

New York State
2010

FOSTER PARENT MANUAL

New York State
Office of Children
and Family Services

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Acknowledgments

The New York State Office of Children and Family Services (OCFS) wishes to thank the many individuals who contributed to this manual. The original workgroup, contributors to the 2003 edition, met regularly to contribute ideas on topics and feedback on chapters as they were written. Members of the original workgroup included:

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This manual was developed by Welfare Research, Inc. (WRI) under contract with OCFS using Child Welfare Training and Technical Assistance funds. WRI staff contributing to this project included Rebecca McBride, Ph.D., and Nancy J. Webber, Senior Writers/Editors, and Lisa Casciotti, Art Director.

To the Foster Parent

This manual was developed for use in your day-to-day life with the children in your care. It gives you practical information on topics like medical care, payments, and the role of the court, and also provides guidance on areas like welcoming a child, discipline, and parent visits. Throughout the manual, we emphasize the role of foster parents in working together with caseworkers and birth parents in helping the child achieve permanency.

Each chapter contains information on state policies related to foster parenting. Where relevant, you are encouraged to check with your foster care agency for local policies on specific issues.

As a foster parent, you provide a valuable service by helping families through temporary difficulties and meeting the needs of children in times of crisis and change. We offer this manual as an aid to your role as a foster parent.

Throughout this manual, you will see references to “the local district” or “the agency.” These terms are described briefly below. In this manual we will use the term “agency” for both the local district and the foster care agency.

Department of Social Services (or “the local district”)

Every county in New York State outside of New York City has a local Department of Social Services (DSS) that manages the county’s foster care and adoption program. In New York City, this responsibility is managed by the Administration for Children’s Services (ACS).

When children are placed in foster care, the Family Court gives the local DSS commissioner or ACS commissioner temporary custody of them. When a child is in the temporary custody of the local district or ACS, the agency is responsible for both seeing that their needs are met and planning for their future.

The DSS or ACS commissioner has temporary custody of children whether they are (1) placed directly by the local district in a foster home certified or approved by DSS, or (2) placed in a foster home certified or approved by a foster care agency.

Foster care agency (or “the agency”)

Outside New York City, DSS sometimes arranges for placement in foster care and other services with private (non-public) foster care agencies (also known as voluntary authorized agencies). In New York City, ACS *always* arranges for placement and services with private foster care agencies.

Your caseworker

Whether the child you are caring for was placed in your home by a local district or by a foster care agency, you will have a caseworker assigned to work closely with you.

Office of Children and Family Services

The Office of Children and Family Services (OCFS) is the state agency that regulates and supervises child welfare services (child protective services, foster care, adoption, and preventive services). The website is www.ocfs.state.ny.us.

Important Phone Numbers

Caseworker (Day) _____

Caseworker on Call (Night) _____

Caseworker's Supervisor _____

Child's Attorney _____

Child's Birth Parent(s) _____

Child's Counselor/Therapist _____

Child's Health Care Provider _____

County Department of Social Services _____

Foster Care Agency _____

New York State Office of Children and Family Services

Albany Regional Office: 518-486-7078

Serving the counties of: Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren, Washington

Buffalo Regional Office: 716-847-3145

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New York City Regional Office: 212-383-1788

Serving the 5 Boroughs of New York City

Rochester Regional Office: 585-238-8201

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Youth In Progress (State Office): 518-956-7884

New York City Administration for Children's Services: 1-877-KIDSNYC (543-7692) inside NYC; 1-212-341-0900 outside NYC (www.nyc.gov/html/acs)

Adoption Information: 1-800-345-KIDS (5437)

Child Abuse Hotline: 1-800-342-3720; TDD: 1-800-638-5163

Poison Control Center: 1-800-222-1222

Services for the Blind: 1-866-871-3000; TDD: 1-866-871-6000

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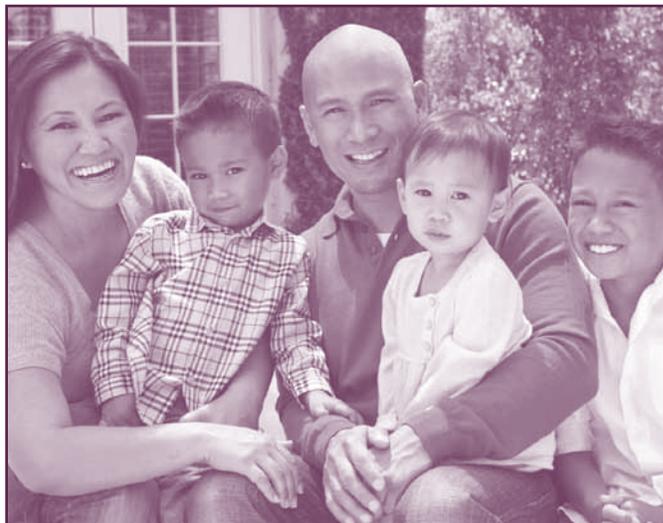
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CHAPTER ONE



Being a Foster Parent

This chapter covers topics related to being a foster parent: What is your role? What rights do you have? How will you work with others? This basic information may have been covered in orientation, but it can serve as a reminder for both new and current foster parents. Topics include:

- Your role as a foster parent
- Your rights as a foster parent
- Being a member of a team
- Training
- Payments
- Relatives providing foster care
- Foster parents' agency record

Your role as a foster parent

As a foster parent, you are responsible for the temporary care and nurturing of a child who has been placed outside his or her own home. During a time of disruption and change, you are giving a child a home. At the same time, your role includes working with the caseworker and the child's family so that the child can return home safely, when appropriate.

Your role as a foster parent is to:

- Provide temporary care for children, giving them a safe, stable, nurturing environment.
- Cooperate with the caseworker and the child's parents in carrying out the child's permanency plan, including participating in that plan.
- Understand the need for, and goals of, family visits and help out with the visits.
- Help the child cope with the separation from his or her home.
- Provide guidance, appropriate discipline, a good example, and as many positive experiences as possible.
- Encourage and supervise school attendance, participate in teacher conferences, and keep the child's caseworker informed about any special educational needs.
- Work with the agency in arranging for the child's regular and/or special medical and dental care.
- Work with the child to create a Lifebook.
- Inform the caseworker promptly about any problems or concerns so needs can be met through available services.
- Comply with applicable statutes and regulations that address the role and functions of a foster parent.

Your rights as a foster parent

Foster parents have the right to:

- Accept or reject a child for placement in a foster home.
- Define and limit the number of children that can be placed in the foster home, within legal capacity.

- Receive information on each foster child who is to be placed in the foster home.
- Receive information about foster care payments and rates.
- Expect regular visits (caseworker contacts) from the child's caseworker to exchange information, plan together, and discuss any concerns about the child. The visits (caseworker contacts with foster parents) must take place every 30 days, with at least one visit taking place in the foster home every 90 days. Separate or combined visits by the caseworker with the foster child must take place at least twice in the first 30 days of placement and at least monthly thereafter, with a majority of the visits in your home.
- Receive and review the permanency hearing reports that must be prepared for the Family Court and participate in periodic case consultations to provide input into the reports.
- Receive notice of Family Court permanency hearings to determine the appropriateness of the agency's permanency plan, and have the opportunity to be heard at the hearing.
- Participate in Service Plan Reviews on behalf of a child placed in their home.
- Receive training on meeting the needs of children in foster care.
- Have your personal privacy respected.
- Participate, as an interested party, in any court proceeding involving the custody of that child.
- Receive a 10-day notice if the child will be removed from the home, except where the health or safety of the child requires immediate removal.
- Request a conference about the removal decision and, if necessary, request a fair hearing to appeal the decision when the child is going to be removed, or has already been removed, because of the need to address immediate health or safety concerns.
- Foster parents of a child who has been in care for 12 continuous months or longer have the additional right to have their application to adopt that child be given preference and first consideration over all other applicants *if the child is freed for adoption or the plan is to free the child for adoption.*

Being a member of a team

As a foster parent, you are part of a “team” working together for the sake of the family. Generally, the team consists of the foster parents, the birth parents, the child, the caseworker, and the child’s attorney (formerly referred to as law guardian). It may also include service providers, health care providers, and other family members. This means that you are not alone in caring for the child. You have support. It also means that you meet with the child’s family in visits and case conferences, and you keep the caseworker up-to-date on how the child is doing.

Working as a team member makes sense. If you don’t meet the child’s parents, you may have an unrealistic picture of them in your mind. They may become jealous of you if they don’t get to know you. All of this might have a negative effect on the child. Children will feel better about themselves if they know that their parents and foster parents are talking to one another and trying to help them get back home.

See Chapter 6, “Teamwork,” for more information.

Training

Requirements

Agencies must provide training for foster parents to help them meet the needs of children in their care, learn techniques for managing behavior and preventing abuse/maltreatment, and understand the expectations of the agency.

New foster parents need preparation and training to be effective in their role. Foster parents who have been accepted for a home study, or relatives who are in the process of a home study, must be oriented to:

- The social, family, and personal problems that lead to family breakdown and the need for placement of the children.
- The problems and reactions of children upon separation, and the function and responsibility of the foster family in relation to the child, the birth parents, and the agency staff.
- The agency policy and practice to have defined goals to achieve permanency for each child entering the foster care system.

- The authority of the local social service districts, the Office of Children and Family Services, and the Family Court to supervise or examine the agency’s practice.
- The nature of the relationship of agency staff to foster parents and children, including definitions of the function and responsibility of caseworkers assigned to children and their families.
- Payments to foster parents for care and expenses, the definition of foster family care, and certification or approval of the home.
- The rights and responsibilities of a foster parent, as defined by a letter of understanding/agreement that must be executed at the time of certification or approval.

Foster parents who receive a higher level of board rate (such as special or exceptional) are required to actively participate in annual training. They must complete 4 hours to receive the special rate and 5 hours to receive the exceptional rate. See page 6 for more information.

MAPP training

Many counties and agencies use the Model Approach to Partnerships in Parenting/Group Preparation and Selection (MAPP/GPS) Pre-Certification Training Program. Although it is not required by the Office of Children and Family Services, it is the recommended selection and preparation program.

The MAPP approach to foster parenting encourages open communication and trust among foster families, adoptive families, birth families, and casework staff.

The MAPP program examines 12 criteria or skills necessary for successful foster/adoptive parenting. Through role playing, personal profiles, and other techniques, the homefinder and the applicant make mutual decisions about foster parenting.

Objectives of the training for prospective foster/adoptive parents are:

- Learning what to expect and what services are available.
- Looking at one’s own strengths and needs.
- Developing skills in giving love and attention to a troubled child.

- Learning about stages of child development.
- Helping children manage behavior.
- Understanding the roles and responsibilities of teamwork.
- Helping foster parents develop a good understanding of the child's parents.

In addition to the MAPP/GPS training provided to new and prospective foster parents, in some agencies a Mini-MAPP training program is available for current foster parents so they can learn the approach. Agency staff may attend Mini-MAPP training for the same reason.

Objectives of MAPP training for agency staff are:

- Helping applicants decide whether to become foster parents or adoptive parents.
- Helping foster/adoptive parents meet the needs of children in their care and their birth families.
- Creating teamwork between caseworkers and foster/adoptive parents.
- Creating partnerships between birth families and foster/adoptive parents.
- Helping new foster/adoptive parents become part of the child's permanency planning.

Other training for foster parents

Other training may be available to support you in your role as a foster parent. Your local district or foster care agency may offer in-service training sessions for foster parents, arranged or conducted by staff, with guest speakers from community hospitals, schools, and local police and fire departments. Be on the lookout for such opportunities, and ask your caseworker about them.

Special training may also be available. Medical and mental health training can help foster parents manage certain issues and learn skills in dealing with them. Issues could include: child and adolescent development and behavior, emotional effects of child abuse and neglect, caring for a teen parent and her infant, domestic violence, loss and separation, behavior management, effects of drug and alcohol abuse, and depression.

Appropriate training can help foster parents develop skills in crisis counseling and in being sensitive to signs of emotional distress in children. Such knowledge should help foster parents feel more confident in their role.

Health education programs for foster parents are valuable in covering many topics: childhood health requirements (such as immunizations); common health problems; dealing with emergencies; proper administration of medication; taking a child's temperature; general infant, child, and adolescent healthcare issues; family planning and sex education; information on common chronic diseases (asthma, sickle cell anemia, diabetes, etc.); HIV/AIDS education; infection control and universal precautions; fire safety training in the home; and nutrition and physical fitness.

Relative/kinship foster care

When a relative becomes a foster parent for a particular child, this is known as *relative foster care* or *kinship foster care*. You may offer to become the child's foster parent, or a caseworker may ask if you are willing to be a foster parent. In this situation, you will have primary parenting responsibilities for the child.

Generally, a relative who becomes a child's foster parent is providing a temporary home for the child while the birth parents resolve their issues such as personal or health problems. Usually, the goal, as with all foster care, is to return the child home to his or her parents.

Even if a child's stay in your home is temporary, you can still give that child the feeling of belonging while supporting his or her eventual transition back home. From a child's perspective, this temporary arrangement can be the least disruptive option.

At the same time, the relative's family life will change greatly. The relative caregiver, the birth parent, and the child all must adjust to changes in their relationships to one another.

The positive aspects of providing kinship care include:

- The child stays with people he/she knows.
- There is a better chance of preserving a child's culture and language.
- There is a shared common history within the family and community.
- It is easier to access information about the birth parents.

How relative (kinship) foster care differs from non-relative foster care

Relative

Relative usually receives the placement in an unplanned way: in a time of crisis or by the birth parents' default. There is little or no preparation and the relative may have never planned to raise another child.

Relative often is part of an intergenerational household.

Relative's first bonding is with child's birth parent; that is, relatives and birth parents have an attachment or bond (either positive or negative) before the child's birth.

Relative who receives the child on an emergency basis must meet foster home approval requirements while child is already in home.

Relative may be on fixed income, elderly, or retired.

Relative gets the child she or he gets.

It may be personal or embarrassing for relatives to talk about their family to others (caseworker, court, therapist, school, etc.).

The child and birth parent share the relative's ancestry and history because of their biological relationship.

Relative may not be motivated to be approved as a foster parent because the child is already in the home; relatives may feel they are providing a "service" to the agency (the agency came to them).

Relative may feel she or he has the right to make decisions about the child.

Relative may be co-dependent with birth parents (i.e., would not turn birth parents in or cut them off).

Relative may have difficulty accepting rules, especially limitations on birth parent visitation.

Relative may feel she or he has rights and entitlement to the child by birth, biology, or affinity.

Relative: Why shouldn't we let you foster?

Non-relative

Non-relative decides to become foster parents, involves the family, prepares, and is trained before the actual placement of the child.

Non-relative usually is part of a single-family household.

Non-relative's initial attachment and loyalty is to the child; there is no pre-existing attachment or bond with birth parent.

Non-relatives are required to meet foster home certification requirements before any placement.

Non-relative generally in earning years, not on a fixed income, and not elderly.

Non-relative chooses the type of child he or she wants.

It is comfortable for non-relatives to seek assistance for the foster child (it's their job).

The child and birth parent have no biological connection or shared history with non-relative.

Non-relative foster parent is motivated to be certified so they can receive a child.

Non-relative may be more apt to rely on agency for child-related decisions.

Non-relative may feel free to share information with the agency about birth parent behavior.

Non-relative can more easily follow rules and any limitations on birth parent visitation.

Non-relative is less likely to feel she or he has rights and entitlement to child.

Non-relative: Why should we let you foster?

Who qualifies as a relative?

Kinship (relative) foster homes are “approved”* to provide foster care for a *specific* child by a relative within the second or third degree to a parent or stepparent of the child.

A relative within the second or third degree to a parent or stepparent of a child refers to those relatives who are related to a parent or stepparent through blood or marriage either in the first, second, or third degree in the kinship line. A relative within the second or third degree of a parent includes the following:

- Grandparents of the child.
- Great-grandparents of the child.
- Aunts and uncles of the child, including the spouses of the aunts or uncles.
- Siblings of the child.
- Great-aunts and great-uncles of the child, including the spouses of the great-aunts or great-uncles.
- First cousins of the child, including the spouses of the first cousins.
- Great-great grandparents of the child.
- An unrelated person when placement with such person allows half-siblings to remain together in an approved foster home and the parents or stepparents of one of the half-siblings is related to this person in the second or third degree.

* The criteria for approval are the same as for certification, except that non-safety, non-statutory related criteria may be waived under certain circumstances.

Board and care rates

The annual board rate, which is set according to the child’s age and other factors, is intended to reimburse you for the cost of caring for the child. Local departments of social services and ACS set their own rates, up to the maximum allowed by OCFS. The local DSS or ACS will determine the appropriate rate for each foster child. Notification of the rate for a particular child is sent within 30 days of placement and may be sent by the DSS or the agency to the foster parent.

There are three foster care levels of care/payment categories for foster boarding homes: Normal (Basic), Special, and Exceptional. See chart on page 8. Basic foster care payments are made to foster parents who provide care for a child who has no identified special or exceptional needs. As part of the rate notification, foster parents will receive information that explains the requirements for designating children as special and exceptional and for receiving higher payments for providing such care. A local district is not required to establish all three categories.

As mentioned above, within 30 days of placement, you will receive notification of the foster care room and board payment, based on the level of care needed for the foster child (normal, special, or exceptional). You may request a conference to review the decision. If you believe the decision is incorrect, you will have 60 days from the date of the notification to request a fair hearing. Information on how to request a fair hearing is on the back of the Notification of Foster Care Room and Board Payment form (LDSS-7018).

A designation of the level of care can be changed at any point during placement as the child’s needs change or become apparent. If the level of difficulty changes (decreases or increases) due to the child’s need for care and supervision, the board rate will also change. The services expected of the foster parents will also change.

Tip for Foster Parents

Special & Exceptional Rates

To receive Special or Exceptional payments, you need to show your ability to care for children with special or exceptional conditions, either through past training and experience or by completing special training. You will need to participate in agency training every year and actively participate in case conferences. You must be able to work with the professionals involved in the child’s treatment plan and to accept assistance and guidance in caring for the child.

Therapeutic Foster Boarding Homes

Therapeutic foster boarding homes (TFBH) are specialized programs that care for children who would otherwise need to be served in group foster care, such as:

- Severely developmentally disabled infants and/or children;
- Adolescents with a documented history of acting out behavior and/or adjudication as PINS or Juvenile Delinquents;
- Severely emotionally disturbed children;
- Children with histories of group care placement or who are at risk of group care placement;
- Children with at least one failed foster boarding home placement; or
- Severely and/or multiply physically handicapped children.

Children cared for in these programs must meet the criteria for special or exceptional foster care services. TFBH programs feature lower caseloads for social workers, educational specialists to work with the local school systems, child care workers in the home, and extensive and specialized training for foster families and staff. TFBH homes receive higher board and care rates.

Emergency Foster Boarding Homes

Emergency foster boarding homes are exclusively designated to provide temporary care to children who enter foster care in a crisis situation that is expected to be resolved within 60 days. These homes also may be approved for respite care and services. Foster parents providing this type of care must complete 15 hours of specialized training and a minimum of 6 hours of follow-up training each year (18 NYCCR 446.5).

Emergency foster boarding homes must be available to accept children 24 hours a day, 365 days a year. Children eligible for this care must be at immediate risk of harm or present an immediate risk of harm to others or him/herself if not immediately placed into foster care (18 NYCCR 446.6). EFB homes receive higher board and care rates.

Other payments and allowances

Clothing allowance

Local departments of social services set their own clothing allowance rates up to the maximum allowed by New York State. A regular clothing allowance, based on the child's age, is generally included with the board rate and is paid as a part of the monthly check. An emergency clothing allowance may be obtained in special situations. If approved, an initial clothing allowance is available for the child at the time of initial placement.

Be tactful when reviewing clothing needs. For example, certain worn-out or stained articles of clothing may represent a link with the birth family and may be important to the child.

Foster parents should review the child's initial clothing needs with the caseworker and the child, if he or she is old enough, to determine an adequate basic wardrobe that is clean and fits well.

Any clothing purchased for a child in care belongs to the child and should be taken along whenever he or she moves or is returned home. It is expected that a child will leave with sufficient, clean clothes.

A diaper allowance is automatically authorized for children from birth through 3 years of age and can be authorized up to the age of 4. If a child younger than 4 years old is toilet-trained and no longer needs diapers, the foster parents should tell the caseworker. At that time the diaper allowance will be discontinued. If a child only needs diapers during the night, a partial diaper allowance can be authorized. Medical documentation of need is necessary to continue a diaper allowance for a child past the age of 4.

Board and Care Rates

Normal/Basic

The child has no diagnosed physical or mental handicap requiring special care, although he or she may have problems related to neglect, maltreatment, or lack of care and training.

For children in the Normal/Basic category, you should:

- Give basic physical and emotional care, attention, and affection.
- Provide opportunities for educational, social, and cultural growth.
- Provide opportunities to be with peer groups and to have experiences in the school, church, and community.
- Encourage talents and interests.
- Cooperate in attending case conferences and training.
- Help arrange contacts with the child's family when appropriate.

Special

The child has a pronounced physical condition certified by a physician as requiring a high degree of physical care; is awaiting a Family Court hearing on a Person in Need of Supervision (PINS) or Juvenile Delinquency (JD) petition; has been adjudicated as a PINS or JD; has been diagnosed by a qualified psychiatrist or psychologist as moderately developmentally disabled, emotionally disturbed, or with a behavior disorder requiring a high degree of supervision; is a refugee or Cuban/Haitian entrant and is unable to function successfully because of factors related to that status; or entered foster care directly from inpatient hospital care within the past year.

Foster parents caring for children in this category must take four hours of training each year.

For children in the Special category, you should:

- Provide all the services given to children in the Normal/Basic category.
- Be more personally involved and give more time.
- Be patient and able to give attention and affection without a positive response from the child.
- Give more intensive supervision such as preparing special diets, giving medications, or assisting in a program of physical therapy.

Exceptional

The child requires 24-hour-a-day care by a qualified nurse or someone supervised by a qualified nurse or physician, as certified by a physician; has severe behavior problems involving violence and has been certified by a qualified psychiatrist or psychologist as requiring a high level of individual supervision in the foster home; has been diagnosed by a qualified physician as having severe mental illness, severe developmental disabilities, brain damage, or autism; or has been diagnosed by a physician as having AIDS or HIV-related illness (up to one year if the child tests positive for HIV and then subsequently tests negative for HIV).

Foster parents caring for children in this category must take five hours of training each year.

For children in the Exceptional category, you should:

- Provide all the services given to a child in the normal/basic category.
- Provide one-to-one, 24-hour-a-day supervision.
- Work as an active member of the healthcare team in the treatment plan.

