and trash	<input type="checkbox"/>	<input type="checkbox"/>	
17. The house is adequately ventilated and free from bad odors	<input type="checkbox"/>	<input type="checkbox"/>	
18. Windows and outside doors kept open for ventilation are screened	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Cleaning supplies, insect sprays, medicines, and other materials that can harm young children are kept where children under age 8 and children for whom these items might present an unusual danger cannot reach them	<input type="checkbox"/>	<input type="checkbox"/>	
20. Accessible electric outlets in rooms used by children under age 8 and children for whom these outlets might present an unusual danger are safety outlets or have child-proof covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Electric fans are securely mounted where children under age 8 or children for whom these items might present an unusual danger cannot reach them, or have guards which keep children from touching the fan blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Outdoor steps are not slippery. Porches, railings, playhouses, and other wooden structures do not have splinters	<input type="checkbox"/>	<input type="checkbox"/>	
23. Indoor floors and steps are not slippery, and are kept dry when children are using them. Wood surfaces and objects do not have splinters	<input type="checkbox"/>	<input type="checkbox"/>	
24. Glass doors are marked at a child's eye level to prevent accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

Signature_____
Title_____
Date

Mental Health America	1-713-523-8963
The Bridge	1-713-473-2801

RUNAWAY AND CRISIS INTERVENTION / INTERVENCIÓN EN CASOS DE CRISIS Y PARA QUIENES SE HAN FUGADO DE LA CASA

Girls and Boys Town National Hotline / Línea Directa Nacional de Girls and Boys Town	1-800-448-3000
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National Runaway Switchboard / Línea Directa Nacional para niños que Se Han Fugado de la Casa	1-800-786-2929
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National Suicide Prevention Lifeline / Línea Nacional de Prevención del Suicidio	1-800-273-8255 (1-800-273-TALK)
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Teen Crisis Hotline / Línea Directa en Casos de Crisis de Jóvenes (Crisis International, Houston)	1-713-529-8336
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Texas Runaway Hotline / Línea Directa de Texas para Niños que Se Han Fugado de la Casa	1-888-580-4357 (1-888-580-HELP)
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Texas Youth Hotline / Línea Directa para Jóvenes de Texas	1-800-989-6884
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SUPERIOR HEALTHPLAN STAR HEALTH / PROGRAMA STAR HEALTH DEL SUPERIOR HEALTHPLAN

Behavioral Health Services	1-866-218-8263
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DentaQuest	1-888-308-4766
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Envolve Vision Services	1-866-642-8959
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Superior Member Connections® and Superior Member Advocate / Promotoras y Defensor de miembros 8 a.m. - 5 p.m. - Monday - Friday / Lunes a viernes	1-866-912-6283
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Superior Foster Care Liaison / Enlace de cuidado temporal de Superior	1-866-912-6283
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Superior Member Services Line / Línea de Servicios para miembros de Superior 24 hours a day, 7 days a week / Las 24 horas del día, los 7 días de la semana	1-866-912-6283
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Superior Nurse Advice Line / Línea de asesoramiento de enfermería 24 hours a day, 7 days a week / Las 24 horas del día, los 7 días de la semana	1-866-912-6283
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TRANSPORTATION SERVICES / SERVICIOS DE TRANSPORTE

Medical Transportation Program / Programa de Transportación Médica Call two days before scheduled appointment / Llame 2 días antes de la cita	1-877-633-8747 (1-877-MED-TRIP)
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**superior
healthplan™**

Superior HealthPlan
5900 E. Ben White Blvd.
Austin, TX 78741

1-866-912-6283

FosterCareTX.com



COMMUNITY RESOURCE GUIDE

GUÍA DE RECURSOS DE LA COMUNIDAD



STAR Health
Harris



FosterCareTX.com

1-866-912-6283

CHILD AND FAMILY SERVICES / SERVICIOS PARA EL NIÑO Y FAMILIA

Big Brothers Big Sisters of Greater Houston Mentoring program / Programa de mentores	1-713-271-5683
Boys and Girls Club of Greater Houston, Inc.	1-713-868-3426
MHMRA of Harris County	1-713- 970-7000 1-866-970-4770
Safe Riders Car seat safety education and assistance / Ayuda e instrucción sobre cómo usar el asiento de seguridad para auto	1-800-252-8255
Texas Department of Family and Protective Services / Departamento de Servicios para la Familia y de Protección de Texas (DFPS) Nationwide Abuse Hotline / Línea Directa Nacional para Denunciar el Abuso o Maltrato DFPS Ombudsman	1-800-252-5400 1-800-720-7777
Texas Workforce Commission / Comisión de la Fuerza Laboral de Texas	1-888-452-4778
The Children's Assessment Center	1-713-986-3300

FOOD & NUTRITION SERVICES / SERVICIOS DE ALIMENTOS Y NUTRICIÓN

Community Family Centers, Inc. Food pantry / Puesto de distribución de alimentos	1-713-923-2316
Emergency Aid Coalition Food pantry / Puesto de distribución de alimentos	1-713-528-3663
Gulf Coast Community Services Food pantry / Puesto de distribución de alimentos Sunnyside Multi-Service Center	1-713-393-4700 1-832-395-0069
Houston Food Bank	1-832-369-9390
Texas Health and Human Services Commission / Comisión de Salud y Servicios Humanos de Texas Medicaid, food stamps / SNAP (antes Estampillas para comida)	1-877-541-7905 or 2-1-1
Women, Infants and Children (WIC) Program Food, immunizations, classes / Alimentos, inmunizaciones, clases	1-800-942-3678
Catholic Charities of the Diocese of Galveston-Houston Guadalupe Area Social Services Energy, rental and food assistance / Ayuda con la electricidad, la renta y los alimentos	1-713-227-9981

GENERAL ASSISTANCE SERVICES / SERVICIOS QUE PRESTAN AYUDA EN GENERAL

Christian Community Service Center, Inc. Branard Street Office / Oficina de la calle Branard
Energy, rental, food and clothing assistance / Ayuda con la electricidad, la renta, los alimentos y la ropa
Finding help in Texas / Para encontrar ayuda en Texas

1-713-871-9741

Harris County Social Services
Energy, rental and food assistance / Ayuda con la electricidad, la renta y los alimentos

1-713-696-7900

Medicaid Managed Care / Atención médica administrada de Medicaid

1-866-566-8989
1-866-222-4306
(TTY)

Planned Parenthood of Houston and Southeast Texas

Pregnancy testing, family planning and STD testing / Pruebas de embarazo, planificación familiar y pruebas de enfermedades de transmisión sexual

1-713-522-3976
1-800-230-7526

Reliant Energy- Care Program Discounted utility services / Servicios públicos a precio reducido

1-877-524-5231

Society of St. Vincent de Paul
Energy, rental, food and clothing assistance / Ayuda con la electricidad, la renta, los alimentos y la ropa

1-713-741-8234

St. John Missionary Baptist Church
Energy, rental, food and clothing assistance / Ayuda con la electricidad, la renta, los alimentos y la ropa

1-713-659-7703

STAR Helpline / Línea de Ayuda STAR

1-800-964-2777

United Way

2-1-1

Women's Pregnancy Center
Pregnancy testing / Pruebas de embarazo

1-713-774-0126

MENTAL HEALTH INFORMATION AND REFERRAL / INFORMACIÓN Y ENVÍO A SERVICIOS DE SALUD MENTAL Y ABUSO DE SUSTANCIAS

ChildBuilders

1-713-481-6555

Family Services of Greater Houston

1-713-861-4849

Jewish Family Services

1-713-667-9336



WHO CAN GET A CASE MANAGER?

Children (birth to age 20) and pregnant women who get Medicaid and:

- Have health problems.
- Are at a high risk for getting health problems.



WHAT DO CASE MANAGERS DO?

A case manager will visit with you and then:

- Find out what services you need.
- Find services near where you live.
- Teach you how to find and get other services.
- Make sure you are getting the services you need.

WHAT KIND OF HELP CAN I GET?

Case managers can help you:

- Get medical and dental services.
- Get medical supplies or equipment.
- Work on school or education issues.
- Get other services.

HOW CAN YOU GET A CASE MANAGER?

Call Texas Health Steps at
1-877-847-8377 (toll-free).