Day care

Some local departments of social services may make payments for day care to working foster parents when they are necessary for the care and supervision of children in foster care. Check with your agency for its policy on day care.

Payment for day care is based on the actual number of hours of employment. The foster parent must submit to the child's caseworker:

- Foster parent's current work schedule.
- Name, address, and phone number of day care provider.
- Signed monthly day care payment request.

Direct payment may be made by DSS to:

- Licensed day care centers under contract with DSS.
- Registered family daycare providers (including group family day care).
- Before- and after-school programs.

If a nonregistered child care provider is used, the foster parent pays the provider, and DSS will reimburse the foster parent at a rate set by the county.

Note: Foster parents receiving the exceptional board and care rate are not eligible to receive additional day care payments.

Transportation

The board and care rate includes the cost of the child's transportation for the usual daily living situations, school functions, religious activities, medical visits (including mental health appointments), dental visits, treatment conferences, and periodic court hearings.

Transportation provided by foster parents for a child's visits with agency staff, parents, and siblings living with relatives or in a different foster or adoptive home or to meetings about the child may be reimbursed at a rate set by the local department of social services. For children with a goal of returning home, the agency must provide transportation assistance (if necessary) to make it possible for children to visit their parent(s) at least every two weeks.

Sometimes a foster parent will agree to transport a child back to the school the child attended before placement or to a previous school, if it is in the child's best interests to attend that school. In this circumstance, a foster parent can be reimbursed for providing transportation.

Reimbursement to birth parents, legal guardians, other relatives, or significant others for travel to visit children in foster care may be paid at a rate set by the local department of social services.

See Chapter 4, "Getting Started," for information on transportation for medical reasons.

Special payments

The following payments may be available depending on local district policy. Ask the child's caseworker about reimbursement for such expenses. Your local district or agency may have a list of special payments.

School-related expenses

School expenses, such as books, activity fees, costs of field trips, school club dues, and art supplies, may be reimbursed. Special attire for senior proms, graduation, school jewelry or pictures, or religious ceremonies may also be reimbursed.

Tutoring expenses may be reimbursed if the service is remedial, requested in writing by the school, and not available from any other source.

Activity fees

Special recreational/hobby/extracurricular activity expenditures may be reimbursed. These include music, art and/or dancing lessons (not provided in school), the purchase or rental of equipment; and membership and participation in organized groups, such as the YMCA, Scouts, or Little League.

Camp fees

Day camp or residential summer camp costs, including registration and transportation expenses, may be authorized.

Damage or loss of property

Some agencies may consider compensation to foster parents for damage to and/or loss of personal property caused by a child in their care if the costs are not covered by the foster parents' insurance.

Miscellaneous expenses

Extraordinary communication expenses for a child in care to maintain telephone contact with his or her parents and/or siblings may be reimbursed.

Foster parents' agency record

Each family certified or approved as a foster boarding home has a file maintained by the agency with the following information:

- Foster parent application.
- Summary of the home study.
- Medical reports.
- Results of the New York State Statewide Central Register (SCR) of Child Abuse and Maltreatment database check and results of data base checks done in other states, if required. (If the applicant or other person over the age of 18 who lives in the home of the applicant is the subject of an indicated report, the specific reason why the agency found the applicant acceptable for approval or certification is documented.)

- Results of criminal history record check with the New York State Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI). (If the applicant or other person over the age of 18 who lives with the applicant has a criminal history, the safety assessment performed by the agency is documented, as is the specific reason why the agency found the applicant acceptable for approval or certification.)
- Personal references.
- Correspondence between DSS and the foster parents.
- Register listing the names of children placed in the home, the dates of their placement, and the dates of their discharge or removal.
- Summary of agency conference that clarifies the basis for each decision affecting the foster parent's status with the agency.
- Summary of each annual evaluation of the foster home.
- Physical description of the foster home, including allocation of space.

See Appendix A for information on certification and approval of foster homes.

CHAPTER TWO



When a Child Comes Into Foster Care

This chapter should help you better understand why children are placed in foster care and how you can be ready to have a foster child in your home. If you are a new foster parent, you will learn how to handle some of the tasks that need to be accomplished. Also, you will know more about the effect of placement on children. Topics include:

Why children are placed in foster care

How a child is matched with a foster home

How to prepare for a placement

How placement in foster care affects children

Welcoming a child into your home

Creating a Lifebook

Why children are placed in foster care

Children are placed in foster care either by order of a court (involuntary) or because their parents are willing to have them cared for temporarily outside the home (voluntary).

An involuntary placement occurs when a child has been abused or neglected (or may be at risk of abuse or neglect) by his or her parent or someone else in the household. It also may occur because a court has determined that the child is a person in need of supervision (PINS) or a juvenile delinquent (JD). The court orders the child removed from the home and determines the length of the placement or sets a date certain for further review by the court.

A voluntary placement occurs when parents or guardians of the child decide that they are temporarily unable to care for the child for reasons other than abuse or neglect. For example, this could occur when a family is experiencing serious medical, emotional, and/or financial problems. The parents sign a voluntary placement agreement that lists the responsibilities of the parents and the agency during the child's placement.

As part of the voluntary placement agreement, the parents or guardians can request return of the child by a specific date, event, or circumstance; or may leave the return time indefinite. By contrast, in a voluntary surrender for adoption, the parents voluntarily give up all parental rights forever and transfer "custody and guardianship" to an authorized agency.

How a child is matched with a foster home

In placing a child in a foster home, agency staff try to find a home that best suits the child's needs. The general rule in foster care is to place the child in the least restrictive, most family-like placement appropriate to meet the needs of the child. A successful match between the child and the foster home will make all the difference in a child's life during an extremely difficult period. It may be helpful to you as a foster parent to know what factors are considered when a child is placed in your home:

- **Relatives:** Are relatives available who would be willing to provide a safe and suitable placement for the child? *This is the first consideration before placing a child in a foster home (required by law for abused, neglected, and voluntarily placed foster children).*
- **Previous foster home:** If the child was previously placed in foster care, is it appropriate to have the child return to the same foster home? *This question must be considered before looking for another foster home.*
- **Placing siblings together:** If the child already has sisters or brothers in foster care, can the child be placed in the same home, if appropriate? If several children need placement, can a home be found where they can live together? *Placing siblings together is mandated by state law except when deemed not to be in the child's best interests.*
- **Religious background:** If religion is a factor in the child's life, can a home of the same religion be found? *The preference of the parent must be recognized whenever it is possible and in the child's best interests.*
- **Language:** Can a child be placed in a home that can communicate with the child in his or her primary language?
- **Native American identity:** Can a Native American home be found? *The child's tribe must be notified when placing a Native American child in abuse, neglect, or PINS proceedings.*
- **Neighborhood and school:** Can a home be found in the same school district so that the child can remain in his or her school of origin?
- **Special needs:** Does the child have special physical, psychological, or medical needs that require a foster home that is equipped and trained to handle them? Has the foster home been approved to care for a child with special or exceptional needs? Can the foster parent meet these needs?
- **Emotional considerations:** If the child has specific emotional needs, can a foster home be found that would best meet those needs?
- **Other children in the home:** If the foster home already has other children (biological or foster), is this placement a safe and appropriate one?

Placement of a child into foster care or adoption cannot be delayed or denied based on race, color, or national origin of the child, the foster parent, or the adoptive parent. Race, color, or national origin may not be routinely considered in assessing the capacity of particular prospective foster parents to care for a specific foster child. In relation to the placement of a foster child, the race, color, or national origin of the child or the foster parent may only be considered based on concerns arising out of the circumstances of the individual case.

Preparing for placement of a child

The agency must give you basic information about the child to be placed in your home. When a child is placed on an emergency basis, such information must be provided within 30 days of placement. This information should include:

- Anticipated length of stay
- Health of child and medical history
- Current medications, allergies, and/or durable medical equipment
- Physical and/or behavioral problems
- Relationship of the child to his/her parents
- School and educational background
- Visitation plan
- Placement and discharge goals
- Notice of the rate level (Normal, Special, or Exceptional), including a description of the child's condition or circumstance and the amount of foster care room and board.

Questions for the caseworker

Questions you may want to ask the caseworker are listed below. The caseworker may not always have all the information you want, but take the time to ask—anything you can learn will be helpful. Later you should be able to get more information. Be sure to get the caseworker's telephone number.

- Has the caseworker told the child why he or she is being placed in a foster home?
- What type of bed/crib is needed?
- Is the child potty trained?
- Is a clothing voucher needed to purchase clothing?

Have these items on hand

- Toothbrush
- Hairbrush
- Rubber sheets
- Night light
- T-shirt (oversized for sleeping)
- A couple of toys
- Names and telephone numbers of friends to help out
- Babysitting plan
- Simple household rules/routine

Materials and forms

At the time a child is placed in your home, or shortly thereafter, you should receive:

- Boarding Home Register
- Medicaid card
- Clothing information and forms: you may receive information about clothing that the child has or needs and a form to fill out.

How placement affects children

Children can feel severe personal loss when separated from their families. They have lost the most important people in their lives—their parents, and maybe their brothers and sisters. They have lost their familiar pattern of living. They have lost their homes and the places that make up the world they know.

Children's reactions to separation vary. Their emotional development may be interrupted. They often feel abandoned, helpless, worthless, and even responsible for the family's breakup. They may try to punish themselves. The adjustment period for foster children typically follows this pattern:

- **Moving toward** the foster family (a honeymoon period during which the child is cooperative and well behaved, but feels numb or anxious).

Keep It Confidential

Information you receive about the child's or family's social history is confidential. It is a requirement that you not discuss such information about a child (or family) with relatives, neighbors, or friends. Information that is necessary for the purpose of providing care, treatment, or supervision of the child may be shared with necessary persons. See Chapter 4, "Confidentiality and Right to Privacy," for more information.

- **Moving away** from the foster family (a period of withdrawal, during which the child is hesitant, feels depressed and distrustful, and seeks solitude).
- **Moving against** the foster family (during which the child is rebellious and demanding, expressing anger and hostility).

Welcoming a child into your home*

The child who comes into your home must adjust to many things. Everything is new. There are new parents, perhaps new sisters and brothers, a new house, new foods, new rules and expectations, a new neighborhood, and possibly a new school.

It is hard for children to leave their homes and find themselves in strange new surroundings. To deal with this, children may fantasize about the positive qualities of their own parents, their own home, and their neighborhood. They may not want to get involved in a foster family's routine and activities out of a sense of loyalty to their own family.

Outbursts of angry, aggressive language or behavior may occur, such as cursing or slamming doors. Even if children show no emotion, questions, fears, and anxieties about the future may fill their thoughts and dreams. The child needs your understanding, patience, and support when settling into your home.

* Adapted from *Deciding Together, Book 6*, New York State Department of Social Services, 1994.

Tips for Foster Parents

Dealing with separation

- ☛ Let a child grieve or mourn for his or her parents. At the time of being placed in foster care, a child may feel a great sense of loss, regardless of the parents' past behavior or the circumstances that led to placement.
- ☛ Be prepared to work closely with the caseworker when children are separated from their parents without being prepared. You can help the agency arrange for the child and parents to see each other.
- ☛ Recognize that it is common for children to view foster care placement as a punishment for some real or imagined bad deed, such as causing the breakup of their families. Listen to children when they express such thoughts and feelings.
- ☛ Allow children to share memories about their families. Also, permit children to make comparisons without feeling threatened; this allows them to bond and feel comfortable.

Some do's and don'ts when welcoming children

Experienced foster parents and social workers have several suggestions for new foster families preparing to welcome children into their homes. Some of these are:

- Welcome children with some kind of activity, if appropriate.
- Offer children something to eat. Let them know whether they can help themselves to food or they need to ask first.
- Be sure children have a place to keep personal possessions.
- Let them unpack in their own time. Offer to help or just let them know where to put their things whenever they are ready to unpack.
- Let them know it is all right to put a picture of their mom, dad, brothers, sisters, or previous foster families up in their bedroom and that you understand how important these people are to them.
- Be sensitive to children's feelings. Ask permission before hugging or touching children.
- Do not try to change things like their hair or clothing, or do anything that says, "You're not OK the way you are."
- Help them settle down to a regular routine as quickly as possible, but do not be disappointed if they do not respond right away.
- Give them opportunities to talk to you, but do not pry into their past or criticize their parents.
- Respect their right to privacy. Never talk about them when they are present, unless it is appropriate to include them in the conversation, for example, "Ms. Wilson, Andrew is doing so well in his new school." This includes your conversations with agency workers, friends, or other children.
- Contact your caseworker when concerns or problems arise.
- Help children develop a sense of pride and accomplishment by giving them tasks within their abilities. Let them know regularly how much you appreciate their help around the house.
- Catch them being good by noticing the little things!
- Things like bed-wetting and soiling are not children's fault. Shaming or punishing them will make the problem worse. Rather than using punishment, use positive techniques to help the child learn to manage his or her behavior.
- Punishments like hitting, grabbing, yanking, or pinching as a means of discipline are not allowed and can be very damaging to children. Such actions are also damaging when you use them to "get children's attention."
- Never threaten a child who misbehaves with removal from your home.
- Depending on the age of children, you may ask them what they think foster care is and what they expect from you as a foster parent. Don't make children answer if they choose not to respond. Give them time.

Helping a child understand your family routine

The everyday routine of your family goes on without much thought or discussion. All families have a pattern of behaving and living together that works for them. Your home may have a schedule that you regularly follow, or it may vary and be quite flexible.

The kind of routine a foster child brings to your family will depend on where and with whom the child has been living. Some children may come from shelter care, other foster families, or group homes where there may have been many rules and a planned daily schedule. Other children may come to you from homes where there were few rules and no set schedule.

Most children will need some time alone to become comfortable with their new space. They will need time to observe your family's routine before they can be active participants. Think about some of your family's routines that might take a child some time to learn. For example:

- Who usually gets up first, and who usually goes to bed last?
- Is there a daily newspaper? Who reads it first?

- Does someone get to use the bathroom first?
- Is it OK to flush the toilet during the night, or would that wake someone up?
- Do people take telephone calls during dinner?
- Do children get a snack after school? Do they get a snack before going to bed?
- Can people help themselves to things in the refrigerator or cupboard?

To help a child adjust to the routine of their home, many foster parents spend some fun time with the child. They may bake cookies; go for walks in favorite places (by the lake, along the creek, or in the park); go roller skating; play games such as Monopoly, checkers, or computer games; or go swimming. Doing things together helps the child settle into the family's routine.

Going to sleep and waking up can be very scary times for children just placed in foster care. Many foster parents have developed routines to help children go to sleep and wake up. There are good reasons for bedtime stories and night lights. It is also important to give children permission to get up and use the bathroom.

Helping a child understand family rules

Children who have been mistreated, or have experienced out-of-home care, need limits and boundaries, just as all children do. All children need to know what is and is not allowed. Your foster child will need to know that the rules in your home are consistent and predictable. Over time, knowing this helps children feel more secure. They will come to trust the home and the other family members. Remember, children new to your home have very little idea of what you are like or what to expect. You can help ease the adjustment by being consistent.

A family's "rules" are often informal and unspoken. A new person entering your family's world, however, needs to be oriented and helped to learn and practice these rules. Before the child enters your home, your family should sit down together to discuss what you feel is most important in your

family. You should discuss the way you live together on a daily basis, and you should ask yourselves what a new person would need to know to become a part of your family.

There is a fine line between routines and rules, especially as some of the routines set the pattern for our informal rules. Informal rules may be things such as who sits where at the dinner table, not wearing shoes in the house, or telling mom or dad if you use the last of something (toilet paper, toothpaste). Other rules are important to help maintain health and safety. Be sure to explain the rules to your foster child.

Creating a Lifebook

Foster parents are encouraged to work with the caseworker to help the child develop a "Lifebook." Ask the caseworker who will begin the process and what will be included. The best time to begin a Lifebook is when a child is first placed in foster care.

A Lifebook is a combination story, diary, and scrapbook. It can be a tool to help children understand their past experiences so they can feel better about themselves and be better prepared for the future.

Although it is best to start collecting information when the child is first placed, it is never too late to begin a Lifebook. If a child objects to doing a Lifebook, ask the child's caseworker for advice on how to handle this situation.

The process of creating a Lifebook can:

- Help a child understand events in his/her life.
- Provide tangible links to the past which provide chronological continuity.
- Provide a vehicle for the child to share his/her life history with others.
- Increase a child's self-esteem by providing a record of the child's growth and development.
- Help the child's family of origin share in the time when they were living apart.
- Contribute to the foster parent and possibly a future adoptive family's understanding of the child's past.

What is a Lifebook?

The Lifebook may include:*

Birth Information

- Birth certificate
- Weight, height, special medical information
- Picture of the child, hospital

Birth Family Information

- Pictures of child's birth family
- Names, birth dates of parents
- Genogram (a visual map displaying family history and patterns)
- Names, birth dates of siblings, and where they are
- Physical description of parents, especially pictures of parents and siblings
- Occupational/educational information about birth parents
- Any information about extended family members

Placement Information

- Pictures of foster family or families
- List of foster homes (name, location of foster homes)
- Names of other children in foster homes to whom child was especially close
- Names of caseworkers
- Pictures of caseworkers to whom child was especially close

Medical Information

- List of clinics, hospitals, etc. where child received care and the care given (surgery, etc.)
- Immunization record
- Any medical information that might be needed by the child when growing up, or as an adult
- Height/weight changes
- Loss of teeth
- Developmental milestones, (when walked, talked, etc.)

School Information

- Names of schools
- Pictures of schools, friends, and teachers
- Report cards, test scores, school activities

Religious Information

- Places of worship child attended
- Confirmation, baptism, and other similar records
- Papers and other material from Sunday School

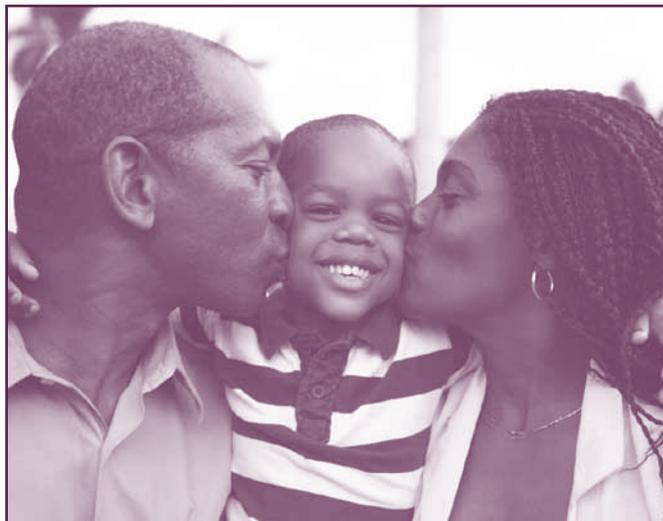
Other Information

- Any pictures of child at different ages of development**
- Stories about the child from parents, foster parents, and caseworkers
- Accomplishments, awards, special skills, likes and dislikes

* Adapted from *Adoption of Children with Special Needs: A Curriculum for the Training of Adoption Workers*. Prepared by the Office of Continuing Social Work Education, School of Social Work, University of Georgia, Athens, GA, 1982. Published by the U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

** It is recommended that you take a photograph of the foster child when he or she is placed in your home and at regular intervals as the child grows and develops.

CHAPTER THREE



Communication: Ongoing & Emergency

The goal of this chapter is to make it easier for you to know when and where to call for support and information. The chapter covers:

Communicating with the caseworker

Events in the child's life

Changes in the foster home

Calling another foster parent

Emergencies

Communicating with the caseworker

As members of a team, foster parents need to communicate regularly with their caseworkers. Foster parents and caseworkers should:

- Communicate often
- Communicate effectively
- Respect each other's roles
- Make decisions together
- Solve problems together
- Resolve conflicts

All team members have a common goal—to provide a safe, nurturing environment for children in care. When communication is open, it will be easier to accomplish this goal.

If you have a problem or concern related to the care of a child, call the child's caseworker. The caseworker is responsible for assessing the care of the child and for keeping the agency informed about the child's situation. If you need help with handling a problem, you are concerned about a child's behavior or that of the birth parent, or you need information about services, call the caseworker. If the caseworker is not available, call his or her supervisor.

You are also encouraged to tell the caseworker when something positive happens. For example, let the caseworker know when a problem from the previous week has been resolved positively or the child is doing better in school.

Foster parents are required to inform the caseworker of any changes in:

- Marital status
- Family composition or number of persons living in the home
- Physical facility (major changes in the foster home)

**When you start a new job,
notify your caseworker ASAP.**

The following are examples of situations when it is appropriate for foster parents to call the caseworker:

- To ask for advice on how to handle a problem or a crisis situation.
- To express concern about a change in the child's behavior, development, or social functioning (e.g., family, school, peer relationships, attitudes, habits, conduct, symptoms).
- To discuss plans affecting the child.
- To make the agency aware of sudden changes in the foster family's circumstances that may affect the child's placement or planning.
- To obtain information about community services or resources that might be useful to the child.
- To keep the agency informed about a parent-child visit that was not observed by an agency representative.
- When you need to be away from your home overnight and there will be a substitute caretaker.
- When there is an error in your board and care or clothing payments.
- When you will be going on vacation or taking the child out of your county or New York State (you will need permission in advance).
- To request respite services.
- To obtain consent for non-emergency surgery or medical care for the child (you will need permission in advance).
- When the child is hospitalized (the caseworker will need to obtain the child's family's consent) or needs emergency medical care.

If you question an agency decision or do not agree with the caseworker's actions, first try to have an open discussion with the caseworker. When an issue is not resolved through such discussions, you may request a meeting with the senior caseworker or supervisor. A meeting should be scheduled at a mutually convenient time and held in a place that is private and free from distractions or interruptions. In preparing for the meeting, you may want to draw up a list of concerns and questions. If the problem remains unresolved, you may contact the Director of Social Services.

Events in the child's life

Be aware that key events in the child's life can have a powerful impact, resulting in changes in behavior or conduct, sleeping and eating patterns, and temperament. You may require additional contact and support in dealing with the issues that often arise around these events. Examples of such events are:

- First day of school
- Birthdays, holidays, Mother's Day, Father's Day
- Changes in visits (parent or siblings), such as the frequency or duration
- Meetings with teachers or school staff
- Family Court hearings
- Service Plan Reviews and other conferences

Ideally, you and your caseworker will have developed a good team relationship. The above list is a reminder to stay on top of these events as they occur.

Tips for Foster Parents

Your caseworker is a resource

- ☛ Share positive information about the child with the caseworker and birth family, such as report card grades or a child's achievements in sports, activities, or church. This kind of information sharing keeps the communication positive among all parties of the team.
- ☛ Don't hold back from asking questions about services, community resources, programs for foster parents, training activities, and other ways in which the caseworker can be helpful to you. Don't be afraid that the caseworker will think you can't cope on your own; *rather, think of yourself as taking responsibility for the situation by taking advantage of opportunities.*

Changes in the foster home

If there are changes in your home, call your caseworker or your homefinding worker, depending on what your local district or agency requires. For example:

- You plan to move.
- You have changed your telephone number.
- Your family composition has changed.
- Your financial status (income) has changed.
- Your employment has changed.
- You have an emergency requiring relocation of the family.
- Your family has a serious illness or is having personal family problems (such as needing to care for an elderly parent).
- You plan to go on vacation.

Calling another foster parent

An additional resource for foster parents can be other foster parents. If you have a simple question and don't feel that it is necessary to call your caseworker, you may wish to call another foster parent. Sometimes you may also want to check ideas with another foster parent. Remember that calling another foster parent does not alleviate your responsibility to call your caseworker. Also, a foster parent does not have the authority to speak for the local district.

Some districts have foster parent associations or local chapters of the New York State Foster and Adoptive Parent Association (NYSFAPA). Check with your caseworker or NYSFAPA (<http://www.nfpainc.org/replac/>) for information. Foster parent associations provide valuable support and resources for foster parents.

Questions or problems that you might want to talk about with another foster parent include:

- How to fill out some of the paperwork.
- How to prevent head lice.
- If the foster child has been in another home.
- Reassurance when you are having a rough day.

Emergencies

An emergency is a situation that occurs outside the normal responsibilities of a foster parent. An emergency demands immediate advice or assistance. For example, you must call the child's caseworker or supervisor immediately if any of the following events occur:

- A medical emergency.
- The child runs away.
- You have an acute problem with the child.
- The child has a problem with the law.
- There are problems related to a birth parent's visit (e.g., an unexpected visit from a parent or any unauthorized visitor).
- The child is kidnapped or taken by his or her parents without consent.
- The child is expelled or dismissed from school.
- The child attempts suicide.

Note: These are not the *only* times to call your child's caseworker; when in doubt, call. It is a good idea to keep a record of contacts and attempts to contact the caseworker.

Suicide

Talk of suicide or suicidal gestures should be taken *extremely seriously*. Because of the impulsiveness of youngsters in foster care, an action that starts out as attention-seeking could result in serious injury or death. Whenever you hear talk of suicide or see suicidal behavior, provide close adult supervision and notify the caseworker immediately.

If there has been a *suicide attempt*, do not leave the child unattended, even for brief periods.

- If the child's condition warrants it, get *immediate* medical attention and then notify the child's caseworker.
- If the child's physical condition does not warrant medical attention, notify the child's caseworker *immediately*.

CHAPTER FOUR



Getting Started: The Basics

As a foster parent, what should you know about the basics of caring for children in your home? This chapter gives information on:

- Confidentiality and the right to privacy
- Discipline
- Health and medical care
- Developmental and behavioral factors
- School
- Religion
- Cultural factors
- Day care/respice care
- Safety
- Liability
- Social Security

Confidentiality and right to privacy

To develop and sustain a positive, trusting relationship that protects the rights, privacy, and dignity of the child and family, foster parents must keep the child's and family's social history and personal information confidential. Such information may be disclosed and discussed only when and if necessary for the purpose of providing care, treatment, or supervision of the child. Such information may also be discussed for decision-making purposes with the agency.*

Confidential information includes information furnished by the agency, the caseworker, the child, the child's birth family, or the foster parents. It may concern the family background of the child, the child and family's medical history and condition, and/or the services being provided to the child. These matters *cannot* be discussed with the foster family's friends, neighbors, or other relatives who are not part of the foster parent's household, or with any other professional who is not specifically authorized to receive the information.

Information can be shared in limited circumstances with individuals providing services to the child when relevant to the service. For example, a child's medical history should be provided to appropriate medical personnel. A child's HIV status can be discussed with the person who is caring for, treating, or supervising the child.

As a foster parent and member of a team, you have agreed to respect the confidentiality of the child and family and to share information only with authorized individuals. You may introduce the child to other people simply by name or as your foster child—whatever makes you comfortable. When you are asked about his or her background, you should reply that you cannot discuss it with others. When foster children are present, consider their ages and needs, and don't act as if they're not there.

* A breach in confidentiality is a violation of New York State Social Services Law §372(4).

The child's right to privacy

State regulations protect the privacy rights of children in care. These provisions apply unless a condition in a court order states otherwise.

Mail

A child in foster care has an unrestricted right to send or receive mail without prior censorship or prior reading. A foster parent may require the child to open the mail in the presence of a caseworker or the foster parent if there is reasonable cause to suspect that the mail contains drugs or weapons. As part of the child's treatment plan, approved by the local district, a foster parent may require the child to open mail from a predesignated person in the presence of a caseworker or the foster parent if the mail is likely to cause emotional harm to the child, and the harm could be lessened with the presence of the staff person or foster parent. The child must be informed of this aspect of the treatment plan and the reason for it.

Telephone

A child in foster care has the right to receive or refuse any calls made during reasonable hours that are determined by the foster parent. The foster child must be allowed to call anyone he or she wants to; however, the time, duration, and cost of such calls may be restricted. Except at the child's request, neither agency staff nor foster parents may listen in on a child's phone conversation. There may be times when a foster parent and caseworker may want to discuss phone calls and possibly restrict certain calls, based on the particular case situation.

Access to child's attorney or clergy

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

Searches

Searches of a child's property may be made only when there is reasonable cause to suspect that the child has in his or her possession:

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

A search may include having a child empty out his or her pockets when there is reasonable cause to believe that a stolen or illegal object may be concealed in the child's pockets.

Only when one of the above conditions exist and there is reasonable cause to believe that the child or other person in the foster home is in imminent danger of serious harm because of the foster child's intent to use or distribute such object may the child be searched. Strip searches are not permissible.

Foster parents should make every possible effort to have the child present whenever his or her room or possessions are searched. If the child cannot be reached, the foster parent or caseworker must notify the child as soon as possible.

Personal property

The personal belongings that children bring to the foster home are theirs and may be of particular importance to them. Every child should have some place to call his or her own, and this personal area, along with his or her possessions, should be respected.

When children leave the foster home, they must be allowed to take their personal items and clothing and any gifts or possessions that have been acquired.

Gifts of money, savings, or earnings belong to the child (see Chapter 5, "Allowance"). Any substantial sum of money that a child receives from any source should be reported to the agency.

News media

Permission must be obtained from your agency before a foster child can be involved in any newspaper articles, photographs for the press, TV and radio programs, or websites that would identify the child as a foster child or identify the child's location.

Sometimes, when a child is free for adoption, a photo and description of the child may be publicized by the agency in a "Heart Gallery" or on one or more websites.

Discipline

Helping children develop an attached and trusting relationship with foster parents is one of the main goals of discipline. Foster parents will have a great deal of influence on teaching children positive behaviors through the discipline methods that are used.

Remember that children may have been neglected or abused before being placed in your home and may not have the same sense of security as your own children. When you need to discipline a child, consider the child's background and emotional, social, and mental maturity. Also, what works for one child might not work for another. You may find the following suggestions helpful:

Both the foster parents and the child need to talk and listen to one another for a better understanding of how each thinks and feels.

It is important to set limits, which show the child you care. Establish definite limits and guidelines that are within the child's ability; let children know that they will have to be responsible for the consequences if their behavior goes beyond these limits. Make sure the child understands the reason for the disciplinary action.

At times it is very difficult for foster parents to cope with the acting-out behavior of some children in care. Ask your caseworker if you need help in developing appropriate methods of discipline that will be most effective for the child.

For helpful suggestions on handling issues and relating to children in care, see Appendix B, "Positive Approaches to Discipline."

Helping children manage their behaviors*

The following techniques of discipline can help children manage their own behaviors and also feel lovable, capable, and worthwhile:

- Be a role model.
- Provide positive reinforcement and privileges.
- Provide natural and logical consequences.
- Replace negative time with positive time.
- Help the child understand feelings.
- Make a plan for change with the child.
- Provide alternatives for destructive, acting-out behaviors.
- Provide the child with time out.
- Take away privileges.
- Ignore the behavior.
- Hold family meetings.

- Use “Grandma’s rule” or “this for that” technique.**
- Plan for change with child and professional.

* MAPP Training materials

** “Grandma’s rule” is a rule of the house: e.g., do your homework before you watch TV. “This for that” means “If you do this, you can do that,” (e.g., if you clean your room, you can go to the park).

State regulatory standards for discipline of children in foster care

- Deprivation of meals, snacks, mail, or visits by family as a method of discipline is prohibited.
- Room isolation as a method of discipline is prohibited.
- Corporal punishment is prohibited.
- Solitary confinement is prohibited.***
- Discipline shall be prescribed, administered, and supervised only by adults. Such responsibility shall never be delegated to children.

*** Sending a child to his or her room for a reasonable period of time is acceptable. A child is not to be locked in his or her room, however.—New York State Office of Children and Family Services (OCFS) Regulatory Standards on Discipline, 18 NYCRR §441.9

Tips for Foster Parents Enhance family life

Every family has its own rules and ways of doing things. It will take time for a child to learn what is expected in the foster home. When a child does something wrong for the first time, explain exactly what he or she did wrong and why the right way is important in the foster home. Try to prevent discipline problems by helping the child understand your family’s rules and expectations.

- ☛ Praise and reward good behavior; compliment the child whenever he or she does well, including ordinary and expected tasks.
- ☛ Hold family meetings to solve problems. Cooperation and mutual respect can help create an accepting family atmosphere in which children can develop self-discipline, responsibility, cooperation, and problem-solving skills.
- ☛ Never make threats to send the child away. This will only increase the child’s anxiety and intensify the problem or conflict.
- ☛ Spend special time with the child. This means doing something the child and foster parents can enjoy together. For some children the special time may have even greater meaning than it does for the foster parents’ own children. Children in foster care may have an intense need for attention, reassurance, and acceptance from the foster parents and members of the family.

The list of prohibited punishments in state regulations is not an exhaustive list of the inappropriate ways to control children’s behavior. Additional examples of unacceptable methods of “discipline” include:

- Verbal abuse
- Ridicule
- Washing a child’s mouth out with soap
- Excessive physical exercise
- Forced silence for long periods of time
- Unreasonable denial of clothing or bedding
- Requiring child to stand erect for specified periods with his/her nose against the wall
- Standing at attention with eyes turned toward the ceiling
- Forcing a child to crawl on knees across a floor strewn with rice
- Frightening, humiliating, or demeaning a child

Any abuse or maltreatment of a child, either as an incident of discipline or otherwise, is prohibited, as stated in OCFS regulation 18 NYCRR §441.8.

Health and medical care

Once a child is placed in foster care, the responsibility for the child’s medical care is a shared one. In addition to the physician or other medical provider, several people—the caseworker, the supervisor, the foster parents, as well as the birth parents—have a role to play in the child’s medical care and treatment. Everyone involved in the placement should be aware of the child’s current health, medical problems, and need for medical examinations and immunizations.

Foster parents should always be alert to any symptoms that indicate an ill child, such as runny nose, ear ache, sore throat, cough, headache, inflamed eyes, stomach ache, rash, etc. Such signs should not be ignored. Do not hesitate to consult the child’s doctor.

Consent and medical treatment

Foster parents, including kinship foster parents, are not authorized to give effective consent for medical care and treatment. Before the child is placed, or within 10 days of placement, the caseworker must ask the child’s parents to sign the agency’s consent form for routine medical care and treatment, including immunizations.

The caseworker also should request authorization from the birth parent or legal guardian for emergency medical or surgical care. There may be a specific form for this type of consent or it may be included in the consent for routine evaluation and treatment. For surgery scheduled in advance (e.g., tonsillectomy), the foster parent should contact the caseworker to obtain the birth parent’s and/or the commissioner’s written consent.

Keep a copy of any signed consent form where it can be accessed easily. If a consent form is not available, foster parents or the healthcare provider should contact the agency for a copy of consent for routine medical care and treatment.

Tips for Foster Parents

Going to the emergency room

Notify the caseworker or on-call worker as soon as possible if the child needs emergency care.

New York law provides that consent is not required in order for a physician to administer emergency medical care. The doctor or emergency room must treat the child even if consent is missing. Therefore, seek emergency medical care immediately, even if parental consent has not been requested or obtained.

Keep these documents together in an accessible location to bring with you in the event of an emergency:

- Signed consent form for emergency treatment, if available
- Health insurance information (such as Medicaid card or number)
- Child’s health record, including medications he or she is taking

Consent and legal authority

For certain categories of foster children (abused/neglected and legally freed), the consent of the child's parent is not required and the local commissioner of social services can give effective consent to medical care and treatment.

For other categories of foster children (voluntarily placed, PINS, and juvenile delinquents), the consent of the child's parent is required for routine medical care and treatment. In such cases, the child's parent may delegate authority to consent to the local commissioner of social services. Where the child's parent will not consent, a court order would be necessary to authorize routine medical care and treatment.

Medical coverage

Almost all children in foster care are covered by Medical Assistance (MA). You should receive an MA card to use whenever medical care or services are provided. Check with your caseworker if you need more information about a child's coverage.

Medical examinations

Minimum medical examination requirements include:

Initial comprehensive medical examination

This should occur no later than 30 days after placement in foster care or upon return to care after a period of 90 days out of care.

Periodic physical examinations

These are required by OCFS regulation 18 NYCRR §441.22(f) at the following intervals:

- For children aged 0-1 year: examinations at 2-4 weeks, 2-3 months, 4-5 months, 6-7 months, and 9-10 months
- For children aged 1-6 years: examinations at 12-13 months, 14-15 months, 16-19 months, 23-25 months, 3 years, 4 years, and 5 years
- For children aged 6-21 years: examinations at 6 years, 8-9 years, 10-11 years, 12-13 years, 14-15 years, 16-17 years, 18-19 years, and 20 years

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

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

- Comprehensive unclothed physical examination.
- Assessment of immunization status and provision of immunizations, as necessary.
- Assessment of whether HIV-related testing of the child is recommended based on the child's medical history.
- Vision assessment.
- Hearing assessment.
- Laboratory tests, as appropriate, including screening for lead poisoning.
- Dental care and screening. Children aged 3 years and older must have a dental examination by a dentist each year.
- Health education appropriate to the child's age and physical, mental, and developmental condition.
- Observation for child abuse and maltreatment, which, if suspected, must be reported by the medical provider to the Statewide Central Register of Child Abuse and Maltreatment.

Discharge examination

Youth being discharged from foster care to a living arrangement *other than* reunification, adoption, or guardianship must receive a comprehensive medical examination unless they have had such an examination within the previous year before being discharged. Youth who are finally discharged from foster care between the ages of 18 through 21 are given information about Medicaid and other health-related services as part of their transition plan. (See page 53, "Preparing Youth for Self-Sufficiency.")

Your agency may expand on these requirements.

Prescriptions

Any prescribed medications used to treat a child must be ordered by a doctor. Even over-the-counter (OTC) medications should be used with caution. It is wise to consult the child's doctor when giving any of these medications to a child. Also, communicate regularly with the caseworker about what medication(s) the child is taking.

Before you order and pay for any prescription (regular or emergency), check with your caseworker for appropriate billing information. Prescriptions can only be paid for through the child's private insurance plan, managed care benefits, or Medicaid. If you have any questions or problems in filling a

prescription for a foster child, contact the child’s caseworker or emergency on-call worker if after business hours. (See the *Medication Guide* on page 30 for more information on prescriptions.)

Immunizations

Remember to take the child to the doctor on a regular basis for routine check-ups and to keep immunizations up to date. The doctor will keep track of which immunizations the child needs as specified in the recommended childhood immunization schedule. Foster parents do not have legal authority to request or authorize immunizations or to object to their administration.

Family planning services/ Sexual counseling

Youth in foster care age 12 and older, and younger children who are known to be sexually active, need age-appropriate education and counseling on reproductive health services and their reproductive rights. Your local district or agency will provide or arrange for family-planning services to youth of child-bearing age, including minors who can be considered sexually active.

Foster parents providing care for an adolescent who is 12 years of age or older must be informed in writing within 30 days of the child’s placement in the home, and then annually, that such social, educational, and medical family planning services are available for the adolescent.

In New York State, a minor can consent to his or her own reproductive health care including: family planning, abortion, prenatal care, care during labor and delivery, and care for sexually transmitted diseases.

Medical transportation

Foster parents are expected to transport and accompany foster children to their routine appointments, including medical appointments. As the foster parent, you know the child’s needs. In addition, you can be a comforting and familiar presence for the child, especially during stressful appointments.

For children eligible for Medicaid, agencies must provide transportation and other related travel expenses as necessary. Travel expenses include the cost of transportation by ambulance, invalid coach, taxi, common carrier, or other appropriate means; the cost of outside meals and lodging en route to, while receiving, and returning from medical care; and the cost of an attendant to accompany the patient, if medically or otherwise necessary. For non-emergencies, obtain prior approval from the caseworker. Decisions regarding reimbursement are made in partnership with the agency.

Developmental and behavioral factors

Foster parents should encourage the normal emotional, intellectual, social, and physical development of children who have been placed in their care. When a child is placed, foster parents will need to know about any developmental or behavioral factors. The caseworker should inform you of the child’s development and whether there are any known developmental delays or behavioral problems.

In caring for children, remember that:

- Each child develops at his or her own pace within each developmental stage.
- When children do not develop within the range of each developmental stage, they may be experiencing developmental delays.
- Foster parents and birth parents can work with children to enhance “normal” development and help children “catch up” in areas where they are experiencing delays.
- Child abuse and neglect may affect how children develop.
- Separation and loss may affect development.
- Cultural factors may influence perceptions about appropriate child development.

See “Developmentally-Related Activities” on pages 36 – 37 for the stages of childhood development and activities that can help encourage normal, healthy development. Foster parents may work together with the child’s parents to carry out the activities.

A Medication Guide

When it comes to medicine, children are not just “little adults.” Foster parents should be aware of safety considerations for both prescription and nonprescription medications.

When medicine is prescribed for your foster child

When giving medications to children, you must make certain that they are taken exactly as prescribed on the label. Never give a child a prescription medication intended for an adult or another child. Get all the information you can about the medicine. Don't hesitate to ask the child's healthcare provider or pharmacist:

- What is the name of the medication?
- What are the desired results of the medication?
- Are there any side effects? What should I do if they occur?
- Are there other medicines the child should not take at the same time?
- Is there any food or beverage the child should avoid?
- How and when should the child take the medication?
- How soon will the medicine start to work?
- How long should the child continue to take the medication?
- Can the prescription be refilled?

For the child's medicine to work, it must be taken as directed. The following are important things to remember:

- **Stick with the schedule.** Don't skip a dose. Also, ask the child's doctor what to do if a dose isn't given on time.
- **Give the right amount.** Don't give the child more medicine because you think it may work better or faster. Also, don't give higher doses of infant drops to a toddler. Infant drops are actually stronger (more concentrated) than liquids.
- **Use proper dosing devices.** Do not use kitchen tablespoons or teaspoons to measure liquid medicine, because they usually are not accurate. Instead, use the dosing device that comes with the medicine.

- **Follow directions.** Finish all of the prescription medicine (especially antibiotics), unless advised differently.
- **Don't try to hide the medicine.** Don't hide medicine in milk or food unless specifically directed by your child's doctor. This may affect how well it works. Also, you won't be able to tell if the child gets all of it. Some medicines come in flavored, chewable tablets, but avoid calling medicine candy to get your child to take it.
- **Don't give the child other people's medicines** or allow others to take the child's medicines.
- **Prevent overdose or poisoning** by using good light so you can see what you're doing, checking the package for tampering, rechecking the dosage before opening the container, and never allowing the child to take medicine without supervision.
- **Store medicines safely** in a locked, cool, dry place (not a bathroom cabinet). Use child-safe caps.

Adapted from *A Guide to Your Child's Medicines*, American Academy of Pediatrics, updated 2008.

Giving over-the-counter medicines to children

Even the over-the-counter (OTC) medicines you buy in a drug store are serious medicines. Always consult a physician before giving them to an infant or a child.

- **Always read and follow the Drug Facts label on OTC medicine.** Read the label every time, before you give the medicine. Be sure you clearly understand how much medicine to give and when the medicine can be taken again.
- **Know the "active ingredient" in the medicine.** Active ingredients are always listed at the top of the *Drug Facts* label. Sometimes the same active ingredient can be found in different medicines that are used to treat different symptoms. For example, a medicine for a cold and a medicine for a headache could both contain the same active ingredients. If you treat a cold and a headache with both medicines, you could be giving twice the normal dose. If you're confused about the child's medicines, check with a healthcare professional or pharmacist.

Drug Facts	
Active ingredient (in each tablet) Chlorpheniramine maleate 2 mg	Purpose Antihistamine
Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies: ■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat	
Warnings Ask a doctor before use if you have ■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis ■ trouble urinating due to an enlarged prostate gland Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives	
When using this product ■ You may get drowsy ■ avoid alcoholic drinks ■ alcohol, sedatives, and tranquilizers may increase drowsiness ■ be careful when driving a motor vehicle or operating machinery ■ excitability may occur, especially in children	
If pregnant or breast-feeding , ask a health professional before use. Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.	
Directions	
adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor
Other information store at 20-25° C (68-77° F) ■ protect from excessive moisture	
Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch	

- **Give the right medicine, in the right amount.** Not all medicines are right for an infant or a child. Medicines with the same brand name can be sold in different strengths, and the amount and directions are different for children of different ages or weights. Always use the right medicine and follow the directions exactly. Never use more medicine than directed, even if the child seems sicker than the last time.
- **Find out what mixes well and what doesn't.** Medicines, vitamins, supplements, foods, and beverages don't always mix well with each other. Your healthcare professional can help.

Adapted from *Kids Aren't Just Small Adults—Medicines, Children and the Care Every Child Deserves*, U.S. Food and Drug Administration, 2004.

Dispose of medications properly

To prevent contamination of the water supply, **do not** flush unused medications or pour them down the drain. Add water to liquids or pills and then mix them with salt, ashes, dirt, cat litter, coffee grounds, or sawdust to make them unattractive for children or animals to eat. Put the mixture in a container such as a sealable bag or plastic tub and close it with strong tape before putting it in the trash.

Source: New York State DEC

Record keeping

Foster parents must maintain a careful record of important facts about the child's health and medications. This allows the foster parent to provide a complete list of medications should the child see another doctor.

If the child moves to another home, the medication record and the medication itself must be given to the agency caseworker responsible for transitioning the child to another placement. It is important that the new pharmacist and doctor be thoroughly familiar with the medications the child has taken and his/her medical history.