To learn more, go to

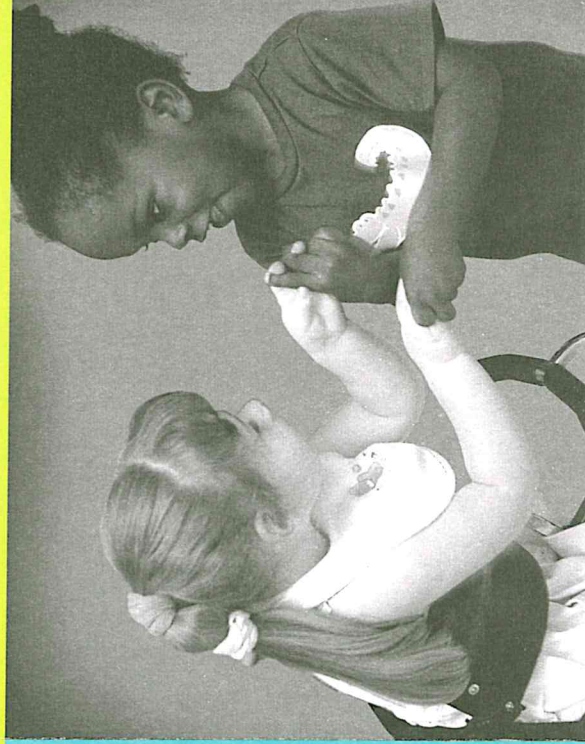
www.dshs.state.tx.us/caseman

Case
Management
Children &
Pregnant Women

03/15

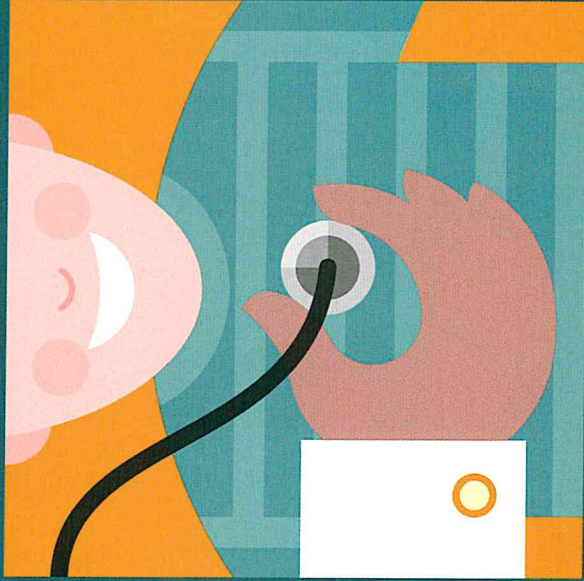
#1-182

Need help finding
and getting services?
A case manager might
be able to help you.



Don't miss a beat.

Make sure your children get their regular Texas Health Steps medical checkups.



What is Texas Health Steps?

Texas Health Steps is health care for children birth through age 20 who have Medicaid.

Texas Health Steps gives your child:

- Free medical checkups starting at birth.
- Free dental checkups starting at 6 months of age.

Call 1-877-847-8377 (1-877-THSteps) to find out how

Texas Health Steps can help your child stay healthy.



Checkups:

- Find health problems before they get worse and harder to treat.
- Prevent health problems that make it hard for your child to learn and grow.
- Help your child have a healthy smile.

Call Texas Health Steps if You:

- Need help finding a doctor or dentist.
- Need help setting up a checkup.
- Have questions about checkups or Texas Health Steps.
- Need a case manager to help you find and get other services.

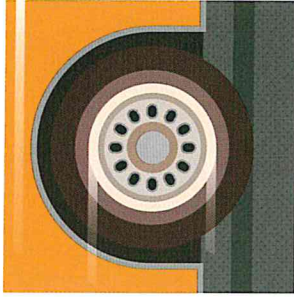
Checkups and a Whole Lot More!

If your child's doctor or dentist finds a health problem during a checkup, your child can get the care they need:

- Eye exams and glasses.
- Hearing tests and hearing aids.
- Other health and dental care.

Finding a Ride to the Checkup

If you need a ride to get to your child's checkup, call us toll-free:

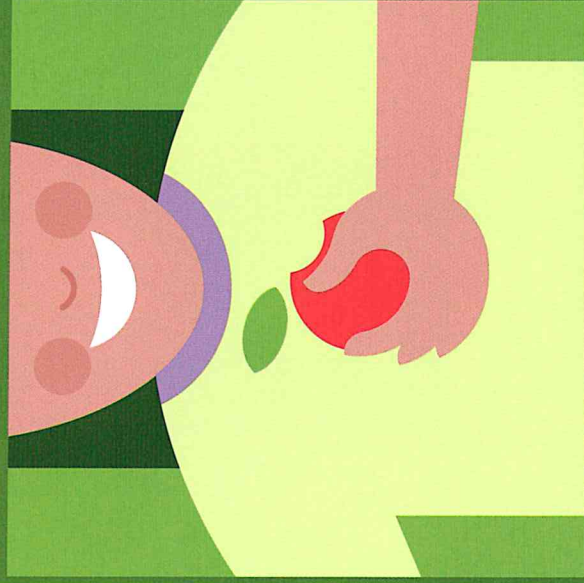


- Houston / Beaumont area: 1-855-687-4786.
- Dallas / Ft. Worth area: 1-855-687-3255.
- All other areas: 1-877-633-8747 (1-877-MED-TRIP).



Good health takes more than an apple a day.

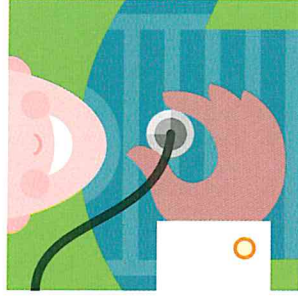
Make sure your children get their regular Texas Health Steps medical and dental checkups.



Doctor and Dentist Checkups

Texas Health Steps checkups can help your children stay healthy as they grow. Here are some tips for making each visit with the doctor or dentist good for you and your child.

1. Be on time. If you are late, you might have to come back another day.
2. If you can't make it, call to change or cancel your checkup.
3. Bring your child's favorite book or toy and snack for your wait.



4. If you can, bring:

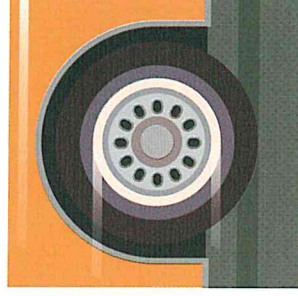
- Your child's Medicaid ID.
 - A list of all your child's medicines.
 - A list of your child's allergies.
 - A list that shows the vaccines your child has gotten.
5. Try not to set the checkup when your child might be tired or hungry.
6. Be positive and honest about the checkup. Read a book with your child about going to the doctor or dentist.
7. Answer all questions as best as you can.

Get the Most from Each Visit

It's all about your child's good health. Doctors, nurses, and dentists want to make the best choices for your child. You help make that happen by taking your child to all of their Texas Health Steps checkups.

Finding a Ride to the Checkup

If you need a ride to get to your child's checkup, call us toll-free:



- Houston / Beaumont area: 1-855-687-4786.
- Dallas / Ft. Worth area: 1-855-687-3255.
- All other areas: 1-877-633-8747 (1-877-MED-TRIP).





Texas Health Steps Checkup Schedule

Pasos Sanos de Tejas Plan de exámenes regulares

¡Los exámenes ayudan a sus niños a mantenerse saludables!

El programa Pasos Sanos de Tejas ofrece exámenes médicos y dentales para bebés, niños y jóvenes hasta los 20 años de edad que reciben beneficios de Medicaid.

Sus niños necesitan exámenes de Pasos Sanos de Tejas a estas edades:

Primer año	Segundo año en adelante
Hasta 5 días de nacido	15 meses de edad
2 semanas de nacido	18 meses de edad
2 meses de edad	2 años de edad
4 meses de edad	2½ años de edad
6 meses de edad	*Los niños de 3 años de edad y mayores necesitan exámenes de Pasos Sanos de Tejas una vez al año.
9 meses de edad	
12 meses de edad	

Los niños necesitan exámenes dentales cada 6 meses comenzando a los 6 meses de edad.

EPSDT-08 04/13



Checkups help children stay healthy!

Texas Health Steps offers medical and dental checkups for babies, children, and teens—everyone age 20 and younger who has Medicaid.

Children need Texas Health Steps medical checkups at these ages:

1st Year	2nd Year and Beyond
Up to 5 days old	15 months old
2 weeks old	18 months old
2 months old	2 years old
4 months old	2½ years old
6 months old	*Children 3 years and older need Texas Health Steps checkups once a year.
9 months old	
12 months old	

Children need dental checkups every 6 months starting at 6 months old.

EPSDT-08 04/13



You can get your child's vaccines at no cost through Texas Health Steps!

They need different vaccines as they grow.

At each checkup, ask the doctor what vaccines your child needs.

¡Sus niños pueden recibir vacunas gratis a través de Pasos Sanos de Tejas!

Ellos necesitan diferentes vacunas durante su crecimiento.

En cada examen, pregúntele al doctor cuáles vacunas necesita su niño.

Llame gratis a Pasos Sanos de Tejas al **1-877-847-8377**

O visítenos por Internet en: **MyChildrensMedicaid.org**

¿Necesita transporte? ¡Llámenos gratis!

Si no puede llevar a su niño a su examen, Medicaid podría ayudarlo. Los niños que reciben beneficios de Medicaid y su padre o madre pueden recibir transporte hacia y desde el doctor, dentista, hospital o farmacia.

- Área de Houston / Beaumont: 1-855-687-4786.
- Área de Dallas / Ft. Worth: 1-855-687-3255.
- Todas las demás áreas: 1-877-633-8747.

Call Texas Health Steps toll-free **1-877-847-8377 (1-877-THSteps)**

Or find us online at: **MyChildrensMedicaid.org**

Need a ride? Call us toll-free!

If you can't get your child to the checkup, Medicaid may be able to help. Children with Medicaid and their parent can get rides to and from the doctor, dentist, hospital, or drug store.

- Houston / Beaumont area: 1-855-687-4786.
- Dallas / Ft. Worth area: 1-855-687-3255.
- All other areas: 1-877-633-8747 (1-877-MED-TRIP).