A sample Medication Log is provided on page 32.

Overdose or poisoning

If you think a child has swallowed any medicines or substances that might be harmful, stay calm and act fast. If the child is unconscious, not breathing, or having convulsions or seizures, call 911 or your local emergency number right away. If the child doesn't have these symptoms, call the poison center at 800-222-1222. A poison expert in your area is available 24 hours a day, 7 days a week.

Note: Don't use syrup of ipecac. Years ago, people used syrup of ipecac to make children throw up if they swallowed poison. We now know that you should not make a child throw up in any way.

Source: NYS Dept of Health

Medication Log

Child's Name:

Foster Home:

Prescribed By	Name of Medicine	Dose	Refrigeration Needed		Date	Time	Given By	Comments
			Yes	No				
1			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		
2			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		
3			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		
4			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		
5			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		
6			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		
7			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		
8			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		
9			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		
10			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		
11			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		
12			<input type="checkbox"/>	<input type="checkbox"/>	__/__/__ M D Y	<input type="checkbox"/> am <input type="checkbox"/> pm ____:____		

You may print (or photocopy) this page or use a comparable form. You will need a separate copy for each child in foster care.

School

Foster parents are expected to actively participate in their foster child's education. Helping the child with homework and school projects, attending teachers' conferences, joining the PTA, and participating in field trips are some of the important ways that you can get involved.

You should also discuss the child's educational progress with the child's parents and encourage them to attend school meetings and events, if appropriate.

While children are in foster care in your home, they will be registered in school using their legal names. You will need to sign their report cards and return them to the school. Ask the school to provide copies for the birth parents and the agency. If you are asked by the school to sign any other documents, contact the caseworker. The agency should know what is being requested and whether it is your responsibility to sign. You may be asked to attend school functions, such as "meet the teacher night." Discuss with the caseworker the opportunity these events may provide for attendance by the birth parent(s) as well.

It is important that all interested parties be aware of the school achievement and special needs of your foster child. Therefore, when a child is placed in your home, the child's caseworker will share with you information about the child's academic standing. Getting involved in the child's school progress and activities shows the child that you are interested and that you care. The agency should also be kept informed of your child's school progress at all times.

If possible, it is preferable for a child to stay in the same school he or she attended before entering foster care. It is sometimes necessary, however, for the child to change schools. Either way, it is best for you to physically take the child to school with the birth parent, if appropriate, on the first day.

Foster parents are usually familiar with the neighborhood schools, may know officials personally, and can introduce a new child to the principal and teachers. This introduction will help the child adjust more quickly to unfamiliar surroundings.

Attending and quitting school

New York State Education Law requires children to attend school full-time between the ages of 6 and 16, unless they have received a high school diploma. Some cities and local school districts are allowed to extend this to 17 years of age. Sixteen-year-olds must complete the current school year. Foster parents are required to arrange for children to attend school in compliance with the Education Law. [Education Law, §3205 – Title IV, Article 65, Part I]

Special education needs

When foster children are assessed as being educationally disabled (handicapped), they will be referred to their school's Committee on Special Education (CSE) for special education services. Services include an annual assessment of strengths and needs, an Individualized Education Plan (IEP), special education services in the "least restrictive environment," and due process and confidentiality rights.

Foster parents are expected to attend meetings held by the CSE, along with the child's parents and the caseworker, and to support the child with his or her educational needs. In some cases, a school board may appoint a foster parent as a "surrogate parent" who can represent (speak for) the child in all matters concerning the child's education. Check with the school board where the child goes to school.

Special payments

Payments may be authorized to assist foster children with necessary items that are purchased once during the school year or at intervals. Special payments may be authorized for graduation expenses, field trips, and other special, one-time expenses. They also may be authorized for lessons, day camps, and activities that are not one-time expenses.

After high school

Youth in care who wish to attend college or a vocational program should start planning ahead as early as middle school. Foster parents play an important role in helping motivate youth to go beyond high school and pursue college or vocational training and in helping youth with the application process to pursue their educational goals.

The *Handbook for Youth in Foster Care* has helpful information on applying for college and financial aid. If the youth in your care does not have a handbook, ask the caseworker for one or visit:

<http://www.ocfs.state.ny.us/main/publications/Pub5028.pdf> (English)

<http://www.ocfs.state.ny.us/main/publications/Pub5028-S.pdf> (Español)

The youth's caseworker has information about the federal Education and Training Voucher (ETV) Program, which was set up for youth who are aging out of foster care to help them get education and training. Youth may be eligible to receive up to \$5,000 a year to attend a college or vocational training program. Check with the youth's caseworker about ETV availability and the application process. Young people applying for the first time must be at least 18 years of age

Information is available at www.statevoucher.org.

A district may make payments to a college or university for room and board for a foster child away at college. These payments may not be higher than the amount that would be paid to a foster family if the child was living in a family boarding home.

Foster parents can provide valuable, ongoing support when youth attend school away from the foster home. This can include encouraging the youth by phone or mail, listening to the youth, and sending cookies and other treats from time to time.

Youth can stay in foster care until their 21st birthday. To stay in foster care after age 18, they must give their consent to remain in foster care and must be in school, college, or regularly attending a vocational or technical training program, or lack the skills or ability to live independently. Youth between the ages of 18 and 21 who have left foster care after age 18 at their own request, may ask the court to return and replace them in foster care within 24 months of the discharge from foster care (*see "Changes in state law that may affect children in your home," page 63*).

Religion

Birth parents have the right to determine their children's religion and to request that their children be placed in a foster home of the same religious faith. If possible, such a request must be honored when it is in the child's best interests.

As the foster parent, you should make every reasonable effort to enable the child to practice his or her religious faith even if it is different from yours. This means arranging for the child to attend services conducted in his or her own religious faith and to receive instruction, unless the birth parents expressly request otherwise in writing. The child's religious faith designation cannot be changed except by written request of the parent.

The agency must obtain the birth parents' consent for a foster child to be baptized. All religious certificates (baptism, first communion, confirmation, bar/bat mitzvah, etc.) must be recorded in the child's legal name, never in the name of the foster parent. You should keep such certificates in a safe place and give them to the caseworker when the child leaves the foster home.

If a foster child needs certain clothing for religious purposes, check with the caseworker to see if you can obtain a special clothing allowance.

Cultural factors

Children who have been placed outside their homes need continuity of care, including continuity of their cultural identity. Therefore, it is important that foster parents be culturally sensitive and willing to support the child's culture. In addition, they should be able to work as partners with the birth family; if foster parents are not culturally sensitive, they may be less likely to form an effective partnership.

Cultural factors that may affect family life include attitudes toward, or perceptions of: age, gender, race/ethnicity, sexual orientation, religion/spirituality, education, socioeconomic level, language, family structure, geographic location, and art, science, customs, communication, expression, holidays, recreation, music, food, and heroes/role models.

In accordance with the federal Multiethnic Placement Act (MEPA) of 1994, agencies cannot delay or deny any applicant the opportunity to

become a foster/adoptive parent on the basis of race, color, or national origin of the applicant or the foster child. One of the purposes of MEPA is to better identify and recruit foster and adoptive families that can meet children's needs.

Day care/Respite care

Children under the age of 10 may not be left alone without the supervision of a competent adult (18 years or older). Use your judgment as to whether to leave children over the age of 10 alone or with an adult, according to the same guidelines you would use for your own children.*

Respite care may be available on a limited basis. Check with your agency and contact the child's caseworker for arrangements if you need respite care.

If you are working, day care assistance may be available, depending on your local district. Check with your agency.

* OCFs regulation 18 NYCRR §443.3(b)(3) states that children over 10 years of age should not be left unsupervised except as might reasonably be done by a prudent parent in the case of his or her own children.

Safety

Fire safety

Smoke alarms must be maintained in working order. It is strongly recommended that each home be equipped with at least one fire extinguisher.

Foster parents must have a fire evacuation plan, which includes a designated meeting place outside the home. All household members must know the designated meeting place. Review this plan with each child at the time of placement, and hold fire drills periodically.

Carbon monoxide alarms

State law requires that at least one carbon monoxide detector be installed in the home. It must be maintained and replaced if defective. Underwriters Laboratory recommends using a "single station carbon monoxide alarm" that will detect elevated levels of carbon monoxide and sound an audible alarm. If you have questions, contact your local town/city building department.

Car seats and restraints

An appropriate child safety restraint system:

- is required for all children until their 8th birthday; and
- must meet the size and weight requirements for the child based on the federal requirements and the recommendations of the manufacturer; and
- can be a child safety seat, a harness, a vest or a booster seat attached with the vehicle seat belt system, but not the vehicle seat belt *alone*; and
- should *not be used in the front seat of the vehicle*.

These examples can help you to select the correct child safety seat:

- **Infant seats** are normally for infants that weigh 22 pounds or less. Always place the seat in the back seat of the vehicle facing the rear of the vehicle. *Never* put an infant in the front seat of a vehicle that has a passenger-side air bag.
- **Convertible child safety seats** are normally for infants or toddlers that weigh 40 pounds or less. For infants, face these seats toward the rear of the vehicle. Follow manufacturer instructions to adjust the seat as the child grows.
- **Booster seats** are for children who have outgrown convertible or toddler seats. Booster seats are for children who are four to eight years old, weigh 40 to 80 pounds, and are less than 4 feet, 9 inches in height.

Source: New York State Department of Motor Vehicles

Bicycle and scooter helmets

All children age 14 and under are required by law to wear helmets while riding a bicycle or while in-line skating. All children riding motorized scooters must wear helmets.

Developmentally Related Activities

This chart lists activities that correspond to general developmental stages of children and youth. Ages are guideposts only; each child develops at his or her own pace.

Birth to 6 Months	
Goals/Tasks	Activities
Develop control of eye movement.	Supply visual stimuli such as mobiles and bright colors.
Develop basic motor skills.	Exercise the baby's arms and legs during bathing and changing.
Develop object permanence.	Play peek-a-boo.
Develop ability to vocalize.	Talk and sing to the child a great deal, repeating many words (not just sounds).
6 Months to 1 Year	
Develop large motor skills.	Provide experiences that involve arm and leg exercise, but be sure dangerous objects are out of reach.
Use all five senses.	Provide toys and play games involving different textures, colors, and shapes (pots, pans, boxes, blocks, etc.).
Develop language.	Say the names of objects and begin to look at very simple picture books with the child.
1 to 2 Years	
Begin to walk and develop balance.	Provide large, safe spaces; teach the child how to get down from furniture, stairs, etc.; provide push-and-pull toys.
Begin to explore the environment.	Go on walks; provide toys or games that can be stacked, taken apart, nested or put into each other.
Develop communication skills.	Teach the names of body parts and familiar objects; tell stories, read picture books, and repeat familiar nursery rhymes.
Expand awareness of music and rhyme.	Sing or play rhythmic songs that are repetitive and low in key.
2 to 3 Years	
Continued development of small motor skills.	Provide activities that involve the use of fingers: playing with clay, blocks, and finger-paint; using large crayons and stacking toys; dressing self and dolls.
Develop imagination and fantasy.	Play "let's pretend" games. Encourage imitative play by doing things together such as "clean house" and "go to the store."
Develop basic sense of time.	Discuss visits and other activities in terms of "after breakfast" or "before supper," etc.
4 to 5 years	
Build vocabulary.	Provide interesting words and tell stories; play word games.
Develop social skills.	Ensure the child is involved in a preschool, playgroup, or Head Start program; if that is not possible, encourage group play.
Develop the ability to solve problems and make choices.	Encourage choices in activities.
Begin to develop a sense of right and wrong.	Make and enforce consistent rules; discuss the consequences of behaviors.
Build foundation for success in school.	Shop for school items together, visit school with child before the first day, accompany child on first day.

6 to 8 Years

Develop reading and writing skills.	Encourage writing letters to relatives and friends or creating stories and poems.
Develop understanding of rules and fairness.	Play group or board games with rules (not just video games).
Begin to problem-solve and develop critical thinking skills.	Ask thought-provoking questions; read or tell open-ended stories or riddles.
Develop gender role identification.	Be open to discussing girl/boy physical differences; read books about both heroes and heroines.
Develop skills and self-esteem.	Encourage the pursuit of hobbies and interests.
Desire more independence.	Assign responsibilities and tasks that can be carried out successfully, and then praise child's efforts and accomplishments.

9 to 12 Years

Experience success in school.	Provide opportunities for reading, writing, and using reference materials; help with homework.
Develop friendships.	Have child join scouting or sport groups and volunteer yourself to assist.
Develop practical life skills.	Provide opportunities for developing skills through hobbies and household tasks.
Seek independence and responsibility.	Assign household tasks or chores.
Develop creative talents and abilities.	Provide lessons in music, art, and other interests.
Prepare for puberty.	Discuss expected physical changes; answer questions openly.

13 to 15 Years

Become more independent of parents.	Allow youth more opportunities for independent social activities.
Cope with physical changes.	Help with personal appearance (shaving, cosmetics, deodorant, bra, etc.).
Prepare for dating relationships.	Provide accurate information on consequences of sexual activity; discuss birth control and safe sex practices.
Seek out and develop peer group associations.	Provide time for peer activities; include peers in visitation plans.
Develop awareness of place in society.	Encourage youth to join causes, attend religious and community groups, etc.

16 to 19 Years

Deal with impulse to satisfy sexual desires.	Provide accurate information about the consequences of sexual activity; discuss birth control and HIV prevention.
Separate from family.	Help to prepare for job market or post-secondary education; help with learning to drive.
Develop life goals and values.	Be open to discussing options and "thinking through" together.

Adapted from Child Development Guide, Center for Development of Human Services, Research Foundation of SUNY, Buffalo State College, 2002

Document available at: <http://www.bsc-cdhs.org/fosterparenttraining/pdfs/ChildDevelGuide.pdf>

Firearms and hunting

If foster parents own any firearms, rifles, or shotguns, they must store them safely and securely; they must also be maintained and licensed in accordance with applicable state and local requirements.

Check with the caseworker if a child in care asks about hunting. Depending on the local district, children in care may need to discuss this with the caseworker and, if approved, notify the caseworker before registering for the Hunter Safety Training Course or buying a hunting license. In some districts, hunting and/or the use of firearms or bow and arrows will only be allowed if the child is accompanied by—and under the direct supervision of—his or her foster parent.

Foster parents should also check with the caseworker if a foster child wants to buy or receive as a gift any type of firearm (e.g., BB gun, pellet gun, rifle, shotgun, pistol) or archery equipment (bows and arrows).

Day-to-day safety

In addition to following the above guidelines, foster parents should take certain day-to-day safety measures. For example:

- Keep prescribed medicines in a locked box or in a closet, out of reach and sight of a child. Put information about poison control/phone number near your phone.
- Develop a fire drill plan for the family; replace batteries in smoke detectors and carbon monoxide detectors (if battery-operated) every 6 months.
- Be aware of household hazards that cause burns (e.g., pot handles on the stove, electrical outlets, and hot water in the bathtub).
- Immunize pets against rabies and distemper.
- Teach children appropriate behavior around pets and how to share in their care.
- Make sure swimming pools comply with local ordinances. They should be fenced and have a safety latch on the fence gate. Children should never swim unattended.

- Infants should sleep by themselves in a crib or bassinet (not in bed with adults). Always place infants on their backs to sleep. Babies should not sleep on soft surfaces (e.g., pillows, quilts) and remove stuffed animals, positioners, and other soft items from the crib.
- Babies should sleep without blankets or heavy clothing. If a blanket is used, it should not go above the baby's chest and it should be tucked firmly into the sides of the mattress. The baby's feet should be at the end of the crib.

Liability

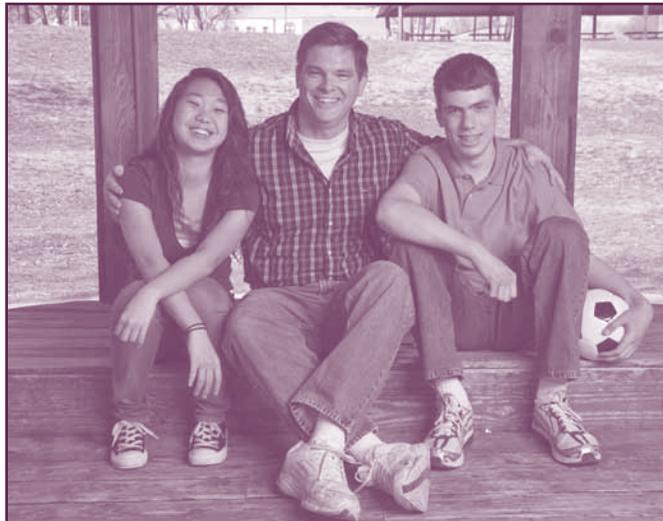
Foster parents are exempt from liability for damages to certain real or personal property caused by a foster child who is over age 10 and under age 18. Foster parents also are exempt from responsibility for damages done to public property belonging to a municipality, a school district, or state government. Foster parents also generally are not liable for damages caused by a foster child under the age of 10.

Foster parents may be liable for damages caused by a foster child regardless of the child's age if they did not properly supervise the child or if they directed the child to perform the damaging action. Under certain circumstances, the DSS Commissioner may be liable for damages resulting from improper supervision.

Social Security

Every child in foster care must have a Social Security number. The agency is responsible for obtaining this number. In some situations children in foster care receive Social Security or veteran's benefits that are paid to the agency and applied against the cost of foster care. If your foster child starts receiving benefits, contact the caseworker immediately.

CHAPTER FIVE



Daily Life

This chapter deals with the day-to-day activities of foster children and the daily life of a foster family. It includes guidelines for issues that may occur frequently. Topics include:

- Consent for activities
- Social and recreational activities
- Dating
- Transportation
- Trips and vacations
- Clothing
- Allowance
- Chores and work
- Babysitting
- Savings
- Joining the Armed Forces
- Driving and owning a car
- Getting married
- Smoking
- Hair care
- Piercing and tattooing

Consent from agencies or birth parents

Foster parents can give permission for foster children to engage in routine activities, such as joining a school club or dating. For some activities, however, the consent of the agency or the child's birth parent may be required. This chapter includes guidance on the types of activities that may need consent.

As legal guardians, birth parents have the legal right to make decisions about their children and to be informed about what their children are doing. In fact, it is good practice to consult the parent(s) about any activity involving the child, when appropriate. However, foster parents should ask the caseworker whether consent of the birth parents is required for certain activities.

Each agency has policies on whether approval is needed for foster children to participate in certain activities. These may include driving, smoking, participating in specific sports (e.g., horseback riding, downhill skiing), and operating power tools. When you have a question, ask your caseworker.

Social and recreational activities

It is important for foster children to participate in recreational, school, religious, and community activities. Participating in activities can help children and adolescents develop skills, build self-esteem, and gain a sense of achievement.

You are encouraged to give your foster child opportunities to participate in groups such as Scouts, 4-H, church or synagogue, and Little League, and to take lessons in their areas of interest (music, dance, art, swimming, etc.).

School and religious activities may not be removed for disciplinary purposes without direct consultation with and approval of the child's caseworker. If you are considering removing other activities for disciplinary purposes, discuss the situation with the caseworker first.

It is essential that a child's activities take place within a safe environment. This requires common sense and good judgment on your part, plus a full appreciation of your responsibility, a concern for the protection of children in your care, the child's capacity, and your commitment to maintaining high standards of safety. Foster parents should be sound adult role models and teach good safety habits by example.

The following guidelines should help you provide a safe environment for children:

- Know your children, who they are, where they are, who they are with, and what they are doing.
- Know what equipment is being used, if it is safe for use by children—and in particular the child or children in your home—and whether it is in safe operating condition.
- Know the nature of the activity and the setting where the activity is taking place.
- Know whether a reasonable adult (21 or older) is supervising the activity.
- Be sure the child is dressed properly for the activity and the climate.
- Plan ahead by anticipating situations and behaviors, thereby reducing risks and hazards.
- Plan ahead so that the child does not become overtired.

A particular child may have a health or physical problem that requires special attention and supervision.

For example, a child with a history of seizure disorder requires one-on-one supervision in a swimming activity. (This is true even when the seizures are under control with medication.) Or a child may have allergic reactions to such things as insect bites or bee stings, or have an allergy to peanuts or other foods.

Protection from sunburn is a concern for all children but especially for children taking certain medications. When a child has a specific health problem, it is crucial for you to discuss it with the child's doctor and to review it with the child's caseworker.

Dating

Dating is a normal part of adolescence and is important for individual development and social adjustment. As the foster parent, you can help guide the teen in your care so that dating becomes a source of enjoyment and personal enrichment when done in a safe environment. Be clear that you are responsible for setting the rules and boundaries for dating.

Transportation

Foster parents are expected to provide transportation for the child for the usual daily living situations, school functions, religious activities, medical visits (including mental health appointments), dental visits, treatment conferences, and periodic court hearings.

Trips and vacations

Each local district or agency determines its own policies for requiring consent for trips and vacations. When a trip, an overnight stay, or a vacation is planned, foster parents should contact the caseworker to ask whether consent is needed. Consent may be affected by various factors, including the existence of court-ordered visitation rights of the birth parent and possible clinical, medical, and/or behavioral considerations with the foster child.

Trip and vacation activities may include:

- Field trips with the school, church, synagogue, mosque, other place of worship, or other community group.
- Family vacations. Whenever possible, it is hoped that you will be able to take your foster children with you on family vacations. All vacations, trips, or other alternative arrangements involving a child in care must be discussed with the child's caseworker (as far in advance as possible). Each situation must be individually evaluated and approved by the agency.
- Trips outside the county, state, or country.
- Spending the night with a friend's family.

Notify the caseworker if it is necessary for you to be away from your home overnight without the foster child.

Clothing

At the time a child is placed, or soon after, the caseworker will give you a form for listing the clothes that came with the child and, in some cases, a form for listing the clothing needed by the child. You may receive a clothing or diaper allowance to supplement the child's wardrobe, depending on the child's needs. A regular clothing allowance is provided, generally as part of the monthly maintenance check. Check with your agency for the specific policy and forms.

Make sure that each child in your care has a basic wardrobe consisting of play, school, and dress clothes. If possible, go shopping with your foster child as a way to model appropriate choices and budgeting. Children ages 12 years and up should be able to give input into selecting their clothing. Youth 16 years of age and older should be responsible for selecting their clothing with some support from a caring adult.

Children in care should be dressed appropriately for the occasion, the weather, and current fashion in clothing that is clean, attractive, and well-fitting. As adult role models, be mindful of the example you are setting for children by your own appearance and grooming.

For youth in foster care ages 12 and up, the local district or agency will assess and provide for their initial clothing needs, using the state's *Guide To Clothing Inventory List*. This guide was developed with input from youth in foster care (see Appendix C).

Any clothing purchased for a foster child belongs to the child. When children move to another foster home or return home, they should take their current wardrobe with them. Remember, too, that clothing and other possessions from home may have a very special meaning for a child.

Allowance

If an allowance is provided, it should be given freely and not linked to the type or amount of chores a child performs. An allowance is not to be used for the child's basic needs.

Giving a child an allowance is helpful in teaching the use of money. It is suggested that your foster children be allowed to spend at least a portion of their allowance as they wish since this helps promote independence and responsible decision-making.

Check with your agency for its policy on allowances.

Chores and jobs

Performing chores that help maintain household order or satisfy a family need help children feel useful and competent. It also teaches them how to be responsible. Giving chores to children, however, should be done in a thoughtful way and in accordance with the following guidelines:

- Arrange for the child to feel successful in the early stages of the task or chore that he or she is given.
- Start with simple chores and tasks and work up to more complex ones as the child's skills increase and ability to persevere becomes stronger.
- Design the chore or activity according to the child's level of development.
- Rotate chores so that the child can develop different skills and have a variety of experiences.
- Chores or work should not be associated with discipline or punishment. Rather, they should be seen as part of the child's participation in family life.
- A prolonged amount of time should not be required for any chore. The time that chores are to be performed should not interfere with family activities, school, homework, regular play time, visits to the birth family, or the child's normal contacts. Any morning or noon chores should not affect the child's ability to attend school without stress.

- Let the child know that you are interested in working *with* him or her rather than being an overseer or critic. Be sensitive to the needs of the child for help and support in carrying out chores. Work can provide an ideal situation for you to be in the role of an interested, helpful adult.
- Be cheerful, supportive, and understanding when the child's capacity or interest diminishes, and show your willingness to be helpful. The child who is given help when he or she needs it is best prepared to give help to others when they need it.
- Encourage foster children to take care of their own personal belongings, make their beds, and keep their closets, drawers, toys, and other items in order.

After first checking with the caseworker, you might want to encourage a teenager in your care to earn some money when appropriate and possible. Even a little self-support helps a youth become mature and independent. Such work could include shoveling snow, raking leaves, or having a paper route. Make sure that teens obtain a permit or work card before applying for a job.

As a foster parent, you should know and approve of the nature of the work; you should also know who is employing the teenager to make sure that the work is appropriate and that there is no exploitation. Youth should not be engaged in work that is potentially hazardous or use equipment (e.g., power mowers) that might be unsafe. Teens should be adequately paid. *Be absolutely certain that the situation does not violate any child labor laws.*

Be careful that the part-time employment is appropriate for the teen's level of maturity and that it does not interfere with school work. Encourage the teen to discuss any prospective job—and employment goals in general—with the caseworker.

Tip for Foster Parents

- Praise the child for a job well done. Praise will help instill a sense of pride in achievement and a feeling of self-confidence.
-

Babysitting

If a foster child is considered mature enough, and if the situation is appropriate, he or she may babysit. Check with your agency for the policy on babysitting.

Remember that foster parents may never leave a foster child under the age of 10 without competent adult supervision. Before leaving children over 10 alone, take into account the unique needs of children in care, the issue of safety, and the maturity level of the child.

Savings

Foster children who are earning money may keep as much as they want for future needs. There is no limitation on the amount that they may deposit in a savings account or that may be used to purchase savings bonds, etc. A child may choose to use all or a portion of his or her earnings for day-to-day expenses.

A savings account is an appropriate way for a young person to gain skill in both banking and responsibility. The account belongs only to the youth; as such, it should always be in the youth's legal name, not the foster parent's name.

Some foster children have guardianship accounts, trust funds, etc., that they are entitled to have at age 18 or at a later date specified by the terms of the trust. The caseworker will inform you of any available funds, and arrangements will be made to transfer the funds directly to the youth.

Joining the armed forces

Male foster youth between 18 and 25 must register with Selective Service (www.sss.gov). If they fail to register they are breaking the law and cannot qualify for federal student grants or loans for college, job training benefits, and many state and federal jobs.

Youth age 17 in foster care need the consent of their parents to enlist in the armed forces. The local district needs to give consent when guardianship of the youth has been transferred to the Commissioner of Social Services. Youth age 18 or older in foster care may enlist in the armed forces without the need for consent.

Driving and owning a car

Youth in foster care must be 16 years old to get a driver's license. If they want a driver's license, they should talk to their caseworker about what to do. They can also get information from the local state Department of Motor Vehicles office or at www.nydmv.state.ny.us.

They must have the consent of their parents or the local district.

Whenever possible, youth in foster care should enroll in a driver education course if they want to drive. Sometimes a teen who has obtained a learner's permit or license wants to drive the foster parent's car; foster parents who allow this must have their own insurance policy extended to cover drivers under age 25. Foster parents should make clear the expectations and obligations associated with the privilege of using the family's car. Check with your agency.

Foster parents may co-sign a contract to buy a car if they wish. They generally are advised against it because they would be liable for any failure to pay. Youth age 18 or older in foster care may enter into a contract without anyone's permission and they will be obliged to fulfill the contract.

Getting married

Children aged 16 or 17 need the written consent of their parents or guardians to marry. Youth 18 years old or older do not need consent.

Smoking

Foster parents have the right to forbid or allow smoking in their own home, but given the known health risks, they should discourage foster children from starting or continuing smoking. Foster parents should not purchase tobacco products for any foster child, and it is illegal in New York State for children under 18 to purchase cigarettes.

Foster parents who smoke should do so in an area where foster children are not subjected to second-hand smoke. *Smoking should never be allowed in the foster child's sleeping areas, eating areas, or where the foster child spends much of their free time.* Try to avoid smoking in the car when driving foster children and be extra careful to not expose young children or children with asthma or allergies to second-hand smoke.

Hair care

Whenever possible, foster parents are encouraged to consult with the birth parents—and the child, if old enough—about the child's hair style. Foster parents should not change the hairstyle of a child in care (cut long hair short, give perms, color, straighten, etc.) without checking first with the caseworker to see if consent is required. Changing a child's hair style without any discussion could affect his or her self-esteem and could also affect your relationship with the birth parents.

Piercing and tattooing

Foster parents cannot allow a foster child's ears (or other body parts) to be pierced, or any part of the body tattooed, without checking first with the caseworker to see if consent is required.

CHAPTER SIX



Teamwork

As a foster parent, you are a member of a team with the caseworker, the child's parents (if possible) and/or other relatives, and the child's attorney (law guardian), along with service providers and health care providers. This means that you are not alone in caring for the child. You have support. It also means that you meet with the child's family during visits and case conferences, and you keep the caseworker up-to-date on how the child is doing.

All members of the team should be acting on behalf of the child. They should do everything they can to provide a caring, safe, temporary home while at the same time working toward a permanent situation for the child in the future. This chapter gives information on:

- Helping to plan for permanency
- Relationship with the child's parents
- Role in parent-child visits
- Relationship with the caseworker
- Participating in service plan reviews
- Participating in court hearings
- Services to parents, children, and foster parents
- Preparing youth for self-sufficiency

Helping to plan for permanency

As a foster parent, you are a continuing presence in the child's life. You are familiar with the child's personality and emotional and intellectual development since you care for him or her 24 hours a day.

Therefore, you can contribute valuable information about the child as you work closely with the caseworker/agency, participate in meetings about the child, and communicate with the parents. Foster parents are often the main source of information about how a child is adjusting to the separation from home, interacting with other children, and performing in school.

Even more important, you are a primary source of support for the child. When you have a positive, healthy relationship with your foster children, you help build their trust in adults. This helps prepare them for changes in their living situation that might be necessary to achieve their permanency goal. For example, they may return home, or they may be adopted. As you continue to nurture the child day after day, you are helping to plan for his or her permanency.

The rest of this chapter describes specific ways that foster parents can help plan for permanency—through parent-child visits, contacts with the caseworker, service plan reviews, court hearings, and discharge activities.

Relationship with the child's parents

Below are examples of what some foster parents have done to help create and maintain a working relationship with their foster child's parents:

- Praise and recognize decisions and activities related to positive parenting.
- Make scrapbooks or photo albums containing mementos for the child.
- Construct a family tree or a Lifebook with the child. (See page 17 for more information.)
- Send birth parents a birthday or holiday card.

Some suggested topics for discussions between foster parents and birth parents include:

- School conferences, school functions, and PTA meetings.
- The child's clothing and shopping plans.
- The child's health, behavior, or school experience.
- The child's social activities, relationships (including siblings), social development, and special needs.
- The child's visits to the doctor and dentist.
- Plans for holidays that are special to the child, e.g., birthday parties, graduations, and holiday celebrations.

These activities are designed to engage the child's parents in the lives of their children. Do not, however, promise that you will keep from the caseworker information given by the birth parents.

Role in parent-child visits

Foster parents can play an important role in visits between a child and his or her parents. If the visits take place in the foster home, you may be more involved in the visit. But even if visits take place elsewhere, you can help the child adjust before and after the visit. Your role is to help make the visit an experience that satisfies the child and strengthens the child-parent relationship.

Keep in mind that visiting is an important part of the child's adjustment to his or her situation. Regular, constructive visits help lessen a child's separation anxiety.

Visiting is also critical to successful family reunification. Birth parents who have frequent, regular, and meaningful visits have the best chance of reunification with their children. As time approaches when a child will return home, visits may occur more often, they may last a longer time, and they may include overnight visits at the birth parent's home.

Visiting plans

The agency is required to plan and facilitate biweekly visiting (every two weeks) between the parent and child unless visiting is prohibited or modified by a court order. Visits can be more frequent depending on the child’s permanency plan.

Visiting plans are developed on an individual basis. In setting up a visiting plan, the caseworker will consider factors such as:

- Location (may include the foster home).
- Length of the visit (amount of time).
- Responsibility for transportation to home visits (can include foster parents).

Foster parents need to confer with the caseworker to change visiting plans. Visits need to be scheduled. However, if the parent, foster parent, and caseworker agree, unscheduled visits may be allowed.

If your agency asks you to keep a log of all visits, stick to facts, not opinions. For example, you might write brief comments such as: “parent came on time,” “parent praised child,” “parent yelled at child,” “parent brought food for snack.” Any notes you take to document visits may be used in conferences or court hearings and may be subpoenaed.

Helping make successful visits

Foster parents can do a great deal to help make visits in the foster home go well. Some suggestions:

- Try to make the child’s parent feel welcome by being as natural as possible. Try not to be either too intimate or too reserved. It may be helpful to offer a cup of coffee or a snack.
- Try to give the parent and child some privacy during the visit by either going about your normal routine or making a separate space available.
- Have some toys and games available for the parent to use when playing with the child.

When there are problems with visits

Keep in mind that, for many parents, visiting their children in foster care is an experience that may heighten their sense of personal failure and inadequacy. Their anxiety causes some parents to make unrealistic promises or to agree to plans that have little chance of success.

At the time of placement, or shortly after, visiting “ground rules” should be discussed and agreed to by all team members—foster parent, birth parent, relatives, and caseworker. This should prevent problems.

At times, a specific problem may arise. Contact the caseworker *as soon as possible*. This may include any incidents, observations, feelings about something that occurred, or the child’s reactions. Because every situation is different, the caseworker is in the best position to advise you on how to handle different issues.

Problems that sometimes occur around parent-child visits in the foster home include:

- **Parent fails to show up for a visit.** Inform the caseworker as soon as possible. It is the caseworker’s responsibility, not the foster parent’s, to deal with the parent.
- **Parent continually comes late for visits.** Ask the caseworker to discuss this with the parent. The parent should be asked to call if he or she is going to be late.
- **Parent arrives unannounced.** You should be prepared to know what to do. The caseworker should discuss this with both you and the parent.
- **Parent arrives in a state of tension, visibly angry, or intoxicated.** You will have to decide whether to allow the visit. First, assess the threat of danger, potential injury to the child, and the ability to control the situation. If possible, contact the caseworker.
- **Parent upsets the child by saying destructive things or tries to physically reprimand him or her.** Intervene in the situation. Try to stay calm but firm. If the situation does not improve, suggest that the visit end. Contact the caseworker.
- **Parents call constantly.** Limit calls to a specific time that is both convenient for the foster parents and fair to the parents and the child.

Helping the child with visits

If the child is upset after a visit, allow him or her to have those feelings. Sometimes visits can be upsetting. Saying goodbye is difficult. It helps the child to know when the next visit is scheduled.

Don't conclude that it is a mistake for the foster child to visit his or her family. Even if they are occasionally upsetting, in general there are more advantages than disadvantages to such visits for most children. Visits help children maintain a sense of reality about their families.

If something unusual happens during a parent-child visit, or if the child always returns upset or unhappy, report this to the caseworker. Always report any physical abuse.

If children are allowed to talk freely about their parents and their situation, they may feel less anxious. Answer their questions clearly, simply, and sensitively if they are confused about why they are in foster care.

Children often continue to love their parents no matter how they are treated or what problems the parents have. Be careful about what you say and how you say it. If you are negative about their parents, children may respond defensively, and this could have a negative effect on their self-esteem. It could also force them to take sides.

It is important to be honest in acknowledging parental behavior that is not in the child's best interest. Putting behavior in terms of "choices the parent made" is more objective and non-blaming.

Your relationship with the caseworker

Ideally, the caseworker and foster parents will develop a team relationship. This means that you and the caseworker will work together on behalf of the child. Such a relationship benefits the child and makes your life easier as well.

Initial casework contact

The caseworker's initial visit with you at the time the child is placed in your home (or soon after placement) is particularly important. It is your first opportunity to meet the caseworker and obtain/provide information on the facts of the case, the

visiting plan, the child's adjustment to foster care in the particular foster home, and board rate.

Chapter 2, "When a Child Comes Into Foster Care," has more information on the first visit by the caseworker.

Casework contacts with the child's caretakers*

The caseworker will make regular contacts with the child's caretakers (foster parents) who are immediately responsible for the child's day-to-day care. The purpose is to obtain information about the child's adjustment to foster care and to help the foster parent achieve the desired course of action specified in the child and family services plan.

During the first 30 days of placement, casework contacts are to be held with the foster parent as often as is necessary, but at least once at the foster home. After the first 30 days of placement, casework contacts must be held with the foster parent at least monthly, and at least one of the monthly contacts every 90 days must be at the foster home.

Casework contacts with the child*

The caseworker also holds contacts directly with the child. The purpose is to assess the child's current safety and well-being, to evaluate or re-evaluate the child's needs and permanency goal, and to guide the child in resolving social, emotional or developmental problems that are part of the reason(s) the child is in foster care.

During the first 30 days of placement, casework contacts with the child are held as often as necessary to carry out the tasks in the services plan. They must occur at least twice. At least one of the two contacts must be held at the foster home. The focus of the initial contacts with the child must include, but need not be limited to, determining the child's reaction to the separation and adjustment to foster care and arranging for services necessary to meet his/her needs. After the first 30 days of placement, casework contacts are to be held with the child at least once a month. At least two of the monthly contacts every 90 days must be at the child's foster home.

If a youth in foster care is 18 or older and attending an educational or vocational program 50 miles or more outside the local social services district, the casework contacts may be made by telephone, mail, or electronic mail.

*OCFS regulation 18 NYCRR 441.21

Participating in Service Plan Reviews

Service Plan Reviews (SPRs) are meetings scheduled at regular intervals to assess and review the service plan, previous decisions, and outcomes. Participants discuss the continuing need for foster care, the appropriateness of the permanency goal, and the services needed over the next period to achieve the permanency goal. When a child is placed in foster care, the first Service Plan Review must be held within 60 to 90 days of the child's removal from home or within 60 to 90 days of placement for PINS or JDs. Subsequent Service Plan Reviews must be held every six months thereafter.*

The agency should involve the following people (if applicable) in developing the service plan and participating in the Service Plan Review: the child, if age 10 or older, unless there is a documented reason why the child should not be involved; birth parents, unless their rights have been terminated or surrendered; the child's guardian; a relative to whom the child is to be discharged; the child's tribe/tribal expert if the child is an Indian child; the child's current foster parent, caretaker relative, or pre-adoptive parent; the case planner, supervisor, case manager, and CPS monitor; service providers; the child's attorney (law guardian); and any other person the child's parent identifies. In addition to the case planner, a third-party reviewer must be present at the Service Plan Review. The third-party reviewer is a staff member or

consultant who is objective but knowledgeable about best social work practices and requirements.

Depending on the permanency goal, a family's service plan identifies what needs to change to enable the child to safely return home or to otherwise achieve permanency, and states the goals of the needed service, the tasks to be performed, and the date by which family members are expected to achieve the goals. The foster parents should work closely with the parents on accomplishing the goals they agreed to in the service plan. The caseworker monitors the impact of services and the extent to which the family members have achieved their goals within realistic time frames. The Service Plan Review also provides an opportunity to update the visiting plan.

*18 NYCRR 430.12(c)(2)

Tips for Foster Parents Communicating with caseworkers

- Share positive information about the child, such as report card grades or a child's achievements in sports, school activities, or church. This kind of information-sharing keeps the communication positive between you and the caseworker. This type of information should be shared with the child's parents as well.
- Consider the caseworker as a resource. Don't hold back from asking questions about services, community resources, foster parent groups, training activities, and other ways in which the caseworker can be helpful to you. Don't be afraid that the caseworker will think you can't cope on your own; rather, think of yourself as taking responsibility for the situation by taking advantage of opportunities.
- If the caseworker calls you to discuss a problem, try to stay calm and listen. The more defensive you are, the less likely you will be able to hear what is being said and to respond effectively. Be aware that it may not be easy for the caseworker to make this kind of call. Trust that the worker has good intentions.
- If you call the caseworker first, frame your concern in terms of, "This is a problem that we need to address together." Realize that by alerting the worker to a problem, you are taking responsibility for the situation.
- When bad news needs to be communicated to a child, talk to the caseworker about who should deliver it. Sometimes it is better if both of you talk to the child at the same time.

The following topics should be reviewed at each meeting:

- Whether the child’s foster care placement is appropriate and necessary.
- The extent to which the agency, parents, and child are carrying out the tasks in the service plan and whether the service plan should be changed.
- The parents’ progress (with the agency’s help) in correcting the conditions that led to the child’s placement.
- The visitation plan.
- The child’s safety and assessment of progress in eliminating risk.

- Actions taken to meet the family’s needs.
- The likely date for discharging the child from foster care.

Because of your parenting skills and 24-hour-a-day contact with the child in your care, you have an opportunity and responsibility to contribute information at Service Plan Reviews. It is important that you distinguish between facts and opinions.

In addition to SPRs, you may be invited to other “family meetings.” Check with your caseworker about the specific intent of these meetings.

Tips for Foster Parents Getting the most out of casework contacts

Casework contacts can be separate or combined visits with the foster child and the foster parent. Whenever possible, the visits should be prearranged and held at mutually convenient times. In situations involving sudden problems, emergencies, or crises, casework contacts should be held to assess the situation and arrange for appropriate services.

Casework contacts are also helpful when certain key events take place in the child’s life. Key events (such as the first day of school or a change in visiting plan) can have a powerful impact, resulting in changes in behavior or conduct, sleeping and eating patterns, and temperament. Dealing with the issues that may arise around these events may call for additional contact and support.

During your regular contacts with the caseworker, you may be asked about—or you may bring up—the following topics:

- The child’s adjustment to foster care.
- The child’s behavior in the foster home, school, and community.
- The child’s health.
- Need for additional services.
- Discipline issues.
- Assessment of parent/child visits.
- Review of service plan goals, including the child’s permanency goal, tasks for child and foster parent, and assessment of progress.

When communicating about a foster child, caseworkers and foster parents can help one another. Since you have a day-to-day relationship with the child, you know the child’s personality and behavior. You can observe the child before and after parent visits, and you can see progress, or lack of progress, over time. Foster parents have a lot to contribute to the assessment of a case.

You know the child much better than the caseworker does. But to have a good working relationship, you need to keep the caseworker informed about the child’s situation and achievements as well as problems. Take the initiative to call the caseworker regularly even when things are going well.

Participating in court hearings

Every child in foster care has court hearings, also known as “proceedings” held on his or her behalf. Occasionally, you may be asked to appear in court to testify on behalf of the child. The caseworker should inform you ahead of time that a hearing will be taking place and what kind of hearing it will be. Having this information will help you prepare yourself and the child for the possible outcome. If you are asked to participate – or you choose to participate – in the hearing, you should have time to think about what you will say and to discuss this with the caseworker. As members of a team, the caseworker, child’s attorney (law guardian), and foster parent need to keep one another informed.

See page 52 for information on your right to participate in permanency hearings.

Types of hearings in Family Court

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

- Abuse and neglect of children
- Voluntarily placed children
- Adoption
- Custody and rights to visit children
- Paternity
- Family offenses/domestic violence
- Persons in Need of Supervision (PINS)
- Juvenile Delinquents (JDs)
- Termination of parental rights

In relation to foster care, the Family Court conducts hearings for several purposes. After a child is placed in foster care, there may be hearings to grant approval or to deny petitions, to determine whether placement in foster care should continue, or to assess whether the permanency plan is appropriate. The court then makes rulings based on evidence presented at the hearings.

Permanency Hearings

When a child is placed in foster care, a permanency hearing must be held on the “date certain” (see Glossary page 71) established by the court.

The date certain for the initial permanency hearing for a child placed involuntarily (abuse/ neglect) or voluntarily is within eight months of removal.* The hearing, which must be completed within 30 days of the day the hearing begins, is held to determine whether the placement should continue and whether the child’s permanency plan is still appropriate. The next permanency hearing must be held within six months (and every six months thereafter) if the child remains in foster care. The court may designate an earlier date certain for the permanency hearing.

For children placed in foster care as PINS or JDs, the permanency hearing must be held within 12 months of the commencement of placement into foster care and every 12 months thereafter.

When a child is freed for adoption at a court hearing, the date certain for the freed child’s permanency hearing must be within 30 days of the freeing, unless it is held immediately after the hearing at which the child was freed, provided notice was given to all parties.

Within 60 days before each permanency hearing, the caseworker is required to consult with the foster parent and other individuals to gather information so he or she can complete a timely permanency hearing report. Often this consultation will be a group meeting of all those whose input is necessary, but it may be an individual meeting.

Current foster parents and former foster parents who cared for a child for a continuous 12-month period will be given written notice about the permanency hearing so that they may have an opportunity to be heard in court. Current foster parents will be given a copy of the permanency hearing report that will be filed with the court; former foster parents will not. If the foster parents do not appear at the hearing, they waive their right to be heard.