Frequently Asked Questions

1. **How much do I get paid per night per child?**
 - a. Basic Level of Care- \$27.07
 - b. Moderate Level of Care- \$47.37
 - c. Specialized Level of Care- \$57.86
 - d. Intense Level of Care- \$92.43
2. **What day of the month do I get paid?**
 - a. The 15th of the month
3. **What if the 15th falls on a weekend?**
 - a. If the 15th falls on a Saturday, you will be paid the Friday before.
 - b. If the 15th falls on a Sunday, you will be paid on the Monday after.
4. **What if the designated pay date falls on a Holiday (i.e. Banks are closed, DePelchin Children's Center (DCC) is closed)?**
 - a. The pay date will be determined by the accounting manager. (Please see the calendar that is included in this manual.)
5. **When a child is placed in my care, what documentation am I responsible for signing?**
 - a. When a child is placed in your care, there will be several documents that you may be asked to sign. The 2 most important (have to be signed and turned in to your clinician in order to be compensated) are the "2085FC" and the "DePelchin Children's Center Foster Parent Agreement".
 - b. When signing the "2085FC" please make sure that the date you write in next to your signature is the date that the child was **placed** in your care, not the date that you are signing the form (unless they are the same). You will be paid starting from the date that you enter into that spot.
 - c. When signing the "DePelchin Children's Center Foster Parent Agreement" please note the amount that you will be paid for that specific child. As the child's level of care is increased or decreased, you must sign a new agreement stating the new amount.
6. **How crucial is it that I notify DCC when a child is discharged from my care?**
 - a. It is incredibly important that you immediately let your clinician know that CPS has removed a child from your care. We can not place another child in your care if we don't know the room is available.
7. **Who do I notify if my address has changed?**
 - a. Please notify your clinician. If your address changes relatively close to the time you should be receiving your check, please let the DCC Accounting Dept. know.
8. **What do I do if I feel the amount I receive is incorrect (i.e. Underpayment, Overpayment)?**
 - a. Please notify DCC as soon as possible. It is important that you monitor the amount that you receive each month. With every check you receive, there is a detailed explanation of what you have been paid for. This includes the children that were/are in your care, the level of care for that time period and the amount of time (days) the child was in your care. If you ever have questions about the amount that you have received, the Accounting department is always more than happy to research the issue. Any under-payment will be corrected within the same month that the error is noticed. Any over-payments will be collected from the next month's compensation. You will be notified that this will be occurring.
9. **What documentation do I have to turn into my clinician in order to be compensated?**
 - a. We must have the 2085 (an example is provided in this packet) in order to not only collect the money from the state, but to pay you as well. This is a document that is normally provided by the state at the actual placement of the child. If the case worker does not provide one, we have included several copies of the document in this packet that can be signed by both the CPS case-worker and you. If you run out of copies of this document, please let your clinician know. We will be more than happy to provide more.
10. **When doing Respite, is there any tax information I should know about?**
 - a. If during 1 fiscal year you receive \$600 or more in respite money, we will issue a 1099 to be used when filing your taxes. Please contact your personal accountant or IRS if there are any questions regarding the 1099 or its uses.

Service Levels for Foster Care

Description of the Basic Service Level

The Basic Service Level consists of a supportive setting, preferably in a family, that is designed to maintain or improve the child's functioning, including:

1. Routine guidance and supervision to ensure the child's safety and sense of security;
2. Affection, reassurance, and involvement in activities appropriate to the child's age and development to promote the child's well-being;
3. Contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
4. Access to therapeutic, habilitative, and medical intervention and guidance from professionals or paraprofessionals, on an as-needed basis, to help the child maintain functioning appropriate to the child's age and development.

Characteristics of a child who that needs Basic Services

A child needing basic services is capable of responding to limit-setting or other interventions.

The children needing basic services may include:

1. A child whose characteristics include one or more of the following:
 - A. Transient difficulties and occasional misbehavior;
 - B. Acting out in response to stress, but episodes of acting out are brief; and
 - C. Behavior that is minimally disturbing to others, but the behavior is considered typical for the child's age and can be corrected.
2. A child with developmental delays or mental retardation whose characteristics include minor to moderate difficulties with conceptual, social, and practical adaptive skills.

Description of the Moderate Service Level

- A. The Moderate Service Level consists of a structured supportive setting, preferably in a family, in which most activities are designed to improve the child's functioning including:
 - a. More than routine guidance and supervision to ensure the child's safety and sense of security;
 - b. Affection, reassurance, and involvement in structured activities appropriate to the child's age and development to promote the child's well-being;
 - c. Contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
 - d. Access to therapeutic, habilitative, and medical intervention and guidance from professionals or paraprofessionals to help the child attain or maintain functioning appropriate to the child's age and development.
- B. In addition to the description in subsection (a) of this section, a child with primary medical or habilitative needs may require intermittent interventions from a skilled caregiver who has demonstrated competence.

Characteristics of a child who needs Moderate Services

A child needing moderate services has problems in one or more areas of functioning. The children needing moderate services may include:

1. A child whose characteristics include one or more of the following:
 - A. Frequent non-violent, anti-social acts;
 - B. Occasional physical aggression;
 - C. Minor self-injurious actions; and
 - D. Difficulties that present a moderate risk of harm to self or others.
2. A child who abuses alcohol, drugs, or other conscious-altering substances whose characteristics include one or more of the following:
 - . Substance abuse to the extent or frequency that the child is at-risk of substantial problems; and
 - A. A historical diagnosis of substance abuse or dependency with a need for regular community support through groups or similar interventions.
3. A child with developmental delays or mental retardation whose characteristics include:
 - . Moderate to substantial difficulties with conceptual, social, and practical adaptive skills to include daily living and self-care; and
 - A. Moderate impairment in communication, cognition, or expressions of affect.
4. A child with primary medical or habilitative needs, whose characteristics include one or more of the following:
 - . Occasional exacerbations or intermittent interventions in relation to the diagnosed medical condition;
 - A. Limited daily living and self-care skills;
 - B. Ambulatory with assistance; and
 - C. Daily access to on-call, skilled caregivers with demonstrated competence.

Description of the Specialized Service Level

- A. The Specialized Service Level consists of a treatment setting, preferably in a family, in which caregivers have specialized training to provide therapeutic, habilitative, and medical support and interventions including:
 1. 24-hour supervision to ensure the child's safety and sense of security, which includes close monitoring and increased limit setting;
 2. Affection, reassurance, and involvement in therapeutic activities appropriate to the child's age and development to promote the child's well-being;
 3. Contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child to maintain a sense of identity and culture; and
 4. Therapeutic, habilitative, and medical intervention and guidance that is regularly scheduled and professionally designed and supervised to help the child attain functioning appropriate to the child's age and development.
- B. In addition to the description in subsection (a) of this section, a child with primary medical or habilitative needs may require regular interventions from a caregiver who has demonstrated competence.

Characteristics of a child that needs the Specialized Services

A child needing specialized services has severe problems in one or more areas of functioning. The children needing specialized services may include:

1. A child whose characteristics include one or more of the following:
 - A. Unpredictable non-violent, anti-social acts;
 - B. Frequent or unpredictable physical aggression;
 - C. Being markedly withdrawn and isolated;
 - D. Major self-injurious actions to include recent suicide attempts; and
 - E. Difficulties that present a significant risk of harm to self or others.
2. A child who abuses alcohol, drugs, or other conscious-altering substances whose characteristics include one or more of the following:
 - . Severe impairment because of the substance abuse; and
 - A. A primary diagnosis of substance abuse or dependency.
3. (3) A child with developmental delays or mental retardation whose characteristics include one or more of the following:
 - . Severely impaired conceptual, social, and practical adaptive skills to include daily living and self-care;
 - A. severe impairment in communication, cognition, or expressions of affect;
 - B. Lack of motivation or the inability to complete self-care activities or participate in social activities;
 - C. Inability to respond appropriately to an emergency; and
 - D. Multiple physical disabilities including sensory impairments.
4. A child with primary medical or habilitative needs whose characteristics include one or more of the following:
 - . Regular or frequent exacerbations or interventions in relation to the diagnosed medical condition;
 - A. Severely limited daily living and self-care skills;
 - B. Non-ambulatory or confined to a bed; and
 - C. Constant access to on-site, medically skilled caregivers with demonstrated competencies in the interventions needed by children in their care.

Description of the Intense Service Level

A. The Intense Service Level consists of a high degree of structure, preferably in a family, to limit the child's access to environments as necessary to protect the child. The caregivers have specialized training to provide intense therapeutic and habilitative supports and interventions with limited outside access, including:

- a. 24-hour supervision to ensure the child's safety and sense of security, which includes frequent one-to-one monitoring with the ability to provide immediate on-site response.
- b. Affection, reassurance, and involvement in therapeutic activities appropriate to the child's age and development to promote the child's well-being;
- c. Contact, in a manner that is deemed in the best interest of the child, with family members and other persons significant to the child, to maintain a sense of identity and culture;

- d. Therapeutic, habilitative, and medical intervention and guidance that is frequently scheduled and professionally designed and supervised to help the child attain functioning more appropriate to the child's age and development; and
- e. Consistent and frequent attention, direction, and assistance to help the child attain stabilization and connect appropriately with the child's environment.
- B. In addition to the description in subsection (a) of this section, a child with developmental delays or mental retardation needs professionally directed, designed and monitored interventions to enhance mobility, communication, sensory, motor, and cognitive development, and self-help skills.
- (c) In addition to the description in subsection (a) of this section, a child with primary medical or habilitative needs requires frequent and consistent interventions. The child may be dependent on people or technology for accommodation and require interventions designed, monitored, or approved by an appropriately constituted interdisciplinary team.

Characteristics of a child that needs Intense Services

A child needing intense services has severe problems in one or more areas of functioning that present an imminent and critical danger of harm to self or others. The children needing intense services may include:

- 1. a child whose characteristics include one or more of the following:
 - A. Extreme physical aggression that causes harm;
 - B. Recurring major self-injurious actions to include serious suicide attempts;
 - C. Other difficulties that present a critical risk of harm to self or others; and
 - D. Severely impaired reality testing, communication skills, cognitive, affect, or personal hygiene.
- 2. A child who abuses alcohol, drugs, or other conscious-altering substances whose characteristics include a primary diagnosis of substance dependency in addition to being extremely aggressive or self-destructive to the point of causing harm.
- 3. A child with developmental delays or mental retardation whose characteristics include one or more of the following:
 - . Impairments so severe in conceptual, social, and practical adaptive skills that the child's ability to actively participate in the program is limited and requires constant one-to-one supervision for the safety of self or others; and
 - A. A consistent inability to cooperate in self-care while requiring constant one-to-one supervision for the safety of self or others.
- 4. A child with primary medical or habilitative needs that present an imminent and critical medical risk whose characteristics include one or more of the following:
 - . Frequent acute exacerbations and chronic, intensive interventions in relation to the diagnosed medical condition;
 - A. Inability to perform daily living or self-care skills; and
 - B. 24-hour on-site, medical supervision to sustain life support.

2019 Annual Training Requirements

Core Trainings: (30 hours per person)

Hours	Title	due
2	Trauma informed Care (online)	Annually, within 12 months of last completion date
2	Psychotropic Medication (online)	Annually, within 12 months of last completion date
2.5	Medical Consenter (online)	Annually, within 12 months of last completion date
4	Maintaining Caring Connections	once a year
4	EBI de-escalation	Annually, within 12 months of last completion date
2	DCC P&P	once a year
2	Normalcy (online)	once a year
1	Disaster	once a year
4	CPR/First aid	every 2 years
6.5	Elective Hours to complete the 30 hour requirement	12/31/19

30

You are required to login to our website in order to access and register for Foster Parent trainings. In order to access the page you will need to click on the "Login" button in the top right corner of the first page of the DePelchin website at www.Depelchin.org

Once you click the "login" button, you will be directed to the Login page where you will enter the following information:

Username: fosterparent Password: depelchin

Each month DCC P&P will be offered on a Thursday (usually the 3rd Thursday of the month, but may be moved due to holidays, spring break or events) Maintaining Caring connections and EBI De-Escalation will be offered once a month on a Saturday (Usually the Saturday following the 3rd Thursday) The trainings will be offered 4 times a year at each location: The Memorial office, The Stafford office, and the Spring office.

If you are in need of hours remember: ☐ Your Clinical Case Manager can provide elective training during home visits ☐ You can complete 3.5 hours through self study

Thank you for your commitment to our children!!

**DEPELCHIN CHILDREN'S CENTER
FOSTER PARENT TRAINING FORM**

NAME OF FOSTER PARENT(S): _____

DATE: _____ LENGTH OF TIME (credit hours): _____

TRAINER: _____

WAS THE TRAINING DIRECTED OR SELF-DIRECTED? _____

LOCATION/TYPE OF TRAINING (i.e., At Home, Name Agency, Internet Website, Book, Video, DVD, CD, TV, etc.):

CURRICULUM:

RELEVANCE TO FOSTER PARENT'S JOB PERFORMANCE:

LEARNING OBJECTIVES:

ACTIVITIES:

METHOD OF EVALUATION (any test of your knowledge of what you've learned):

Signature of Foster Parent (s)

Signature/Clinician **(must have signature for credit)**

Signature of Foster Parent (s)



DFPS Adoption Assistance

On This Page

- [Program Benefits](#)
- [Sources of Adoption Assistance](#)
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Navigate Life Texas

Visit this website to find resources for kids with disabilities and special health care needs. [[go now](#)]]

Thinking about adoption but not sure if you can afford all of the related expenses? The Texas Department of Family and Protective Services (DFPS) has an adoption assistance program to help defray some of the costs associated with adoption of a child with special needs.

Program Benefits

- **Medicaid health care coverage** for the adopted child. This benefit assists with the child's medical and dental care, eye care, durable medical equipment and supplies, psychiatric/behavioral health care, and medical transportation.
- **Reimbursement for certain one-time expenses** relating to completing the adoption process (non-recurring adoption expenses). This benefit provides reimbursement up to \$1,200 per adoption for reasonable and necessary adoption expenses directly related to completing the adoption process. These expenses may include fees paid directly to child placing agencies as well as court costs, attorney fees, and other fees directly related to the legal completion of the adoption.
- **Monthly payments to assist with the child's needs.** The monthly adoption assistance payments are determined based upon the child's special needs and the adoptive family's circumstances. Assistance is considered for the following types of special needs:

(a) Exceptional initial placement expenses, (b) special maintenance, (c) child care, (d) supportive educational needs, (e) maintaining sibling/other family contact, and (f) routine maintenance when needed.

Sources of Adoption Assistance

DFPS provides adoption assistance from two sources. The first source is the:

- federal Title IV-E of the Social Security Act and
- Texas' own state adoption assistance.

Title IV-E Eligibility Requirements

The following five requirements must be met for a child to be eligible for Title IV-E funded adoption assistance:

1. The child must qualify as "special needs," as described below, at the time the adoptive placement agreement is signed.
2. Reasonable efforts must be made to place the child without adoption assistance, except when to do so is contrary to the child's best interest.
3. The child must be placed for adoption by DFPS, or a private, licensed, non-profit child-placing agency. For both relative and non-relative placements, the adoptive home must meet all of the requirements for approval under licensing minimum standards, including the criminal-records check.
4. The child must be in an adoptive placement and meet one of the following four conditions:
 - (a) The child is eligible for Supplemental Security Income (SSI) benefits, as determined by the Social Security Administration (SSA) during the adoptive placement,
 - (b) the child is AFDC eligible both in the month that court proceedings began that resulted in the order removing the child from the home and in the month the adoption petition is filed,
 - (c) the child was determined eligible for Title IV-E foster care assistance both at the time the child entered care and in the month the adoption petition is filed, or
 - (d) the child lives with a minor parent in foster care, and the child's costs are included in the Title IV-E foster care payments being made on behalf of the minor parent.
5. The adoption assistance agreement must be signed before the adoption is consummated.

State Adoption Assistance Requirements

The following six requirements must be met for a child to be eligible for state adoption assistance:

1. The child must not be eligible for Title IV-E adoption assistance.
2. The child must qualify as "special needs," as described below at the time the adoptive placement agreement is signed.
3. Reasonable efforts must have been made to place the child without adoption assistance, except when to do so was contrary to the child's best interest.

4. The child must be placed in an approved adoptive placement with DFPS as the child's managing conservator. For both relative and non-relative placements, the adoptive home must meet all of the requirements for approval under licensing minimum standards, including criminal records checks.
5. The child's resources must be less than \$10,000.
6. The adoption assistance agreement must be signed before the adoption is consummated.

Requirements for Non-recurring Adoption Expenses

These expenses may include fees paid directly to child placing agencies as well as court costs, attorney fees, and other fees directly related to the legal completion of the adoption.

Children who meet Title IV-E or state adoption assistance eligibility requirements automatically qualify for reimbursement of non-recurring adoption expenses.

However, reimbursement will not be made until the adoption is consummated. A separate request for adoption assistance is not necessary.

For adoptions that do not qualify for Title IV-E or state adoption assistance, the following four requirements must be met to gain reimbursement for non-recurring adoption expenses.

1. The child must qualify as having "special needs" at the time an adoptive placement agreement is signed.
2. The adoptive placement must occur in accordance with relevant state and federal laws relating to child placement.
3. The adoptive parents must be residents of Texas.
4. The adoptive parents must sign an agreement to receive reimbursement for non-recurring adoption expenses prior to consummation of the adoption.

Step Parent Adoptions

By federal policy, stepparent adoptions do not qualify for nonrecurring adoption expense reimbursement.

International Adoption

An international adoption may qualify for this benefit if the child is a "special needs" child at the time of adoptive placement and the adoption assistance agreement is signed prior to consummation of the adoption.

Definition of Special Needs

The child must be younger than 18 years old and meet one of the following criteria when the adoptive placement agreement is signed:

1. The child is at least six years old;
2. the child is at least two years old and a member of a minority group that traditionally has barriers to adoption;

3. the child is being adopted with a sibling or to join a sibling; or
4. the child has a verifiable physical, mental, or emotional handicapping condition, as established by an appropriately qualified professional through a diagnosis that addresses: (a) what the condition is; and (b) that the condition is indeed handicapping.

The state must determine that the child cannot or should not be returned to the home of his parents.

A reasonable effort must be made to find an adoptive placement without providing adoption assistance, unless doing so is against the child's best interests.

Children under DFPS Jurisdiction

DFPS is responsible for determining eligibility and negotiating the adoption assistance agreements for children who are placed for adoption under varying circumstances. Foremost among these responsibilities are determinations for children who are in the managing conservatorship of DFPS, regardless of the location of the placement. These responsibilities also extend to children who are in the legal care of and placed for adoption by a licensed, non-profit child-placing agency when the child is placed with a family that resides in Texas. The child-placing agency need not be licensed in Texas but at least must be licensed/certified by another state to provide adoption placement services.