Foster care is considered a temporary solution. When the court finds reasonable cause to believe that there are grounds for termination of parental rights, the court can order the agency to begin a

* Date of the child’s removal from the home, plus 60 days, plus six months.

proceeding to terminate parental rights and free the child for adoption. The agency can also begin this action without being ordered by the court. It is required to file a petition to terminate the child's parental rights when the child has been in foster care for 15 of the most recent 22 months, although there are exceptions to this requirement. One exception is where the agency has the discretion not to file a petition to terminate parental rights when a child is being cared for by a relative if this is in the best interests of the child. See "Changes in State Law That May Affect Children in Your Home," page 61.

At the end of a permanency hearing, the judge may rule that:

- The child should be returned home (or placed with a relative or in another permanent living arrangement).
- The child should remain in foster care until the permanency goal is achieved.
- The agency should file a petition for termination of parental rights or accept a surrender so the child may be freed for adoption.
- The child is freed for adoption.

Finding of "no reasonable efforts"

Sometimes, when a child is placed in foster care, the agency can ask the court to make a finding that "reasonable efforts" are no longer required to return the child home. Reasonable efforts are made by the agency to work with the family and provide services so that the child can return home safely.

Reasons for not making reasonable efforts to return the child home include factors such as aggravated circumstances (severe or repeated abuse), certain felony criminal convictions involving a parent, or a previous termination of parental rights. Known as a finding of "no reasonable efforts," this means that the agency can seek to terminate parental rights. However, the child generally must remain in placement for at least a year before the court can rule on the termination. Exceptions include cases involving a finding of severe or repeated abuse or abandonment.

Legal rights of foster parents

The law recognizes the importance of foster parents and their special knowledge of the child and his or her needs. Although the average

foster parent may not be eligible for free legal services, eligible foster parents are appointed an attorney who will represent them at child abuse and neglect hearings, permanency hearings, hearings for children voluntarily placed, or at termination of parental rights hearings.*

The agency is represented by a county or agency attorney, and the child is assigned a child's attorney (law guardian).

Foster parents have the right to receive the foster child's permanency hearing report; be notified of the date, time and location of the permanency hearing; and participate in all permanency hearings for a child placed in their home. Former foster parents may be notified of the date, time and location of permanency hearings for foster children previously in their care.

Foster parents who have had a child in their care continuously for 12 months or longer have the additional right to:

- Have their application to adopt that child be given preference and first consideration over all other applicants, if the child is freed for adoption.
- Participate, as interested parties, in any court proceeding involving the custody of that child.

Foster parents have the right to file a petition to terminate parental rights when so authorized by the court.

See page 58 for information on foster parents' legal rights when a child is removed from a foster home and when a foster home is closed by an agency.

*FCA §262

Support services

Services to parents

The parents of a child in foster care are entitled to receive services that support them in having the child returned home (if the permanency goal is to reunify the child with the parents). The agency may provide the services directly or it may refer the family to other specialized agencies or providers. After assessing the family's needs, the caseworker identifies the services in consultation with the appropriate family members. Also, sometimes specific services are ordered by the court.

In some cases, the services are considered “preventive.” Although preventive services are generally provided to prevent the child from entering foster care, they can also be provided to enable a child in foster care to return home earlier or to reduce the risk of a child being discharged from foster care from returning to foster care.

Services that may be offered include:

- Casework counseling
- Referral for medical services
- Family planning, sex education, and pregnancy services
- Alcohol and other drug treatment programs
- Clinical/mental health services
- Educational services
- Parenting skill groups
- Parent aide
- Homemaker services
- Home management
- Housekeeper/chore
- Housing assistance
- Employment services
- Day care
- Day services to children
- Transportation
- Emergency cash and goods
- Emergency shelter
- Juvenile justice services
- Referral to domestic violence services
- Referral to immigration services
- Discharge services

As the foster parent, it is helpful for you to know what services the parents are receiving. As a team member, you can help support the parents in their efforts to strengthen their family and their environment so that their children can return home safely and permanently.

Services to children

Children in foster care may receive certain services such as tutoring, counseling, or medical treatment. Part of the foster parent role is to schedule appointments and transport the child to them. Also, providing steady emotional support for the child in whatever “work” he or she must do is crucial to the service’s effectiveness.

In the three to six months before a child’s discharge, additional services may be provided to the child and/or the family to provide support during the transition home and to prevent the need for replacing the child in foster care.

Services to foster parents

Services available to foster parents include training and support from the agency through the caseworker and other staff. Depending on their circumstances and needs, foster parents may also receive day care and other services such as respite care and counseling. Ask your caseworker for information on available services.

Preparing youth for self-sufficiency

Teenagers may be placed in foster care because they have run away from home, refused to go to school, or are considered beyond the control of their parents. Or they may be removed from their homes because they have been abused or neglected. Still others have become involved with the juvenile justice system as a result of delinquent behavior. Whatever the reason, often youth in foster care may have low self-esteem as well as feelings of anxiety about the future.

As a foster parent of teenagers, you are part of the team of people that will assist youth in learning basic life skills. To thrive and transition into healthy, productive, and self-sufficient adulthood, adolescents need a set of competencies and basic life skills in the following areas: daily living skills; housing and community resources; money management; self care; social development; and work and study skills. As a team member, you can support the youth’s participation in life-skills services. Knowing that the agency offers these services should also help you feel less alone in helping the youth learn skills for daily life.

Life skills services

Because of their experiences, youth in foster care may lag behind their peers in many of the skills needed to obtain education and employment and to set up their own households. The agency must offer instruction in life skills to youth who are 14 to 21 years old no matter what permanency goal they have. These are skills in areas such as decision-making and planning, education and employment, budgeting, health and personal hygiene, and housing. Youth receive a small monthly cash stipend when they actively participate in life skills services.

Youth must be at least 14 years old to have the goal of Another Planned Living Arrangement with a Permanency Resource (formerly Independent Living). The agency will conduct an individual assessment of the teen's needs for skills training; the foster parents may be asked to assist with the assessment even if the youth's permanency goal is return home or adoption.

After the initial assessment is completed, an independent living plan will be written and documented in the youth's case plan. The caseworker works with the youth to develop the plan, which includes goals related to education or vocational training and employment. To help accomplish the plan, foster parents can model and teach many personal and homemaking skill areas. The plan is reviewed and updated at each Service Plan Review.

Family planning services and/or sexual counseling

Family planning services are available to adolescents in foster care. These services include sex counseling provided by a doctor or qualified person at a family planning center or clinic.

This enables young people to ask questions and discuss their sexuality in a confidential, professional setting. If you feel that the child placed with you could benefit from these services, contact the foster child's caseworker.

See page 29 for information on educational services.

When older youth leave foster care

Six months before discharge from foster care, the local district or agency will work on a transition plan for youth leaving foster care who are 18, 19 and 20 years old. The transition plan must include specific options on housing, health insurance, education, local opportunities for mentors, continuing support services, a healthcare proxy, and work force supports and employment services. Transition plans help youth make a successful transition from foster care to self-sufficiency.

Youth participation in renewal of foster home certification or approval

Sometimes during regular casework contacts, youth in foster care 14 years old and older will be asked about their experiences living in the foster home (without the foster parents present). A youth's perspective is helpful to agency staff in the annual evaluation of the foster home. Information provided by the youth helps strengthen the youth's experience and overall quality of life in the foster home, provides support to the youth and the foster family, and enhances the district's or agency's ability to select and prepare foster parents who care for teens in out-of-home placement.

Tips for Foster Parents

Listening to youth*

If you treat teenagers with respect and give them an opportunity to speak, you can get to know them.

- Respond to youth where they are (e.g., music, other interests).
- Look directly at the young person. Focus on what he or she is saying, and listen.
- Pay attention to the individual, not just the case record or history.
- Let youth have an active role in their service plan.

These tips came from teens in foster care who wanted to share their experiences and what they've learned from being placed in foster care.

* The Listening to Youth Project, sponsored by the National Resource Center for Foster Care and Permanency Planning, Hunter College School of Social Work, City University of New York.

CHAPTER SEVEN



Concerns for Foster Parents

This chapter covers those times when a foster home experiences change for one reason or another. Foster children may leave the foster home due to discharge from foster care or other reasons. Sometimes a child is moved from one foster home to another. A foster home may be reported for child abuse or maltreatment of the children in care, and/or a home may be closed as a foster home. Sometimes foster parents decide not to stay in the foster care program. This chapter provides important information even though some of these situations are rare. Topics covered include:

- When a child leaves a foster home
- When a child is removed from a foster home
- Closing a foster home
- Reopening a foster home
- Deciding whether to stay in the program
- Abuse or neglect of a child in foster care

When a child leaves a foster home*

This section will give you some ideas about how to handle the situation when a foster child leaves your home. Even if you've been through this before, you may learn some tips about making the process as smooth as possible. If you have your own tips, you could share them with other foster parents going through a separation with their foster child. Finally, everyone is different: you may want another foster child right away, or you may want to wait a while.

I've just been told the child is leaving.

The caseworker has just told you your foster child is going to leave. It is important to get your feelings in order before approaching the foster child. Whether you feel joy or grief, you need to talk to the child calmly. If you are feeling very emotional (many foster parents feel this way) and you need to gnash your teeth, *do it in private*. Separation is difficult enough for a child without burdening him or her with your emotions.

Should I tell the child she is leaving?

You and the caseworker need to decide who will tell the child. In some cases the caseworker and child have a close friendship, which will enable the caseworker to do it best. In others the foster mother or father will be the best candidate. If you are doing it, share how you are dealing with it to the caseworker. He or she will want to be supportive and may have hints to help you help the child. Teamwork makes any job a bit easier!

How do I tell the child?

Honesty and kindness are the best rules of thumb. Every situation is different. There is no cut-and-dried rule. Try a calm and simple statement such as "Today the judge said..." and put it in easy-to-understand language for the child. If it is news the child has been anxious to hear, rejoice with the child.

If it is news that the child will be moved to a new foster home or adoptive family, the child may be afraid of the unknown. The child may fear returning to the birth parents. Make positive statements. Do not promise happiness forever. Find positive, truthful things to say, such as "your family has waited a long time for you to come back" or "the caseworker says you will like this new home because..."

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

You are not going to help the child by pointing out all the "terrible" things she will face in her move. If she tells you the things she fears about the move, help her to talk about it. Share her fears with her caseworker. Don't promise that "Dad won't drink anymore" or "your new mother will never spank"—you can't be sure what will happen. You can be positive in saying "your father is trying very hard not to drink" or "your mother is very excited about your coming to live with her" *if you know this to be true*.

Will the child think I don't love him?

Many foster parents have this worry. Of course you should tell the child that you have loved and cared for him. Admit you will miss him (if that is the truth). But keep it calm and leave the sobbing scenes out.

How soon should I tell the child that she is going?

Some moves must be made within a few hours, if the court so decrees. Other times you have several weeks or months. Time helps you to air fears and worries. You must determine how the child might react. Talk it over with the caseworker.

I'm worried about how our family will take the child's move.

Ask your caseworker about this. The caseworker can share how other foster homes have handled this issue. Talking helps everybody concerned, and your family has certainly been involved and concerned—after all, they have lived with the foster child too! The other children in the family may have a grieving period, which will help them accept the fact the foster child is leaving your home.

* This section was adapted from "When a Child Leaves the Foster Home," Tennessee Parent Association. Printed with permission.

How do I pack for the child?

Children are accumulators. Whether the foster child has been with you two weeks or two years, there are items that have become “hers” or “his.” To send a child off with a paper bag of ill-fitting clothes is stripping him of dignity and worth. Take a tour of the house with the child. Tell him you need his help in finding what is his. When the child points to the television or someone else’s toy, calmly say “No, that belongs to the family” or “That is Sarah’s. It stays here.” The child’s own items should go with him, including all clothing and personal items purchased for him while he was living in your home. This tour is appropriate for a child aged three years or older. *It helps make the move definite for the child and you.*

If the child has been with you for any length of time, you should have begun compiling a Lifebook. Send the Lifebook with the child and any other photos or mementos that you have. Do send bits of the child’s past, such as cute things she has said or done, a record of her health and shots, a schedule that may help the family. An older child may resent being packed off with a cardboard box, paper bag, or plastic bag. If so, ask the caseworker if a suitcase can be provided.

What should I send with a baby?

As with an older child, all items purchased for the baby while she was living in your home should go with her when she leaves. It is important to send blankets and sheets with a very small infant, as she has become used to the smells of your linens. Be sure to send favorite toys with an older baby. It is most important to send the baby’s schedule. List any “firsts” for the parents receiving the child, such as first tooth, when sat up or rolled over, etc. Explain how the baby likes to be held or fed. Anything you know that will help the child adjust more quickly to a new home should be shared with the new family.

I can handle it until the moment the child goes out the door.

Try to send the child off with pleasant memories. When the front door closes, feel free to cry or celebrate... whichever applies to your feelings! Then tell yourself you did the best you could. You cared for the child when she needed a parent. She has a brighter future because of you. And now that you’ve had a child leave...you’re a full-fledged foster parent!

When a child is removed from a foster home

A foster child may be removed from a foster home for one of several reasons:

- Health and safety issues.
- Family Court decision.
- Foster parent request.
- Child’s need for a higher level of care.
- Reuniting siblings in the same home.
- Foster home closing.
- Agency decision based on casework factors, e.g., a conflict between the child and foster family, conflict between the birth parents and foster parents, inability of the foster parent to follow the case plan on such matters as counseling or visitation.

If a foster parent requests the removal of a child, the caseworker and foster parent should first meet to try to resolve the issues prompting the removal request. For example, could the situation be improved if the foster parent had respite care? Would tutoring help if the child is falling behind in school? Perhaps the child needs to be more involved in extracurricular or other social activities.

If you feel that the child needs to be removed, give both the agency and child enough time to make an adequate plan. The situation is best handled if done thoughtfully and not in crisis mode.

If the issues cannot be resolved, the foster parent and agency should work together on an appropriate plan for the child. Working together will help ease the transition to another foster home and reduce the child’s anxiety about moving again.

Policy on removal from foster care

The agency can remove a foster child from a foster home without notice if the child's health and safety are at risk. Otherwise, the agency must give the foster parents a 10-day notice that the child will be removed.*

If the agency is planning to remove a foster child from a foster home, the agency is required to do the following:

- Notify the foster parents of the proposed removal in writing at least 10 days before the proposed date. The only exception is a case where the health or safety of the child requires immediate removal from the foster home or when a court orders immediate removal from the foster home.
- Allow the foster parents to request a conference with the agency. At this conference, the foster parent will be told the reasons for the proposed removal and given the opportunity to discuss the reasons why the child should not be removed.
- Hold the conference within 10 days of the date the agency receives the request from the foster parents.
- Send a written notice of the conference to the foster parents and the foster parents' legal representatives, if any, at least five days before the conference date.
- Make a decision no later than five days after the conference and send a written notice of the decision to the foster parents and their legal representative. The decision should also advise the foster parents of their right to a fair hearing.

If there is a conference request, the child will not be removed from the foster home until at least three days after the notice of the decision is sent, or before the proposed effective date of removal, whichever occurs later. For example, if the original proposed date of removal was January 10 and the decision was sent on January 6, the removal date would still be January 10. However, if the original proposed date was January 10 but the decision was sent on January 11, the removal could not take place until January 14.

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

*OCFS regulation 18 NYCRR 443.5(a)(1)

Fair hearing

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

Closing a foster home

A foster home may be closed for one of several reasons:

- At the request of the foster parents.
- When the foster parents who have no children currently placed in their home move out of state.
- When the foster parent/caretaker dies.
- By the agency, for health and safety reasons.
- When the home no longer meets the criteria for certification or approval.

If foster parents do not agree with the decision, they should check their agency's policies on appealing the decision and on reapplying for certification or approval. The agency must specify the reasons for the revocation or refusal to renew the certification or approval in a letter postmarked at least 20 days before the expiration of the certification or approval or the decertification date; and the agency must arrange for the foster parent to meet with the agency to review the decision and the reasons for the agency decision.

Reopening a foster home

To reopen a foster home that has been closed, the agency must do the following:

- Obtain a new application from the foster parents, including a database check through the Statewide Central Register and a check of child abuse and maltreatment information maintained by any other state in which everyone in the home age 18 and over have lived within the five years before applying.
- Complete a criminal history record check in New York State and nationally with the FBI on everyone in the home age 18 and over.
- Update the home study.
- Obtain a physician's written statement about the foster family's health or a physician's report of a medical exam that was completed within the past year.
- Review the evaluation with the foster parent.

If all the standards are met, the foster parents will receive a new certificate or approval letter.

Deciding whether to stay in the program

It is a good idea to regularly assess whether you want to continue being a foster parent. If you feel you need a break, tell your caseworker. It is better to have your foster home on hold rather than close it and have to reapply later.

You may want to leave the program because of a change in circumstances (e.g., retirement, new job, travel, divorce, health problems); difficult relationship with a particular caseworker; agency misrepresented the child; or clash of personalities with the child.

Before you decide to stop being a foster parent, please consider if any of these factors apply to your situation, and talk to your caseworker (or the supervisor if you are having problems with your caseworker). It is likely that the situation can be resolved without your leaving

the program. Respite care or some other service may make all the difference. You may want to talk about your situation with another foster parent. Contact your local foster parent association, or, if you don't have one, start one.

On the other hand, you may decide to stay in the program because being a foster parent:

- Has a positive impact on children in need.
- Has a positive impact on your own family.
- Fulfills a need in the community.

Abuse or maltreatment of a child in foster care

If you suspect that a child in your care is being maltreated or abused by anyone, let the caseworker know immediately. Abuse or maltreatment can be physical, mental, emotional, or sexual, or a child may be failing to thrive. Share your concerns with the child's caseworker so a decision can be made about whether a report should be made to the appropriate authorities.

Certain people and officials are required to make a report (or cause a report to be made) whenever they have reasonable cause to suspect that a child has been abused or maltreated. Known as "mandated reporters," they include caseworkers, childcare workers, mental health professionals, physicians, nurses, and others. Foster parents are not mandated reporters.

However, when a foster parent has reasonable cause to suspect abuse or maltreatment, the foster parent is legally authorized to make a report to the Statewide Central Register of Child Abuse and Maltreatment (SCR). You do not need the consent of the caseworker to make a report if you have reasonable cause to suspect.

Social services workers are required to make a report when *anyone* comes to them and gives information that would lead them to suspect child abuse or maltreatment.

Once a report is made (called in) to the SCR, the local district will assess the allegations and begin an investigation. The person suspected of abusing or neglecting the child is known as the alleged "subject" of the report.

Definitions of child abuse and neglect

Child abuse, neglect, and maltreatment are defined in Section 412 of the Social Services Law and Section 1012 of the Family Court Act as follows:

Abused Child

A child under 18 years old upon whom the parent, guardian or other person legally responsible for his or her care:

1. inflicts or allows to be inflicted serious physical injury or death; or
2. creates or allows to be created a risk of serious physical injury or death; or
3. commits or allows to be committed a sex offense.

Maltreated Child

A child under 18 years old who has had serious physical injury inflicted upon him or her, or is defined as a neglected child.

Neglected Child

A child under 18 years old

1. whose physical, mental, or emotional condition has been impaired or is in imminent danger of being impaired as a result of:
 - a. a legally responsible person's failure to exercise a minimum degree of care in supplying adequate food, clothing, shelter, education, medical, dental, optometrist, or surgical care, and in providing supervision and guardianship.
 - b. a parent, guardian, or other legally responsible person inflicting unreasonable punishment; or abusing drugs and/or alcohol.
2. who has been abandoned by the parent, guardian, or other person legally responsible for his or her care.

When a foster parent is the subject of a report

Foster parents are sometimes reported to the SCR for abuse or maltreatment of the children in their home. If you or a member of your family is suspected of maltreatment or abuse, you will be asked to discuss the allegations with child protective services (CPS) staff.

As the subject of an abuse/maltreatment report, the foster parent, and any other persons named in the report, must receive a notification letter within seven days of the oral report to the SCR. If it is determined that the foster child is not safe, the agency will take steps to protect the child. This may include removing the child from the foster home.

In an investigation, the CPS worker will want to interview you, the child (if old enough), and all children in the home as well as other family members, the birth parents, medical providers, neighbors, friends, etc., about the incident.

Questions may include:

- What happened to the child? Who was supervising the child at the time of the incident?
- Where did the incident occur, and who was physically present at the time of the injury?
- What basic needs of the child went unnoticed or unmet?
- How long did the situation last?
- Has a complete and detailed physical examination of the child been performed? What were the results?
- Was the child treated?
- Who was notified about the incident (e.g., police, doctor, parent, teacher, relative)?

Throughout the investigation, foster parents should expect the caseworker to inform them about what will happen next and when. The investigation must be completed within 60 days of CPS receiving the report.

After the investigation, a determination will be made that the case is either:

- Indicated (there is some credible evidence of the alleged abuse or maltreatment); or
- Unfounded (there is not any credible evidence of the alleged abuse or maltreatment).

If the report is indicated, foster parents will receive a written notice within seven days of the determination, informing them of their right both to request that the report be amended (changed) or expunged (removed) and to a fair hearing. It is important for foster parents to pursue these appeal rights. If a foster parent later applies for certain licenses (e.g., adoptive parent or day care provider) or seeks employment involving the care of children, the SCR will inform the agency or prospective employer of the indicated report if the foster parent has not successfully pursued his or her appeal rights.

Even if the report is unfounded and sealed by the SCR, the agency may recommend actions to correct the specific circumstances that led to the incident or situation and to address the overall quality of care in the foster home. An unfounded report may be unsealed if another report is made citing the same foster parent or child.

A foster parent named in a CPS report should carefully read the notices sent by the CPS at the beginning and end of the investigation that set forth the rights of the foster parent in regard to the report.

Changes in state law that may affect children in your home

Restoration of Parental Rights (Chapter 343, Laws of 2010): Allows the Family Court to reinstate a parent's parental rights after their rights have been terminated and to return the child to the custody and guardianship of the birth parent(s) in certain circumstances. The termination of parental rights must have taken place more than two years earlier and been based on a finding of abandonment, mental illness, mental retardation, or permanent neglect. The child must be at least 14 years of age, still be in foster care, and not have a goal of adoption. There must be clear and convincing proof that it is in the child's best interests to restore parental rights.

Trial Discharges of Youth and Voluntary Return to Care (Chapter 342, Laws of 2010): Allows the Family Court to order (with the child's consent) ongoing and repeated "trial discharges" for youth over 18 years old until they are 21. Youth between 18 and 21 years of age, who have left foster care after age 18 at their own request, may ask the court to return and replace them in foster care within 24 months of the discharge from foster care.

Termination of Parental Rights and Incarcerated/ Inpatient Parents (Chapter 113, Laws of 2010): States that, if a parent is incarcerated or in an inpatient facility for substance abuse, local departments of social service are **not** required to file a petition to terminate parental rights when a child has been in foster care for 15 of the previous 22 months.

Subsidized Kinship Guardianship Assistance (Chapter 58, Laws of 2010): Allows relatives to apply to local departments of social service for an ongoing subsidy outside of foster care or adoption. Relatives can then ask the court to appoint them as guardians. Relatives must be fully certified or approved as foster parents and the children must have lived with the relatives for a minimum period of time. The child's permanency goal may not be return to the parent or adoption and kinship guardianship must be an appropriate permanency option for the child. Effective April 1, 2011.

Rights of Unmarried Partners to Adopt (Chapter 509, Laws of 2010): Amends the standards of who may adopt to include two unmarried adult intimate partners. This codifies previous court decisions that authorized the adoption of a child by two unmarried persons.

CHAPTER EIGHT



Adopting a Foster Child

Sometimes foster parents want to adopt their foster child. The child's permanency goal may already be adoption or it may change to adoption because the parents surrendered their parental rights, or because the agency took the case to court to terminate their parental rights. It may also be adoption when both parents have died, or one has died and it is not necessary for the other parent to consent to adoption. The child must be legally freed for adoption before an adoption can be finalized. This chapter covers topics related to adoption of a foster child by the foster parents:

Deciding to adopt a foster child

Starting the adoption process

Adoption subsidy

Finalizing the adoption

Deciding to adopt a foster child

Some foster parents are certain that they want to adopt the child in their care. Others are not so sure. Such an important decision should be made on a rational basis, not on emotions alone. Even if you feel clear about your decision, answering the following questions may help you find out whether you are ready or not:

- Can I accept the child unconditionally? Can I accept the child's past?
- Can I make a lifetime commitment?
- Have I realistically evaluated the child's needs and problems?
- Do I have the abilities, resources, and energy to meet those needs and face those problems?
- Are other members of the household positive about the idea of adopting?
- What effect will adoption have on our family?
- Should the age and health (of both foster parents and child) be taken into account? If so, who will care for the child if we die or become disabled?
- Does the child have siblings who are also freed for adoption?
- What (if any) will be the child's connection to the birth family?

Before a child becomes legally freed for adoption, talk to the caseworker if you are interested in adopting. As the foster parent, you are entitled to participate in Service Plan Reviews where the child's permanency goals are addressed. You have the right to receive the child's permanency hearing reports, provide input for the reports, and attend the child's permanency hearings. It may also be helpful to talk to other foster parents who have adopted children in their care.

If you choose *not* to adopt, the agency will begin looking for an appropriate adoptive family for the child. During this time, you can help prepare the child for the change; such preparation generally improves the chances that the adoption will be successful.

Note: Even if the plan is to return a foster child home, the caseworker will ask you if you would to adopt the child if he or she cannot be returned home. This is part of concurrent planning (see Glossary, page 70).

Starting the adoption process

You may begin the adoption process while the child is being legally freed for adoption. Talk to your caseworker to make sure that this is a good idea in your case. This includes applying for adoption subsidy (see next section) before the child is legally freed.

Your agency will play a vital role in the adoption process. The authorized agency that has legal custody of the child must give consent before a child can be adopted.

Foster parent preference in adopting

If a legally free child has lived with a foster parent for 12 continuous months or more, the agency must give that foster parent's request to adopt the child preference and first consideration. This means that after the child is legally free for adoption, you can ask the agency for permission to adopt the child. The agency must take your request to adopt into account before it considers allowing any other family to adopt the child. Foster parent preference is not a guarantee that you will be able to adopt the child, however. The agency is still required to make sure that adoption by the foster parent is in the child's best interests.

Declaration of interest in adopting

If you are interested in adopting a legally freed child in your care, you should sign the Declaration of Interest in Adopting. This declaration is written confirmation that the foster parent is interested in adopting the child. Once this is signed, the agency will not have the child photolisted in The Adoption Album, an online listing of children available

for adoption. Any time before finalization, if the foster parents are no longer interested in adopting the child or are disapproved to adopt the child, the child must be photolisted in the Adoption Album. OCFS publishes Adoption Album, which has photographs and brief descriptions of children who are freed for adoption. Some of the children listed in the album are also listed on the OCFS website, www.ocfs.state.ny.us.

Adoption home study

Certification/approval requirements for an adoptive parent are similar to those for a foster parent, with two exceptions related to age and marital status. See Appendix A, “Concurrent certification/approval as an adoptive parent,” page 80.

Unless you were concurrently certified/approved as both a foster and an adoptive parent, the adoption home study focuses on areas that need updating. During the adoption home study, you will be asked questions about yourself, your family, and your home, as well as questions about care of the child. The agency uses this information to decide whether adoption by the foster parents will be in the child’s best interests.

Fingerprinting and SCR database checks

If you did not receive concurrent certification/approval as a foster/adoptive parent, you will need to be re-fingerprinted as part of the adoptive parent approval process, along with any other persons age 18 or over who live in your home.

There also will be a new database check through the SCR and a check of child abuse and maltreatment information maintained by any other state in which anyone in the home age 18 or over has lived within the five years before the application.

Information you should receive

In most cases, an adoption caseworker will be assigned to handle the adoption process. Make sure that you have been given the available medical

history of your foster child and your foster child’s birth parents before you adopt (you should have received this when the child was placed in your home). The history must include psychological information and medical information about conditions or diseases believed to be hereditary; drugs or medication taken during pregnancy by the child’s birth mother; immunizations; medications; allergies; diagnostic tests and their results; and any follow-up treatment given or still needed by the child.

Adoptive Placement Agreement

The Adoptive Placement Agreement (APA) is a form that the foster parent and the agency sign after the foster parent is approved to adopt a foster child who is freed for adoption. By signing the APA, you agree to take care of the child and meet the child’s needs with the intention of adopting, and the agency agrees to carry out its duties concerning the welfare of the child.

The caseworker should discuss the importance of the APA with you before you sign it. Before signing any form, review it carefully and discuss it with your caseworker.

Resources

For statewide information on adopting a foster child, see the *New York State Foster Parent’s Guide to Adoption*. For information on adopting a foster child in New York City, see the *New York City Foster Parent’s Guide to Adoption*. These guides are available in English and Spanish. Your agency may have copies, or you may download and print them from the OCFS website (www.ocfs.state.ny.us). At the home page, click “Publications” and then “Adoption and Foster Care.” You can also click on “Adoption” on the home page for general information on adopting a child.

Adoption subsidy payments

What is an adoption subsidy?

After adoption, foster parents stop receiving foster care board payments. Most foster children are eligible for adoption subsidies, however. An adoption subsidy is a monthly payment made to assist with the care and support of a child who is considered handicapped or hard to place.*

For purposes of adoption subsidy, a handicapped child is a child who has a physical, mental, or emotional condition or disability that is so severe it would make it difficult for the child to be adopted. A hard-to-place child is a child who is not handicapped and who either has been waiting to be adopted for a specific amount of time or is considered difficult to adopt because of certain factors.

For example, a child is considered hard to place if he or she has been in care with the same foster parents for 12 months or more before they sign the Adoptive Placement Agreement. The child has developed a strong attachment to the foster parents while in care, and separation from the foster parents would adversely affect the child's development. Other children who are considered hard to place are children over the age of 10, sibling groups, and children who are members of a minority group that is substantially overrepresented in New York State foster care in relation to the percentage of that group to the state's total population.

A foster parent's income is not considered in determining whether the foster parent will be able to receive an adoption subsidy. That is, the amount of money you earn does not affect whether you can receive an adoption subsidy. Depending on the district, the amount can be 75% to 100% of the board rate. In almost all cases, Medicaid for the child will be included.

* OCFS regulations 18 NYCRR 421.24(a)(2) and (3) outline which children are eligible for handicapped and hard-to-place adoption subsidies.

Adoption Subsidy Agreement

To be able to receive an adoption subsidy, a foster parent must enter into an adoption subsidy agreement with the agency or social services district *before the child is adopted*. Be sure to ask the adoption caseworker about this sometime after the decision to adopt and before finalization.

One exception to this requirement is when the child had a condition or disability that the adoptive parent was not aware of before the adoption, and a physician certifies that the condition or disability existed before completion of the adoption and that the condition or disability satisfies the definition of a handicapped child. If that is the case, you can apply for the subsidy after finalization.

Rates of payment

A subsidy can be paid at one of three rates: Normal/Basic, Special, or Exceptional. The rates are based on the child's situation at the time the foster parent applies for the adoption subsidy. Depending on the district, the amount can be 75% to 100% of the board rate.

Refusing an adoption subsidy

Prospective adoptive parents may choose to refuse the adoption subsidy even though the child may be eligible for one. This may occur for different reasons, such as:

- There is no perceived need for the subsidy.
- The child appears healthy physically and emotionally.

Some adoptive parents may choose to receive only Medicaid and not an adoption subsidy, even though they are eligible for one.

Reimbursement of nonrecurring adoption expenses

If you are adopting a child who has special needs, you are also eligible for reimbursement of nonrecurring adoption expenses up to \$2,000 for each child in an adoptive placement. A nonrecurring adoption expense is a onetime payment of money that is directly related to and necessary for the adoption of a foster child with special needs. Expenses that may be reimbursed include home study fees, attorney fees, charges for the replacement of the birth certificate, and travel costs for visits to the child (including mileage, lodging, and meals). Some expenses over the amount of \$2,000 may be tax-deductible.

These expenses are reimbursed only *after* the child is adopted. If the adoption is not finalized, the expenses will not be reimbursed. Be sure that you:

- Sign and date the nonrecurring adoption expenses agreement before completion of the adoption.
- Save all receipts for adoption-related expenses.
- Submit the receipts to the agency within two years of the date of the final adoption decree.

Income tax credit

You may be able to take a federal tax credit for the expenses involved in adopting an eligible child. You also may be able to exclude certain expenses from your gross income. The credit and exclusion for qualifying adoption expenses are each subject to a dollar limit and an income limit. Qualified adoption expenses include adoption fees, attorney fees, court costs, travel expenses while away from home, and readoption expenses relating to the adoption of a foreign child.

For more information, see www.irs.gov/taxtopics/tc607.html.

Finalizing the adoption

To finalize the adoption, you will need to petition the court and ask the judge to issue an order of adoption. The agency and your attorney (lawyer) will help you. The steps for foster parents are as follows:

1. Hire a lawyer.
2. Help put together the adoption packet to send to court.
3. Keep track of the adoption case.
4. Go to court on finalization day.

Hiring a lawyer

You may contact a lawyer to proceed with adoption after the Adoptive Placement Agreement is signed. If your foster child is legally free for adoption, you should contact a lawyer as soon as possible; it is a good idea to hire a lawyer who is familiar with the adoption process. You may begin the adoption finalization process, but be sure to find out if there is an appeal to the termination of parental rights pending in the court. All such appeals must be resolved before an adoption can be finalized.

If your foster child is not yet legally free for adoption or is in the process of being freed, you can contact a lawyer and get advice about the adoption process. However, if your lawyer works on your case and your child does not become free for adoption, the lawyer might still charge a fee for the work that he or she has done. This fee will not be reimbursable as a nonrecurring adoption expense.

The lawyer will complete the petition to adopt and file it with Family Court or a Surrogate Court, along with the necessary documents.

The adoption packet

Your lawyer will have to submit an adoption petition and other documents to court that the judge needs to finalize the adoption. The adoption petition and other documents are often called the “adoption packet.” The adoption packet contains information about the type of family that wants to adopt the foster child. The judge will require information about your home, how you live, who lives with you, and who spends time with the child.

The packet may have the following types of information about you:

- General information—name and address, age, religion, occupation, income.
- Marital status.
- Medical reports.
- Criminal history records check results.
- SCR database checks results.

It will also include information about the birth parents.

When you have made the decision to adopt your foster child, ask your caseworker or lawyer what type of documents you will need and how to find them if you don’t already have them. Examples are your marriage certificate or divorce decree. If you are having problems getting them, tell your caseworker and lawyer immediately. They should help you get the documents you need so that your adoption will not be delayed. In addition, the local district must also submit its own documents to the court.

Keeping track of the adoption case

Remember, *you* are the petitioner in the case. You begin the court finalization process by having your lawyer file the adoption packet in court. You have the right to follow up with your lawyer and the agency to make sure everyone is doing his or her part. You can check on the progress of the adoption by contacting your caseworker or your lawyer.

Going to court on finalization day

After the judge has decided that you can adopt your foster child, a day will be scheduled for you and your foster child to go to court. To help your finalization go smoothly, you should arrive at court early. It is also helpful to know ahead of time what room you should go to and the name of the judge you will be seeing. Your lawyer should be able to give you this information.

Congratulations! You have accomplished your goal and are providing a permanent home for a child.

Post-Adoption Services

Some agencies offer post-adoption services to help adoptive parents make the transition to adoption. Local districts are obligated to provide these services for up to three years from finalization. The need for support is normal and understandable and is not limited to the initial time period (up to three years). Post-adoption services include support groups where adoptive parents can come together and share their feelings and thoughts about adoption. They also include counseling for the adoptive parent, the adoptive child, and other family members. Most services are free. If you are interested, speak with your caseworker about the post-adoption services available in your local district or agency or offered by community service providers.

The statewide organization below offers information on foster parenting and adoption.

New York State Citizens' Coalition
for Children, Inc.

501 Fourth Street
Brooklyn, NY 11215

Telephone: (607) 272-0034

Fax: (718)-785-9599

E-mail: info@nysccc.org

Website: www.nysccc.org

GLOSSARY

This glossary is provided to help you become familiar with terms used by casework staff, attorneys, judges, and others. It includes terms that do not appear in the text of the manual.

Certain terms are defined in this Glossary by statutory or regulatory language. Citations for the statute or regulation appear in parentheses. Abbreviations are as follows:

FCA—Family Court Act

SSL—Social Services Law

DRL—Domestic Relations Law

NYCRR—New York State Codes, Rules and Regulations

Abandonment—A child is “abandoned” by his or her parent if such parent evinces (shows) intent to forego his or her parental rights and obligations. Such intent is manifested by his or her failure to visit the child and communicate with the child or agency, although able to do so and not prevented or discouraged from doing so by the agency. For the purpose of termination of parental rights, the period must be 6 months. [FCA §1012; SSL §384-b(5)]

Abused Child—A child less than 18 years of age whose parent or other person legally responsible for his or her care:

- (i) inflicts or allows to be inflicted upon such child physical injury by other than accidental means which causes or creates a substantial risk of death, or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ; or

- (ii) creates or allows to be created a substantial risk of physical injury to such child by other than accidental means which would be likely to cause death or serious or protracted disfigurement, or protracted impairment of physical or emotional health or protracted loss or impairment of the function of any bodily organ; or
- (iii) commits, or allows to be committed, an act of sexual abuse against such child as defined in the penal law. [FCA §1012(e)]

Adoption—A legal procedure that transfers responsibilities for a child from the birth parents to the adoptive parents. The adoptive parent assumes full parental legal rights and responsibilities for the child. [DRL §117]

Adoption Planning—A procedure begun by an agency for a child once the guardianship and custody of the child has been transferred from the birth parents to the agency. This process includes identifying the needs of the child, selecting a potential adoptive family, completing a home study of that family, beginning the placement process, supervising the placement, and finalizing the adoption. Such planning may be going on at the same time as planning to return the child home (see *Concurrent Planning*).

Adoption Subsidy—A monthly payment made to adoptive parents who have adopted a child who meets New York State eligibility standards as either a handicapped or hard-to-place child (see also *Handicapped Child* and *Hard-to-place Child*). This financial assistance generally begins after the finalization of the adoption (but may begin before finalization for adoptive parents who were not the child’s foster parents, or otherwise certified or approved as foster parents) and continues until the child reaches the age of 21, as long as the adoptive parent continues to provide any support for the child and remains legally responsible to support the child. The amount can vary from case to case and is calculated based on a formula approved by New York State and the specific county. [SSL §453]

Adult Permanency Resource—A caring, committed adult who has been determined by a social services district to be an appropriate and acceptable resource for a youth and is committed to providing emotional support, advice, and guidance to the youth and to assist the youth as the youth makes the transition from foster care to responsible adulthood. [18 NYCRR 430.12 (f)]

Allegations—Statements in a report of suspected child abuse/ maltreatment that have not yet been proven.

Another Planned Living Arrangement (APLA)—Formerly known as Independent Living, APLA is a permanency planning goal to assist foster care youth in their transition to self-sufficiency by connecting the youth to an adult permanency resource, equipping the youth with life skills, and, upon discharge, connecting the youth with any needed community and/ or specialized services. [18 NYCRR 430.12 (f)]

Approved Foster Home—A home that has received approval to provide foster care for a *specific* child by a relative within the second or third degree to the parent(s) or stepparent(s) of the child after an agency home study finds that the home has met approval requirements. [18 NYCRR 443.1(f)]

Assessment—The process through which the agency gathers the information it needs to form a case (service) plan to help preserve the family, or otherwise provide permanency for a child. See *Case Plan*.

Best Interests of the Child—The best possible decision from the available options for the child—taking into account his or her physical, psychological, cognitive, and emotional needs. This term, undefined in statute, is used by Family Court, for example, to justify child removals [also called “contrary to the (child’s) welfare” (CTW)] and by agencies in bringing a petition to terminate parental rights.

Birth Family—The family to whom the child was born. The birth family is the child’s biological family.

Case Plan—A description of the specific steps that will be carried out to address the reasons for the child’s placement, based on the information the agency has gathered about a family. The case plan describes: 1) what the birth parents will do to develop strengths and meet needs; 2) what the caseworker will do to help the birth parents and child; 3) what others, including foster parents, will do to help the birth parents and child; and 4) when the case plan’s goals will be met. This includes planning for services to meet the needs of the child and family.

Case Consultation—A discussion held to prepare for a permanency hearing unless a Service Plan Review will occur within 60 days of the date certain for a permanency hearing. The purpose is to assist with development of the permanency hearing report and to address case issues such as progress, status, safety, appropriateness of placement and permanency goal, service plan, and visiting plan. Participants must include the case planner/ caseworker, birth parent, child age 10 and older if in the child’s best interests, and foster parent, pre-adoptive parent, or relative/other person with whom the child is placed by the court. [18 NYCRR 428.9(b)]

Certified Foster Home—A home that has received a certificate to provide foster care after an agency home study finds that the family meets the certification requirements. The certificate limits the number of children to be placed in the home and states any restrictions on child characteristics. [18 NYCRR 443.1(b) and (j)]

Child Protective Services (CPS) Worker—A local social services district worker who conducts investigations to determine if a child has been abused or maltreated and if there is risk of future abuse or maltreatment in the household where the child is living or may go to live. If the CPS worker determines that the child is unsafe or in immediate or impending danger, he or she may remove the child from the home or otherwise provide interventions to keep the child safe.

Concurrent Planning—Planning that works toward returning the child home while *simultaneously* developing an alternative permanency plan for the child. Concurrent planning engages the child’s parent(s) in the process and is done with full disclosure to them.

Confidentiality—Confidential information includes information furnished by foster parents, the agency, the caseworker, the child, or the child’s birth family. It may concern the family background of the child, the child and family’s medical history and condition, and/or the services being provided to the child. It addresses client-identifiable information whether verbal, written, or electronic in the possession of the foster parent.

Court Hearing—Formal legal proceeding at which the court hears evidence and oral argument by the parties.

- **Initial appearance hearing**—First hearing in Family Court after the filing of a petition that allows the respondent to admit or deny the allegations contained in the petition.
- **Fact-finding hearing**—A formal legal proceeding at which the court hears evidence and oral argument by the parties regarding allegations in a petition.
- **Dispositional hearing**—The hearing to determine what should be done for the child. This follows a fact-finding that the child is abused, neglected, committed an act of juvenile delinquency or is a PINS.
- **Permanency hearing** (see *Permanency Hearing*)

Court Order—Written or oral directive of the court requiring a party to take a particular action or refrain from taking an action. An oral order of the court is only effective if made in open court and on the record.

Custody—Can be divided between physical and/or legal custody. Physical custody means that you are caring for the child in your home. Legal custody gives you the legal right to make certain decisions on behalf of the child.

Examples of physical responsibility are food, shelter, and necessary transportation. A foster child is in the physical custody of the foster parent but not the legal custody. A foster child is in the care and custody of the Commissioner of the local social services district. A child who is freed for adoption is also in the custody and guardianship of the Commissioner of the local district.

Date Certain—A specific day set by the court when a permanency hearing will be held. The court must set a date certain for each initial and every subsequent permanency hearing. See also *Permanency Hearing*.

Diligent Efforts—Attempts by an agency to assist, develop, and encourage a meaningful relationship between the child and his or her parents. Examples are assessing what services the family needs, providing or arranging for those services, and making arrangements for child/parent visits.

Diligent Search—The attempt to locate a missing mother, legal or alleged father, or legal guardian of a child placed in foster care. The purpose is to locate and involve missing parents in the planning process or to free the child for adoption. It may be necessary to decide how to handle notifying the parent(s) about an upcoming court proceeding. This term also applies to attempts to locate and notify a child’s relatives when a child is removed from the custody of his or her parent(s), pursuant to state and federal law.

Disruption—When foster parents decide they are unable to continue caring for a particular child (for a variety of reasons) and that child must leave their home. The term “disruption” is also used when a child’s behavior or circumstances lead to the child being moved from his or her placement. With regard to an adoption, a disruption is when the child has been placed for adoption, and the child leaves the pre-adoptive home before finalization.

Emergency Placement—Placement of a child who has been removed from his or her home on an emergency basis. An emergency placement may be made with no prior notice and is temporary until a regular foster home can be identified or the child is returned to his or her home. In some counties, foster parents who are willing to take emergency placements are designated as emergency foster homes. (The term is also used to describe placing a child in an “emergency” foster home that has not been fully and finally certified or approved—most often a relative home.)

Extension of Placement—Continuation of the original placement order after review by the court in PINS and JD cases.

Family Court—A court designated to hear matters related to family members. This court handles abuse and neglect proceedings and reviews voluntary placements, PINS (see *Person in Need of Supervision*) and JD (see *Juvenile Delinquent*) cases, termination of parental rights, child support, paternity, adoption, guardianship, custody, and family offenses.

Finalization—The final step of the adoption process. The attorney, on behalf of the adoptive parents, files the appropriate legal documents, including the adoption petition, to finalize the adoption. A court hearing is set and a pre-finalization home study is completed. After the court hearing, the custody and guardianship of the child are legally transferred to the adoptive parents.

Finding—What the court determines the facts of the case to be, based on the evidence presented.