DFPS also determines eligibility and negotiates agreements for children who previously received Title IV-E adoption assistance or state adoption assistance and whose adoption terminated because of the death of the adoptive parents or termination of their parental rights and at the same time are not in the care of another state's public child welfare agency. DFPS will also assume responsibility for children who have subsequent adoptive parents who resided in Texas at the time of the adoptive placement. If the child received prior state adoption assistance, DFPS will assume responsibility regardless of the adoptive parents' state of residence.

Payment Ceilings for Adoption Assistance

The payment ceilings are established by the DFPS Board and are based upon two separate amounts. For children whose service level is Basic at the time of adoptive placement the ceiling is \$400 per month. For children whose service level is Moderate or higher, the payment ceiling is \$545 per month. The payment ceilings cannot be exceeded and are not automatically provided to any child.

Requests for Adoption Assistance

Requests for adoption assistance are made through the regional adoption assistance eligibility units. Ask your worker for the Request for Adoption Assistance forms.

For more information go to: [Texas Administrative Code - Adoption Assistance Program](#)

State Adoption Assistance Contact

[Latasha Henry](#)

Texas Department of Family & Protective Services
2525 Ridgepoint Drive

2/19/2018

DFPS - DFPS Adoption Assistance

Austin, Texas 78754

Phone: (713) 767-2651

FAX: (512) 339-5927

Frequently Asked Questions on Immunization Requirements for School Admittance

Q. *What is Provisional Enrollment?*

- A. Provisional enrollment is a component of the rules adopted by the Texas Department of State Health Services (DSHS) for the minimum immunization requirements for school entry. Provisional enrollment allows a student meeting certain specific criteria to be admitted to school on a temporary basis for up to 30 days. During this 30-day period, the parent is responsible for ensuring that the student receives the necessary vaccine(s) as fast as is medically feasible, and/or providing a complete and current immunization record to the school. Texas schools are also responsible for ensuring that immunization records are sent to requesting Texas schools within the 30-day period.

Q. *What government agency adopts the rules on provisional enrollment?*

- A. According to the Texas Attorney General Opinion No. GA-0178, only DSHS (formerly TDH) may adopt rules relating to provisional admission.

Q. *Can DSHS adopt rules that would prohibit a student from being admitted into a school?*

- A. Yes. Admission to a school is not allowed until records are produced showing (1) that the child has been immunized in accordance with the rules; (2) the child has an exemption from immunization requirements on file with the school in accordance with the rules; or (3) that the child is entitled to provisional enrollment.

Q. *What specific circumstances must a child fall under to qualify for provisional enrollment?*

- A. Provisional enrollment allows a student to enroll in school under the following situations:

1 Transfer Students

- Students transferring from one Texas public or private school to another.

2 Homeless Students

- Students who are defined as homeless according to the federal McKinney-Vento Act, 42 U.S.C. §11434a.

3 Students In-Progress

- Students who have received at least one dose of each specified age-appropriate vaccine required by the DSHS rules. To remain enrolled, students must complete the required subsequent doses of each vaccine series on schedule and as rapidly as is medically feasible and provide



acceptable evidence of vaccination to the school. A school nurse or school administrator shall review the immunization status of a provisionally enrolled student every 30 days to ensure continued compliance in completing the required doses of vaccination. If, at the end of the 30-day period, a student has not received a subsequent dose of vaccine, the student is not in compliance and the school shall exclude the student from school attendance until the required dose(s) is (are) administered.

Q. *Can a child without an immunization record be enrolled provisionally if they are not homeless, are not transferring from a Texas school or are not progressing towards obtaining immunizations as fast as is medically feasible?*

A. No. The child must obtain the first doses of the required vaccines and then they can be admitted provisionally as long as they are progressing towards receiving the remaining required vaccines as fast as is medically feasible.

Q. *What if a child does not have all his or her shots up-to-date prior to starting school?*

A. The student will be required to receive the necessary vaccinations in order to enroll or start school. If the student has started the series and is on schedule, he or she can enroll provisionally until it is medically feasible to receive the next vaccine dose.

Q. *What if the student is more than a year delinquent for a vaccine? Can this student be allowed to attend school provisionally at the beginning of a new school year?*

A. No. If more than the maximum amount of time to receive the next dose has expired, the student cannot attend school until he/she received the required dose.

Q. *What do parents or guardians need to show as proof that their child has started the vaccine series needed?*

A. Acceptable documentation of immunizations is any record of immunizations validated by a physician or his/her designee, or public health personnel. The record must show the month, day, and year when each immunization was received.

Q. *Is the conscientious exemption for immunizations valid for two years or five years?*

A. The conscientious exemption is valid for two years.



Q. Nurses in our schools want to know if the change to two years, for the conscientious exemption, applies to those students who have already filed an affidavit for the Exemption for Reasons of Conscience or does it apply to new applicants.

A. The two-year time period applies to new applicants. Those students, who filed an affidavit that was valid for five years, get a five-year exemption.

Q. The child has no immunizations on file. I did receive a faxed copy of a Texas Religious Exemption dated in 1999. Does this child need a new affidavit?

A. No. Religious exemptions dated prior to September 1, 2003 are life-long exemptions.

Q. Where can parents take their children to get the required immunizations?

A. Parents should contact their children's physician. Alternatively, they can contact their local health department or the nearest DSHS Health Service Regional Office for information.

For more information about immunization requirements go to: www.ImmunizeTexas.com or contact the Immunization Branch at (512) 458-7284 or (800) 252-9152.



Drowning Prevention



We all want to keep our children safe and secure and help them live to their full potential. Knowing how to prevent leading causes of child injury, like drowning, is a step toward this goal.

When most of us are enjoying time at the pool or beach, injuries aren't the first thing on our minds. Yet, drownings are a leading cause of injury death for young children ages 1 to 14, and three children die every day as a result of drowning. In fact, drowning kills more children 1-4 than anything else except birth defects.

Thankfully, parents can play a key role in protecting the children they love from drowning.

Key Prevention Tips

Learn life-saving skills.

Everyone should know the basics of swimming (floating, moving through the water) and cardiopulmonary resuscitation (CPR).

Fence it off.

Install a four-sided isolation fence, with self-closing and self-latching gates, around backyard swimming pools. This can help keep children away from the area when they aren't supposed to be swimming. Pool fences should completely separate the house and play area from the pool.

Make life jackets a *must*.

Make sure kids wear life jackets in and around natural bodies of water, such as lakes or the ocean, even if they know how to swim. Life jackets can be used in and around pools for weaker swimmers too.

Be on the look out.

When kids are in or near water (including bathtubs), closely supervise them at all times. Because drowning happens quickly and quietly, adults watching kids in or near water should avoid distracting activities like playing cards, reading books, talking on the phone, and using alcohol or drugs.

Related Pages

Home & Recreational Safety: Water-Related Injuries
(<http://www.cdc.gov/HomeandRecreationalSafety/Water-Safety/index.html>)

National Action Plan for Child Injury Prevention

CDC Childhood Injury Report

Get Email Updates

To receive email updates about this topic, enter your email address:

What's this? (<http://www.cdc.gov/emailupdates/>)

Submit

Page last reviewed: April 30, 2016

Page last updated: April 30, 2016

Content source: Centers for Disease Control and Prevention (<http://www.cdc.gov/>), National Center for Injury Prevention and Control (<http://www.cdc.gov/injury>), Division of Unintentional Injury Prevention

Division 7, Swimming Pools, Bodies of Water, Safety

§749.3131. Who is responsible for complying with the requirements in this subchapter?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 7, Swimming Pools, Bodies of Water, Safety
January 2007*

(no weight) These requirements only apply to homes that are providing foster care services. This includes foster homes also approved as adoptive homes, but does not include adoptive homes only approved for adoption.

§749.3133. What are the requirements for a pool at a foster home?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 7, Swimming Pools, Bodies of Water, Safety
January 2017*

- High (a) The caregivers must inform children about house rules for use of the pool and appropriate safety precautions. Adult supervision and monitoring of safety features must be adequate to protect children younger than 12 years of age and children of any age who are not competent swimmers from unsupervised access to the pool.
- Medium-High (b) The swimming pool must be built and maintained according to the standards of the Department of State Health Services and any other applicable state or local regulations.
- High (c) A fence or wall that is at least four feet high must enclose the pool area. The fence must be well constructed and be installed completely around the pool area.
- High (d) Fence gates leading to the outdoor pool area must be self-closing and self-latching. Gates must be locked when the pool is not in use. Keys to open the gate must not be accessible to children under the age of 12 years old, children of any age who are not competent swimmers, or any children receiving treatment services.
- High (e) Doors that lead from the home to the pool area must have a lock that only adults or children over 10 years old can reach. The lock must be completely out of the reach of children younger than 10 years old.
- High (f) Furniture, equipment, or large materials must not be close enough to the pool area for a child to use them to scale the fence or release a lock.
- High (g) At least two life-saving devices must be available, such as a reach pole, backboard, buoy, or a safety throw bag with a brightly colored buoyant rope or throw line. One additional life-saving device must be available for each 2,000 square feet of water surface, so a pool of 2,000 square feet would require three life saving devices.
- High (h) Drain grates must be in place, in good repair, and capable of being removed only with tools.
- High (i) Caregivers must be able to clearly see all parts of the swimming area when supervising activity in the area.
- High (j) The bottom of the pool must be visible at all times.
- High (k) Pool covers must be completely removed prior to pool use.

(continued)

- High (l) An adult must be present who is able to immediately turn off the pump and filtering system when any child is in the pool.
- Medium-High (m) Pool chemicals and pumps must be inaccessible to all children.
- Medium-High (n) Machinery rooms must be locked to keep children out.
- (o) An aboveground pool must:
 - High (1) Be inaccessible to children under the age of 12 years old, children of any age who are not competent swimmers, or any children receiving treatment services when it is not in use; and
 - High (2) Meet all other requirements in this rule except for subsections (c) - (e) of this section.
- (no weight) (p) A pool cover does not substitute for any of the requirements in this rule.

Helpful Information

A backyard fence may serve as the pool fence/wall if it meets all fence/wall and gate criteria in 749.3133. Subsection (a) requires that children may not have unsupervised access to the pool area. Therefore, if the backyard fence serves as the pool fence/wall, then children may not have unsupervised access to the back yard and doors leading to the back yard must comply with 749.3133(e). If the entire backyard is serving as the pool area, children may not be in the backyard without direct caregiver supervision.

§749.3135. What general requirements must caregivers meet for children regarding a body of water?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 7, Swimming Pools, Bodies of Water, Safety
January 2017*

- High (a) Caregivers must use prudent judgment and ensure children in your care who are younger than 12 years old, children of any age who are not competent swimmers, and children receiving treatment services are protected from unsupervised access to water such as a swimming pool, hot tub, fountain, pond, lake, creek, or other body of water.
- High (b) If children are allowed to swim in a body of water such as a river, creek, pond, or lake, the supervising adult must clearly designate swimming areas.
- Medium-High (c) Rules governing the activity and the dangers of the body of water must be explained to participants in a manner that is clearly understood prior to their participation.

§749.3137. What are the child/adult ratios for swimming activities?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 7, Swimming Pools, Bodies of Water, Safety
January 2017*

Medium-High

- (a) The maximum number of children one adult can supervise during swimming activities is based on the age of the youngest child in the group and is specified in the following chart:

If the age of the youngest child is...	Swimming Child/Adult Ratio
(1) 0 to 23 months old	1:1
(2) 2 years old	2:1
(3) 3 years old	3:1
(4) 4 years old	4:1
(5) 5 years old or older in a foster family home or foster group home; and either: (A) One child is receiving treatment services for primary medical needs; or (B) Three or more children are receiving treatment services	4:1
(6) 5 years old or older in a foster family home or foster group home, no children are receiving treatment services for primary medical needs, and no more than two children are receiving treatment services	6:1

High

- (b) When all of the children in the group are at least four years of age or older, in addition to meeting the required swimming child/adult ratio listed in subsection (a) of this section, at least two adults must supervise four or more children who are actually in the water.

High

- (c) When a child who is non-ambulatory or who is subject to seizures is engaged in swimming activities, you must assign one adult to that one child. This adult must be in addition to any lifeguard on duty in the swimming area. You do not have to meet this requirement if a licensed physician writes orders in which the physician determines that the child:

- (1) Is at low risk of seizures and that special precautions are not needed; or
- (2) Only needs to wear an approved life jacket while swimming and additional special precautions are not needed.

(no weight)

- (d) A lifeguard who is supervising the area where the children are swimming may be counted in the child/adult ratio; however, one caregiver must always be present and the lifeguard may not be the only person counted in the child/adult ratio.

(no weight)

- (e) The ratios in subsection (a) of this section do not include children over the age of 12 years old who are competent swimmers. However you must still comply with the child/caregiver ratios required in §749.2563 of this title (relating to How do I determine child/caregiver ratio for a foster group home?).

Helpful Information

Regarding subsection (b), if a foster parent takes four 4-year olds swimming, subsection (a) only requires one person to supervise the four children. However, if all four 4-year olds are in the water at the same time, then subsection (b) requires there to be at least two adults to supervise the children.

§749.3139. May I include volunteers or relatives who do not meet minimum qualifications for caregivers in the swimming child/adult ratio?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 7, Swimming Pools, Bodies of Water, Safety
January 2017*

To meet the swimming child/adult ratio, you may include adult volunteers and adult relatives who do not meet the minimum qualifications for caregivers, providing:

- High (1) You maintain enough caregivers to meet the child/caregiver ratio required in Subchapter M, Division 5 of this chapter (relating to Capacity and Child/Caregiver Ratio);
- Medium-High (2) Persons in your care do not supervise swimming activities; and
- High (3) You ensure compliance with all other rules of this chapter, including, but not limited to, rules relating to supervision and discipline.

§749.3141. When must a child wear a life jacket?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 7, Swimming Pools, Bodies of Water, Safety
January 2007*

A child must wear a life jacket when:

- High (1) Participating in boating activities;
- High (2) The child is in more than two feet of water and does not know how to swim; or
- High (3) Ordered by a physician for a child with a medical problem or disability.

§749.3143. Must persons who are counted in the swimming child/adult ratio know how to swim and carry out a water rescue?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 7, Swimming Pools, Bodies of Water, Safety
January 2007*

- High At all times during a swimming activity, at least one adult counted in the swimming child/adult ratio must be able to swim, carry out a water rescue, and be prepared to do so in an emergency.

§749.3145. What are the safety requirements for wading pools?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 7, Swimming Pools, Bodies of Water, Safety
January 2007*

Wading/splashing pools (less than two feet of water) must be:

- Medium-High (1) Stored out of children's reach, when not in use;
- Medium-High (2) Drained at least daily; and
- Medium-High (3) Stored, so it does not hold water.

§749.3147. What are the requirements for a hot tub?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 7, Swimming Pools, Bodies of Water, Safety
September 2010*

High

A hot tub must be:

- (1) Enclosed per the requirements in §749.3133 of this title (relating to What are the requirements for a pool at a foster home?); or
- (2) Covered with a locking cover when not in use.

§749.3149. What must I document regarding a body of water that is on or adjacent and accessible to the premises of a foster home?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 7, Swimming Pools, Bodies of Water, Safety
January 2007*

You must document the following regarding a body of water that is on or adjacent and accessible to the premises of a foster home:

Medium

- (1) Type, location, and size of the body of water; and

Medium

- (2) Barriers between the foster home and the body of water.

§749.3151. Can foster parents approve a child to participate in swimming activities as an unsupervised childhood activity without complying with the rules of this division?

*Subchapter O, Foster Homes: Health and Safety Requirements, Environment, Space and Equipment
Division 7, Swimming Pools, Bodies of Water, Safety
January 2017*

(no weight)

Yes, a foster parent using the “reasonable and prudent parent standard” as defined in §749.2605 of this title (relating to What is the “reasonable and prudent parent standard?”) may approve a child to participate in unsupervised childhood activities (activities away from the foster home and the foster parents) involving swimming that do not comply with the rules of this Division of this subchapter (relating to Swimming Pools, Bodies of Water, Safety). However, depending upon the background of the child (for example the child’s age, level of maturity and responsibility, and proficiency in swimming), such an approval may or may not require limitations like other adult supervision or the need for a life jacket when boating.

FIVE MOST COMMON MISTAKES WHEN USING A CHILD SAFETY SEAT

1

HARNESS STRAPS THROUGH
WRONG SLOTS

2

CHEST CLIP INCORRECTLY
POSITIONED

3

HARNESS TOO LOOSE

4

WRONG SEAT BELT PATH USED

5

LOOSE SAFETY SEAT
INSTALLATION



Save me *with* a seat.com

 Save a Life™
Texas Department of Transportation

Save me *with* a 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 weight or height is above the forward-facing 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.



Save a Life
Texas Department of Transportation

Find safety tips,
guidelines and laws at
TexasClickItorTicket.com



The City of Houston

Official Site for Houston, Texas

(<http://houstontx.gov>)



(<http://www.houstontx.gov>) » [Office of Emergency Management \(/oem/\)](#)

Are You Ready?

Preparing Now Keeps You Safe Tomorrow

Four Steps to Preparedness

Click on each section below to learn more about how to prepare for emergencies.

[Make an Emergency Plan](#)

Each person, business, and family should have a plan in case disaster strikes. You may not have time to prepare before an incident.

Developing and practicing your emergency plan with your family keeps everyone on the same page. The resources below will help you develop your emergency plan.

Plan to Go

Whether for a fire, hurricane, hazardous materials incident, or flood, you may be required to quickly evacuate your home, neighborhood, or the city. Have a plan ahead of time to make sure everyone in your family knows what to do, where to go, and how to get a hold of each other:

- How will you be notified of emergencies?

- Sign up for [AlertHouston \(http://houstonemergency.org\)](http://houstonemergency.org), and have multiple ways to stay informed about emergencies in your area.
- What are your family's safe places? Remember, you may not always be home when an emergency occurs. Pick safe places in each of these categories, and have family members write them down for easy reference:
 - A safe place, such as a neighbor's house, mailbox, park etc. in your neighborhood in case an emergency occurs in your home.
 - A rally point somewhere in another part of the city, in case you are unable to get back to your neighborhood. Consider a family member or friend's house.
 - A family member or friend's house outside of the City, in case a catastrophic emergency means you cannot remain in, or return to the City. Make sure everyone has this person's phone number written down as well.

Plan to Stay

- Designate a shelter-in-place room in your home. This should be an interior room with few doors and no windows (like a closet or bathroom). You may be required to shelter-in-place during severe weather, during a hazardous materials incident, or in a law-enforcement situation like an active shooter.
- Make sure you have a Shelter-in-Place kit that has plastic sheeting and duct tape, in case a hazardous chemical emergency requires you to seal yourself in your shelter-in-place room.

Plan to Stay In Touch

- Have multiple ways to get a hold of each other:
 - Make sure everyone has written important phone numbers down. If mobile phone batteries die, you may need these written down instead.
 - Make sure every family member is "connected" on social media - this might be an easy way to check in on each other.
 - Make sure each family member knows how to "text" - oftentimes, when phone lines are down, text messages are able to get through.
 - Designate an out-of-town relative or friend to be the "check-in" person. Sometimes, it's easier to call or contact someone outside of the area that's been affected by an emergency.

Plan for When You're Away

- Emergencies can happen anytime - so be aware of your surroundings when you're away from home, and be prepared to take action.
- Identify emergency exits when you go to public places, such as malls, community centers, restaurants, shops, and places of worship.
- Instruct children what to do, and where to go if there is an emergency and you become separated.
- Know the emergency plans for your children's school, your workplace, and place of worship. Know what to do if services or business is suspended due to an emergency, and what kind of communication to expect from authorities in those places.

Practice your Plan

Take a moment every year to practice your family's emergency plan. This might include holding a drill that tests:

- How everyone would evacuate your home if there was a fire or other emergency
- How you would get a hold of each other after an emergency.

- What you would do if a hazardous chemical emergency happened and you had to shelter-in-place.
-

Have an Emergency Supply Kit

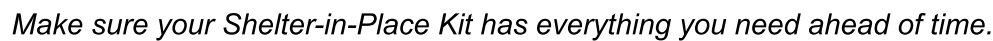
What should be in your emergency kit? Who should you plan for? What resources are out there to help me make sure that I don't miss something while packing it?

All of these are very good questions. The links below will help you put together a family emergency kit, with all the necessary supplies to be ready for whatever type of emergency.

Building a Shelter-in-Place Kit

Houston residents should be prepared to shelter-in-place in the event of an emergency. Emergencies that might trigger a shelter-in-place include: Tornadoes, Severe Weather, Hurricanes, Law Enforcement or terrorism situations, and hazardous material releases. Your **Shelter-in-Place Kit** should contain:

- Water (one gallon per person per day, for drinking and sanitation—up to a 7-day supply).
- Non-perishable food (up to a 7-day supply per person).
- Battery-powered radio (with extra batteries) or hand-crank radio.
- Weather radio with tone alert and extra batteries.
- Flashlight and extra batteries.
- First-aid supplies.
- Whistle to signal for help.
- Filter mask or cotton t-shirt, to help filter the air.
- Moist towelettes, garbage bags, soap, disinfectant, and plastic ties for personal sanitation.
- Wrench or pliers to turn off utilities (water and electric).
- Manual can opener if your kit contains canned food.
- Plastic sheeting and duct tape to shelter-in-place.
- Plastic tarps for emergency roof repair.
- Items for unique family needs, such as daily prescription medications, infant formula, or diapers.
- Mess kits, paper cups, plates, and plastic utensils.
- Cash and change.
- Paper towels.
- Fire extinguisher.
- Rain gear, sturdy shoes, long pants, and gloves.
- Matches in a waterproof container.
- Important family documents such as copies of insurance policies, identification, birth certificates, passports, and bank account records in a waterproof, portable container.
- A stuffed animal or toy for your child and something to help occupy their time, like books or coloring books. If this includes a hand-held video game, make sure you have extra batteries.



- Close and lock ALL windows and doors
- if safe to do so, turn ON all exterior lights
- Stay inside your home away from windows and doors
- DO NOT open your door for ANYONE unless they show proper law enforcement identification.
- Turn on a battery-powered radio and tune it to local radio or use your smartphone to find information from official sources (such as houstonemergency.org (<http://houstonemergency.org>)).

If you are in a situation where an active shooter is in close proximity, immediately attempt to **Run**. If you cannot run, then **Hide** as best you can. If you cannot run or hide, then be prepared to **Fight** with anything you have at your disposal. Watch the Run.Hide.Fight™ video for more information (<https://www.youtube.com/watch?v=5VcSwejU2D0>).

Building a "Go-Bag"

A "Go-Bag" will ensure you have what you need in the event you have to quickly leave your home. Make sure these supplies are already put together and in an easily-accessible place. In some emergencies, you may only have seconds to grab your supplies and leave.

- Copies of your important papers in a waterproof bag.
- Extra set of car and house keys.
- Extra mobile phone charger.
- Bottled water and snacks such as energy or granola bars.
- First-aid supplies, flashlight, and whistle.
- Battery-powered or hand-crank radio (with extra batteries, if needed).
- A list of the medications each member of your family needs and at least a 14-day supply of each medication.
- Toothpaste, toothbrushes, wet cleansing wipes, and so on.
- Contact and meeting place information for your family and a map of your local area.
- Rain ponchos, or foul-weather gear
- External mobile phone battery pack or solar charger. Some hand-crank flashlights will also include a phone charger.
- Escape Tool for your car.

Your Family's Unique needs

Families are not all the same. It's important to include items in your go-bag and shelter-in-place kits that meet your family's unique needs. Consider the following:

People with Disabilities and Seniors:

- Supplies, such as catheters, medications, syringes, incontinence supplies etc.
- Contact information for your doctor, local pharmacy and medical suppliers
- Items that you use for your daily life that might be unique to you
- A list of every medication you take
- A list of daily activities for which you need help (dressing, bathing, eating, etc.)

Families with Small Children:

- Diapers, wipes, ointments and creams for diaper changes
- Extra clothing for all-seasons
- Baby or toddler food, such as squeeze packets, or formula
- A stuffed animal or toy for your child and something to help occupy their time, like books or coloring books. If this includes a hand-held video game, make sure you have extra batteries.

Be Informed About Emergencies in Your Area

Knowing where to get trusted emergency information is important. There are a variety of ways to get official information when it matters most:

AlertHouston

The City of Houston Office of Emergency Management (OEM) maintains the **AlertHouston** system, which shares important, life-saving information via email and social media to Houston residents. To sign up for alerts about emergencies that can affect your neighborhood and the whole city, visit houstonemergency.org/alerts (<http://houstonemergency.org/alerts>). Also - follow **AlertHouston** on Twitter [@AlertHouston](http://twitter.com/alerthouston) (<http://twitter.com/alerthouston>) and Facebook at facebook.com/alerthouston (<http://facebook.com/alerthouston>)

911 Emergency Notification System

When emergencies happen in neighborhoods, the City uses a variety of tools to communicate with those affected. The Greater Harris County 911 Network operates the 911 Emergency Notification System (ENS) which will pulse out a phone call to all landlines in a specific area. Additionally, for those without landlines, the system allows you to opt-in to receive the call on your mobile or digital phone, as well as receive the message as an SMS Text and Email. For more information, or to register your mobile or digital phone, visit [911.org](https://ghcens.onthealert.com/Terms/Index/?ReturnUrl=%2f) (<https://ghcens.onthealert.com/Terms/Index/?ReturnUrl=%2f>).

Houston Emergency Information Center

Visit houstonemergency.org (<http://houstonemergency.org>) for up-to-date information on emergencies when they occur in Houston. This site also has links to weather, energy restoration, traffic and other emergency information during times of crisis.

Radio/Television

Houston's local radio and television stations play a key role in helping inform residents about emergency situations. Houston's two local Emergency Alert System (EAS) stations are KUHF 88.7FM and KTRH 740AM. They will receive information first, and then it will be pulsed out to all other radio and television stations in our area.

Wireless Emergency Alerts

Wireless Emergency Alerts (WEA) are sent by authorized officials when life-threatening situations are occurring. These include severe weather warnings, such as Tornadoes, Flash Floods and Hurricanes. Local authorities, including the City of Houston, have access to this system to help broadcast short, important messages to local residents. Make sure your phone is set to receive WEA messages. You have the ability to opt-in or out of AMBER alerts and Emergency Alerts. Please, at the very least, ensure that Emergency Alerts are active on your phone. Contact your phone carrier if you have problems accessing these settings on your device.

Know Your Neighbors

Communities are a key element to how well people respond to disasters. Having a prepared community around you will help you be able to better respond to a disaster and recover faster. Take a role in your community and lead how they respond.



(<http://houstoncert.org>)

Community Emergency Response Teams (CERT) (<http://houstoncert.org>)

The CERT training program is designed to fit into community members' ordinary schedules. The training is divided up into eight three-hour modules. During that time, trainees will have classes on the National CERT program, the organizational structure used by government agencies in disasters, basic first aid techniques, basic search and rescue techniques, and ways to ensure that the individual trainee and his or her family members are prepared for a disaster. Classes are taught by local professionals who have experience in the units they instruct. The courses are managed by a lead instructor who has undergone a Train-the-Trainer program which meets the FEMA and CERT standards. All CERT training is provided free-of-charge. Visit houstoncert.org (<http://houstoncert.org>) for details.



(<http://neighborhood.readyhoustontx.gov>)

Neighborhood Ready (<http://neighborhood.readyhoustontx.gov>)

The Ready Houston program offers a 90-minute training class called "Neighborhood Ready," which is facilitated by a member of your community. The course covers topics such as determining if you and your neighbors are ready, understanding what disasters could affect your neighborhood, making a plan, building a kit, knowing your neighbors, and staying informed. Visit neighborhood.readyhoustontx.gov (<http://neighborhood.readyhoustontx.gov/>) for information.

OEM LINKS

[BE PREPARED \(/OEM/PAGES/PREPAREDNESS/INDEX.HTML\)](/OEM/PAGES/PREPAREDNESS/INDEX.HTML)

[HOUSTON'S HAZARDS \(/OEM/PAGES/PREPAREDNESS/HAZARDS/INDEX.HTML\)](/OEM/PAGES/PREPAREDNESS/HAZARDS/INDEX.HTML)

[PLANS & PROGRAMS \(/OEM/PAGES/PLANS-AND-PROGRAMS.HTML\)](/OEM/PAGES/PLANS-AND-PROGRAMS.HTML)

[HEALTHCARE FACILITY PLANS \(/OEM/HEALTHCARE/INDEX.HTML\)](/OEM/HEALTHCARE/INDEX.HTML)

[REQUEST A PRESENTATION/WORKSHOP \(/OEM/PAGES/PREPAREDNESS/BE-PREPARED/INDEX.HTML\)](/OEM/PAGES/PREPAREDNESS/BE-PREPARED/INDEX.HTML)

[REQUEST PREPAREDNESS MATERIALS \(/OEM/PAGES/PREPAREDNESS/REQUEST-MATERIALS.HTML\)](/OEM/PAGES/PREPAREDNESS/REQUEST-MATERIALS.HTML)

(</oem/pages/preparedness/request-materials.html>)

[\(/OEM/PAGES/PREPAREDNESS/REQUEST-MATERIALS.HTML\)](/OEM/PAGES/PREPAREDNESS/REQUEST-MATERIALS.HTML)

[GET INVOLVED \(/OEM/PAGES/PROGRAMS/CERT.HTML\)](/OEM/PAGES/PROGRAMS/CERT.HTML)

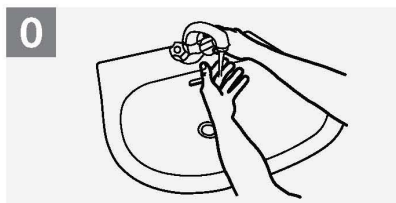
[BE INFORMED \(/OEM/PAGES/PREPAREDNESS/BE-PREPARED/BE-INFORMED.HTML\)](/OEM/PAGES/PREPAREDNESS/BE-PREPARED/BE-INFORMED.HTML)

How to Handwash?

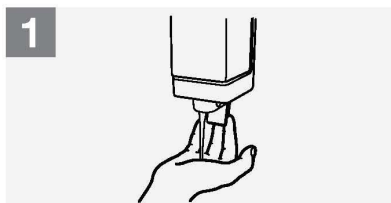
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



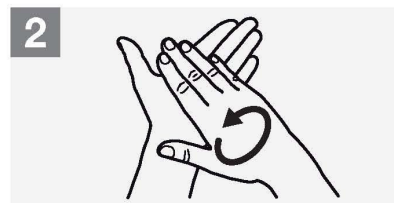
Duration of the entire procedure: 40-60 seconds



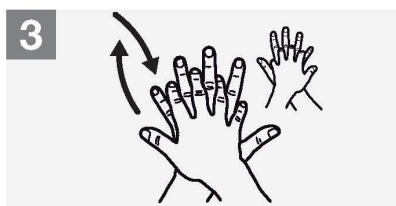
Wet hands with water;



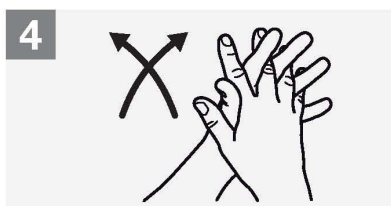
Apply enough soap to cover all hand surfaces;



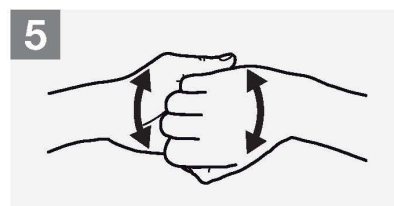
Rub hands palm to palm;



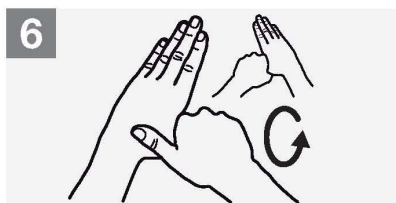
Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



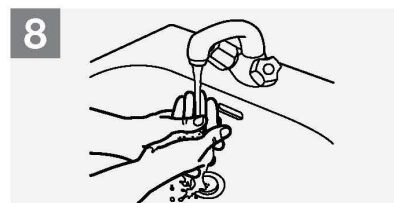
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



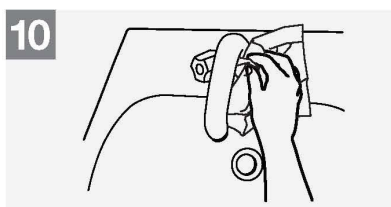
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



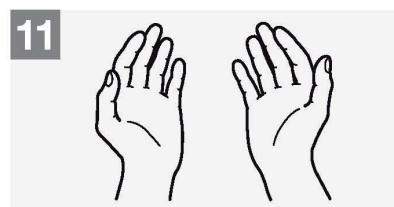
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

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WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009

Everyday Preventive Actions That Can Help Fight Germs, Like Flu

FIGHT FLU



CDC recommends a three-step approach to fighting the flu.

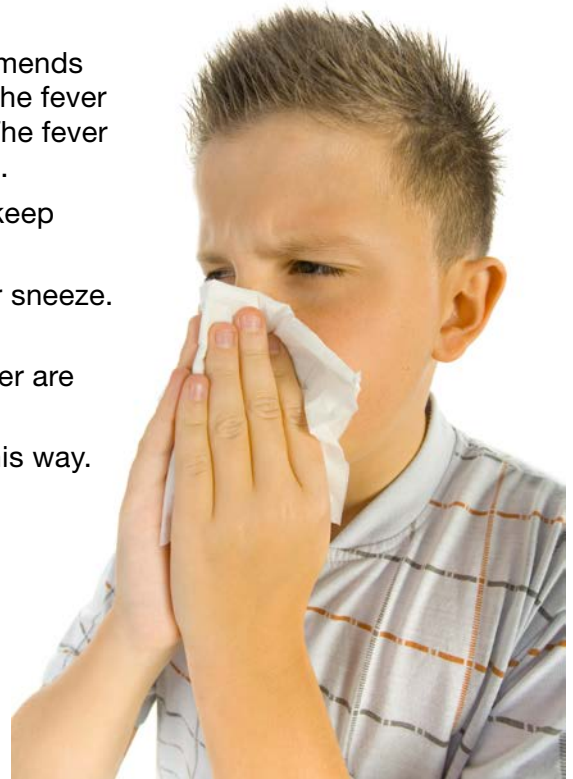
CDC recommends a three-step approach to fighting influenza (flu). The first and most important step is to get a flu vaccination each year. But if you get the flu, there are prescription antiviral drugs that can treat your illness. Early treatment is especially important for the elderly, the very young, people with certain chronic health conditions, and pregnant women. Finally, everyday preventive actions may slow the spread of germs that cause respiratory (nose, throat, and lungs) illnesses, like flu. This flyer contains information about everyday preventive actions.

How does the flu spread?

Flu viruses are thought to spread mainly from person to person through droplets made when people with flu cough, sneeze, or talk. Flu viruses also may spread when people touch something with flu virus on it and then touch their mouth, eyes, or nose. Many other viruses spread these ways too. People infected with flu may be able to infect others beginning 1 day before symptoms develop and up to 5-7 days after becoming sick. That means you may be able to spread the flu to someone else before you know you are sick as well as while you are sick. Young children, those who are severely ill, and those who have severely weakened immune systems may be able to infect others for longer than 5-7 days.

What are everyday preventive actions?

- Try to avoid close contact with sick people.
- If you or your child gets sick with flu-like illness, CDC recommends that you (or your child) stay home for at least 24 hours after the fever is gone except to get medical care or for other necessities. The fever should be gone without the use of a fever-reducing medicine.
- While sick, limit contact with others as much as possible to keep from infecting them.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Clean and disinfect surfaces and objects that may be contaminated with germs like the flu.
- If an outbreak of flu or another illness occurs, follow public health advice. This may include information about how to increase distance between people and other measures.



For more information, visit:

www.cdc.gov/flu

or call **1-800-CDC-INFO**



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

What additional steps can I take at work to help stop the spread of germs that can cause respiratory illness, like flu?

- Find out about your employer's plans if an outbreak of flu or another illness occurs and whether flu vaccinations are offered on-site.
- Routinely clean frequently touched objects and surfaces, including doorknobs, keyboards, and phones, to help remove germs.
- Make sure your workplace has an adequate supply of tissues, soap, paper towels, alcohol-based hand rubs, and disposable wipes.
- Train others on how to do your job so they can cover for you in case you or a family member gets sick and you have to stay home.
- If you begin to feel sick while at work, go home as soon as possible.



What additional preventive actions can I take to protect my child from germs that can cause respiratory illness, like flu?

- Find out about plans your child's school, child care program, or college has if an outbreak of flu or another illness occurs and whether flu vaccinations are offered on-site.
- Make sure your child's school, child care program, or college routinely cleans frequently touched objects and surfaces, and that they have a good supply of tissues, soap, paper towels, alcohol-based hand rubs, and disposable wipes on-site.
- Ask how sick students and staff are separated from others and who will care for them until they can go home.

Everyday preventive actions can help slow the spread of germs that can cause many different illnesses and may offer some protection against the flu.