Foster Care—Foster care of children means all activities and functions provided concerning the care of a child away from his or her home 24 hours per day in a foster family free home or a duly certified or approved foster family boarding home or a duly certified group home, agency boarding home, child care institution, health care facility, or any combination thereof. [18 NYCRR 427.2(a)]

Freed for Adoption—When a foster child’s custody and guardianship are committed to an authorized agency through a surrender or a termination of parental rights proceeding based on grounds of abandonment, permanent neglect, mental illness or mental retardation, severe or repeated abuse, or death. This also includes a child whose parent or parents have died during the period in which the child was in foster care and for whom there is no surviving parent whose consent to adoption of the child would be required. [SSL §383-c, 384, 384-b and FCA §1087(b)]

Guardianship—Physical and legal responsibility of a child granted to a person or authorized agency to act as parents by court order. Guardianship may be granted by the court when parental rights have been suspended or terminated. Generally, a person can be designated a guardian of the person, of the property,

or both. A guardian of the person has the right to make decisions concerning the individual. The care, custody, and control of the individual is also usually (although not necessarily) granted to the person as well. A guardian of the property is a person who can make decisions concerning the property of the individual. (FCA § 661)

Handicapped Child—A child who possesses a specific physical, mental, or emotional condition or disability of such severity or kind which, in the opinion of the department, would constitute a significant obstacle to the child’s adoption. Such conditions include, but are not limited to:

- (i) any medical or dental condition which will require repeated or frequent hospitalization, treatment or follow-up care;
- (ii) any physical handicap, by reason of physical defect or deformity, whether congenital or acquired by accident, injury, or disease, which makes or may be expected to make a child totally or partially incapacitated for education or for remunerative occupation, as described in sections 1002 and 40010f of the Education Law; or makes or may be expected to make a child handicapped, as described in section 2581 of the Public Health Law;
- (iii) any substantial disfigurement, such as the loss or deformation of facial features, torso, or extremities; or
- (iv) a diagnosed personality or behavioral problem, psychiatric disorder, serious intellectual incapacity or brain damage which seriously affects the child’s ability to relate to his peers and/or authority figures, including mental retardation or developmental disability. (18 NYCRR 421.24) See also *Special Needs*.

Hard-to-Place Child—A child, other than a handicapped child:

- (i) who has not been placed for adoption within six months from the date his or her guardianship and custody were committed to the social services official or the voluntary authorized agency; or
 - (ii) who has not been placed for adoption within six months from the date a previous adoption placement terminated and the child was returned to the care of the social services official or the voluntary authorized agency; or
 - (iii) who meets any of the conditions listed in clauses (a) through (f) of this subparagraph, which the department has identified as constituting a significant obstacle to a child's adoption, notwithstanding that the child has been in the guardianship and custody of the social services official or the voluntary authorized agency for less than six months:
 - (a) the child is one of a group of two siblings (including half-siblings) who are free for adoption and it is considered necessary that the group be placed together pursuant to 18 NYCRR 421.2(e) and 421.18(d); and
- (1) at least one of the children is five years old or older; or
 - (2) at least one of the children is a member of a minority group which is substantially overrepresented in New York State foster care in relation to the percentage of that group to the State's total population; or
 - (3) at least one of the children is otherwise eligible for subsidy in accordance with the provisions of this subdivision
 - (b) the child is the sibling or half-sibling of a child already adopted and it is considered necessary that such children be placed together pursuant to 18 NYCRR 421.2(e) and 421.18(d) ; and
 - (4) the child to be adopted is five years old or older; or
 - (5) the child is a member of a minority group which is substantially overrepresented in New York State foster care in relation to the percentage of that group to the State's total population; or
 - (6) the sibling or half-sibling already adopted is eligible for subsidy or would have been eligible for subsidy if application had been made at the time of or prior to the adoption;
 - (c) the child is one of a group of three or more siblings (including half-siblings) who are free for adoption and it is considered necessary that the group be placed together pursuant to 18 NYCRR 421.2(e) and 421.18(d) ; or
 - (d) the child is eight years old or older and is a member of a minority group which is substantially overrepresented in New York State foster care in relation to the percentage of that group to the State's total population; or
 - (e) the child is 10 years old or older; or
 - (f) the child is hard to place with parent(s) other than his/her present foster parent(s) because he/she has been in care with the same foster parent(s) for 12 months or more prior to the signing of the adoption placement agreement by such foster parent(s) and has developed a strong attachment to his/her foster parent(s) while in such care and separation from the foster parent(s) would adversely affect the child's development. [18 NYCRR 421.24(a)(3)] See also *Special Needs*.

Home Study—The process of gathering information to determine if prospective foster parents can be certified or approved to care for a foster child, or prospective adoptive parents can be approved to adopt a child. Agency workers (usually called homefinders) visit the home and collect detailed information about the applicants as well as other household members and potential caregivers for the child. Background checks relating to criminal history and Statewide Central Register (SCR) of Child Abuse and Maltreatment reviews are required, as are family health exams. The worker submits a report to agency, describing the home environment, background, social history, and current makeup of the family.

Indicated—A child abuse/maltreatment report that has “some credible evidence” to support the allegations. [SSL § 412(12) and 18 NYCRR 433.2(c)]

Investigation (of a CPS report)—Gathering of facts by a Child Protective Services (CPS) worker based on the state’s requirements for home visits, interviews, collateral contacts, etc., to determine whether there is some credible evidence that the subject of the report abused or maltreated the child.

Juvenile Delinquent (JD)—A youth over 7 and less than 16 years old, who commits an act that would be a “crime” if he or she were an adult. (FCA §301.2.)

Law Guardian (Child’s Attorney)—An independent attorney appointed by Family Court and paid by the county to solely represent the child’s interests. Each child in care is appointed his or her own law guardian by the court.

Lifebook—A combination of a story, diary, and scrapbook that has information about a foster child’s life experiences, with such items as pictures of birth family and foster families, report cards, souvenirs of special events, and medical history. A Life Book should be started when children first come into care. Life Books are best developed in partnership by the foster parents, birth parents, caseworker, and child. Children take their Life Books with them when they are discharged from foster care.

Life Skills Services (Independent Living Services)—Services designated to assist foster care youth and former foster care youth to prepare for employment and post-secondary education, and to make the transition to responsible adulthood. Life skills services include, but are not limited to: preventive health and wellness, education and support, vocational/career planning, employment skills, budgeting and financial management, after care services, and supervision until 21 years of age, and accessing community resources. Independent Living Services may include structured programs of vocational training, life skills instruction. See also *Another Planned Living Arrangement*.

MAPP/GPS Training—A training program for prospective and new foster/adoptive parents that teaches skills for successful foster/adoptive parenting through role playing and other group techniques. The approach encourages open communication and trust by working in partnership with birth families and caseworkers. MAPP/GPS stands for Model Approach to Partnerships in Parenting/Group Preparation and Selection.

Neglected (or Maltreated) Child—A child less than 18 years of age:

- (i) whose physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as a result of the failure of his parent or other person legally responsible for his or her care to exercise a minimum degree of care:
 - (a) in supplying the child with adequate food, clothing, shelter, education, medical or surgical care, though financially able to do so or offered financial or other reasonable means to do so; or
 - (b) in providing the child with proper supervision or guardianship, by unreasonably inflicting or allowing to be inflicted harm, or a substantial risk thereof, including the infliction of excessive corporal punishment; by misusing a drug or drugs; by misusing alcoholic beverages to the extent that he loses self-control of his actions; or by any

other acts of a similarly serious nature requiring the aid of the court; provided, however, that where the respondent is voluntarily and regularly participating in a rehabilitative program, evidence that the respondent has repeatedly misused a drug or drugs or alcoholic beverages to the extent that he or she loses self-control of his or her actions shall not establish that the child is a neglected child in the absence of evidence establishing that the child's physical, mental, or emotional condition has been impaired or is in imminent danger of becoming impaired as set forth in paragraph (i) of this subdivision; or

- (ii) who has been abandoned by his/her parents or other person legally responsible for his/her care.

[SSL § 412(2) and FCA § 1012(f)]

No Reasonable Efforts—A finding by the court that reasonable efforts are not required or no longer required to return the child home after being placed in foster care due to certain circumstances, which are spelled out in the law. [FCA § 1039-b] See also *Reasonable Efforts*.

Notification Letter—A letter required by state law that informs the parents or caregivers that they have been named as a subject or other person in a report of suspected child abuse or maltreatment made to the Statewide Central Register of Child Abuse and Maltreatment (Child Abuse Hotline). The letter must contain the Register number, report I.D. number, and date of the report. A different notification letter informs the subject or other person named in a report of the determination of the investigation (see *Indicated* and *Unfounded*).

Permanency Hearing—A hearing held for the purpose of reviewing the foster care status of the child and the appropriateness of the permanency plan developed by the social services district or agency. The standards for permanency hearings for abused or neglected children, children voluntarily placed in foster care, and completely freed foster children are set forth in Article 10-A of the Family Court Act. The initial hearing must be held no later than eight months after removal, and subsequent permanency hearings must be held every six months thereafter. When a child is freed for adoption at a court hearing, the initial freed child permanency hearing must be held within 30 days unless the court determines that it should be held immediately upon completion of the hearing at which the child was freed, provided adequate notice has been given. (FCA § 1089) Timing of permanency hearings differ for children placed as PINS or JDs (unless they are completely freed for adoption) and are generally held annually.

Permanency Hearing Report—A report submitted by the social services district or agency to the court and the parties prior to each permanency hearing regarding the health and well-being of the child, the reasonable efforts that have been made since the last hearing to promote permanency for the child, and the recommended permanency plan for the child. [FCA § 1087(e)] The child's current foster parents are entitled to provide input into the report and receive a copy of the report 14 days before the hearing.

Permanency Planning—Planning by agencies to protect a child's right to grow up within a permanent family. Agencies develop plans to place children in living situations that are safe, will meet their needs, and give them stability for the longest period of time.

Person In Need of Supervision (PINS)—A youth less than 18 years old who is habitually truant or who is incorrigible, ungovernable, or habitually disobedient, and beyond the lawful control of a parent or other person legally responsible for the youth's care, or other lawful authority. [FCA §712(a)]

Person Legally Responsible—Child's custodian, guardian, or any other person responsible for a child's care. [FCA §1012(g)]

Petition—Formal written application to the court requesting action by the court.

Placement Order—An order made by a court granting the custody of a child to an agency.

Preventive Services—Those supportive and rehabilitative services provided to children and their families for the purpose of: averting a disruption of a family which will or could result in placement of a child in foster care; enabling a child who has been placed in foster care to return to his or her family at an earlier time than would otherwise be possible; or reducing the likelihood that a child who has been discharged from foster care would return to such care. [18 NYCRR 423.2(b)]

Reasonable Efforts—A finding by the court that reasonable efforts were made to prevent a child's removal from his or her home, or that reasonable efforts were made to enable a foster child to safely return home (or to finalize the child's permanency plan if it is not to return home). In both cases, the health and safety of the child are the paramount concern in determining reasonable efforts. [FCA § 1039-b] See also *No Reasonable Efforts*.

Relatives Within the Third Degree—Relatives who may be approved as foster parents, including those who are related to the parent(s) or legal step-parent(s) through blood or marriage in the first, second, or third degree of the kinship line. *In relation to the child*, they are: grandparents and great-grandparents; aunts and uncles and their spouse; siblings and their spouse; first cousins and their spouse; great-aunts and great uncles and their spouse; and great-great grandparents. In addition, a person who is unrelated to a child may be approved to be a relative foster parent to that child if the person is related to the child's half-sibling(s) and such approval will allow the half-siblings to remain together. [18 NYCRR 443.1(i)]

Report (Child Abuse/Maltreatment)—Information submitted to the Statewide Central Register (SCR) of Child Abuse and Maltreatment concerning a child who has allegedly been abused or maltreated.

Respite Care—The provision of brief, temporary care and supervision of children for the purpose of relieving parents or foster parents of the care of such children or foster children when the family or foster family needs immediate relief in order to be able to maintain or restore family functioning or to provide relief for foster parents from the stress of providing care for a severely handicapped or emotionally disturbed foster child or for a foster child with a chronic or recurring illness. [18 NYCRR 435.2(d)]

Recertification and Reapproval—The annual process of reviewing the certified or approved status of a foster home when the family wishes to remain eligible to care for foster children.

Reunification—When a child returns from foster care to live with his or her birth family.

Self-Concept—How an individual feels about who he or she is. Children who have been sexually or physically abused or neglected often blame themselves for their families' problems. Sometimes it is hard for children who have been treated badly to feel good about who they are. Their self-concept is poor. Foster parents should help children and youth understand and feel good about who they are, including their cultural, racial, and religious identities.

Service Plan Review (SPR)—A periodic formal meeting to review how each case of a child in foster care is progressing. The purpose of the case review is to address whether the family and others are taking the steps they agreed to in the service plan and whether the child will be able to live in a safe, permanent home by returning home, living with relatives, being freed for adoption, or being discharged to another planned living arrangement with a permanency resource. The review must occur between 60 to 90 days from removal (or no later than 90 days from placement for PINS and JDs) and every six months thereafter. Participants discuss progress toward the service plan and revise the plan if necessary. Participants may include the caseworker (required), supervisor, birth parent, foster parent, child (age 10 and up, or younger if able to participate), and third party reviewer (required) who is an agency staff member who is not involved with the case. [OCFS regulations 18 NYCRR 428.9 and 18 NYCRR 430.12(c) (2)]

Service Plan—See *Case Plan*.

Source (of report)—Person who has reasonable cause to suspect child abuse or maltreatment and calls the Statewide Central Register (SCR) of Child Abuse and Maltreatment to make a report.

Statewide Central Register of Child Abuse and Maltreatment (SCR) (Hotline)—The register administered by the New York State Office of Children and Family Services that operates 24 hours a day, seven days a week for the purpose of receiving reports of suspected child abuse or maltreatment in various settings, including families, foster care, or day care. Upon receiving the report, the SCR transmits it to the CPS unit in the appropriate local social services district or State agency for investigation.

Strengths—The skills, resources, qualities, and experiences that are part of each person. Foster parents should look for and recognize strengths in themselves, children, and birth parents. Identifying strengths helps in understanding and appreciating others and in gaining insight into a person's life and behaviors. Part of seeing a person's strengths lies in seeing that person in a positive light.

Subject of a Report—Any of the following persons who are allegedly responsible for causing injury, abuse, or maltreatment to, or allowing injury, abuse, or maltreatment to be inflicted on, a child named in a report to the Statewide Central Register (SCR) of Child Abuse and Maltreatment:

- (i) a child's parent or guardian;
- (ii) a director, operator, employee, or volunteer of a home or facility operated or supervised by an authorized agency, the Office of Children and Family Services, or an office of the Department of Mental Hygiene or a family day-care home, a day-care center, a group family day-care home or a day services program;
- (iii) a consultant or any person who is an employee or volunteer of a corporation, partnership, organization or any governmental entity which provides goods and services pursuant to contract or other arrangement which provides for such consultant or person to have regular and substantial contact with children; or
- (iv) any other person 18 years of age or older legally responsible for a child, including the child's custodian, guardian, and any person responsible for the child's care at the relevant time. Custodian may include any person continually or at regular intervals found in the same household as the child when the conduct of such person causes or contributes to the abuse or maltreatment of the child. [SSL §§412(4) and 412-a(8); 18 NYCRR 432.1(d)]

Substantiated (Indicated)—Found to have some credible evidence of abuse or maltreatment. Allegations are substantiated (or unsubstantiated); reports are indicated (or unfounded).

Summons—A document issued by the court, usually handed in person, notifying the person to appear in court at a day specified to answer a petition.

Surrender—A signed and notarized document transferring custody and guardianship of the child from a birth parent to an authorized agency official. In the case of a child in foster care, usually the child is voluntarily surrendered to the local commissioner of social services, who is empowered to consent to adoption. The birth parent who executes the surrender no longer has the right to consent to or veto the child's adoption, nor the right to visit or plan for the child. An exception to this is a conditional surrender, in which the birth parent designates someone who can adopt the child and/or provide contact between the birth parent and the child after the surrender and after the adoption of the child. A surrender can be judicial (executed before a judge) or extra-judicial (executed by the parent with two witnesses in the presence of a notary public).

Termination of Parental Rights (TPR)—

Involuntary commitment of the guardianship and custody of a child from the birth parent to an authorized agency by a court proceeding. Grounds for termination of parental rights include abandonment, permanent neglect, mental illness or mental retardation of the parent, severe or repeated abuse of the child, or death. Each ground has specific statutory standards when the court may terminate parental rights. For example, in a TPR based on permanent neglect, a court determines when a child has been in foster care for one year, or the child has been in foster care for 15 of the most recent 22 months, that the parents have failed to substantially and continuously or repeatedly maintain contact with or plan for the future of the child, although physically and financially able to do so, even though the agency has made diligent efforts to encourage and strengthen the parental relationship. When a court determines that a child was severely or repeatedly abused and reasonable efforts are no longer required, a TPR petition may be filed immediately. [SSL §384(b)]

Unfounded (Unsubstantiated)—A report that has been determined by CPS where CPS has not found that some credible evidence of the alleged abuse or maltreatment exists. [18 NYCRR 432.1(f)] Allegations are substantiated (or unsubstantiated); reports are indicated (or unfounded).

Uniform Case Record (UCR)—A means of documenting case assessment and service planning through its various forms (e.g., progress notes, service plans, and plan amendments). The UCR provides a structure to help guide agency efforts at permanency planning and to record such efforts, thereby giving caseworkers a useful tool in working with families and children. (18 NYCRR Part 428)

Appendix A

Certification and Approval of Foster Homes

Children who are placed in foster boarding homes are subject to standards set by New York State laws and regulations governing those homes. These standards are summarized in this appendix.

According to the regulations, a home study must evaluate the prospective foster parent's ability to address the child's health and safety. The prospective foster home must be evaluated and determined to meet basic physical, health, and safety requirements.

In addition to meeting specific standards for the resources they provide, prospective foster parents must demonstrate motivation and willingness to cooperate with the agency or district in providing needed services and carrying out the foster child's permanency plan.

Homefinders visit prospective foster parents at home and collect detailed information about the applicants as well as other household members and potential caregivers for the child. In general, prospective foster parents are asked about their:

- Experience with raising children.
- Experience with issues of child abuse or neglect.
- Approach to discipline.
- Awareness of the importance of measures that provide a safe environment for children.
- Awareness of the potential impact of foster parenting on family members and the family's current life style.
- Ability and interest in being a partner in carrying out the permanency plan for children placed in their home.

Criteria for certification or approval

Foster homes are "certified" (the term used for non-relative homes) or "approved" (the term used for relatives) according to the same standards.

A home study and evaluation of the members of the foster family household or the relative's family household must determine compliance with all of the following criteria for certification or approval:

Age. Each foster parent must be over the age of 21.

Health. Each member of the household of the foster family must be in good physical and mental health and free from communicable diseases. However, physical handicaps or illness of foster parents or members of their household must be a consideration only as they affect the ability to provide adequate care to foster children or may affect an individual child's adjustment to the foster family. Cases must be evaluated on an individual basis with assistance of a medical consultant when indicated. A written report from a physician on the health of a family, including a complete physical examination of the applicant, must be filed with the agency initially and biennially thereafter. Additional medical reports must be furnished upon the request of either the agency worker or the foster parent.

Employment. Employment of a foster parent outside the home must be permitted when there are suitable plans for the care and supervision of the child at all times, including after school and during the summer. Such plans must be made part of the foster family record and must receive prior agency approval, unless only one of the two foster parents is working outside the home.

Marital status. The marital status of an applicant may be a factor in determining whether or not a certification or approval will be granted only as it affects the ability to provide adequate care to foster children. Changes in marital status must be reported to the authorized agency. Upon reporting changing

in marital status, existing certificates or letters of approval may be revoked, and new certificates or letters of approval may be issued consistent with the best interests of the child.

Character. Each applicant for certification or approval must be required to provide the agency with the names of three persons who may be contacted for references. The agency must seek signed statements from these individuals attesting to the applicant's moral character, mature judgment, ability to manage financial resources, and capacity for developing a meaningful relationship with children, or interview the individuals in person.

Ability and motivation. The agency must explore each applicant's ability to be a foster parent and must discuss the following topics:

- The reasons a person seeks to become a foster parent.
- The understanding of the foster parent role, including the responsibilities of foster parents in relation to the child, the agency, and the family.
- The person's concerns and questions about foster care services.
- The person's psychological readiness to assume responsibility for a child and his/her ability to provide for a child's physical and emotional needs.
- The agency's role and authority to supervise the placement.
- The attitudes that each person who would be sharing living accommodations with the child in foster care has about foster care and his/her concept of a foster child's role in the family.
- The awareness of the impact that foster care responsibilities have upon family life, relationships, and current life style.
- The principles related to the development and discipline of children and the need of each child for guidance, a supportive relationship, appropriate stimulation, and the opportunity to identify with a parent or surrogate whose history reflects a value system that is socially constructive.
- A person's self-assessment of his/her capacity to provide a child with a stable and meaningful relationship.

Kinship (relative) foster homes are approved (according to the above criteria) to provide foster care for a specific child by a relative within the second or third degree to the parent(s) or stepparent(s) of the child. (See page 4 for more information.)

Concurrent certification/approval as an adoptive parent

An applicant can apply for approval as an adoptive parent at the same time they apply to become a certified or approved foster parent. The applicant is not required to submit dual documentation to the authorized agency for such approval. The applicant can submit an application to adopt a specific child in their home or generally to adopt a child who may not yet have been identified. The standards for dual certification/approval of an applicant are essentially the same as those for certification/approval of a foster parent. The only exceptions are the different requirements regarding marital status and age:

- Applicants to adopt must be 18 years of age or older, while applicants to become foster parents must be over the age of 21.
- Applicants to adopt must have legal proof of their marital status: marriage, separation, divorce, or the death of a spouse. The marital status of a foster parent is relevant only if it affects the individual's ability to care for the child.

Emergency certification/approval

A potential foster home or the home of a relative of a foster child may be certified or approved on an emergency or expedited basis under these circumstances:

- The child has been temporarily removed from his or her home or has been taken into protective custody by a law enforcement officer, social services agent, or physician due to suspected child abuse or neglect; or
- The child is currently in a foster care setting and there is a compelling reason to place the child in a foster home on an emergency basis.

The emergency foster parent should be a relative or eligible non-relative who has been identified as being potentially appropriate to provide care for the child. An eligible non-relative can include a godparent, neighbor, family friend, or an adult who has a positive relationship with the child.

Before emergency approval, the local agency must:

- Obtain a signed statement from the potential emergency caretaker indicating, among other things, his or her willingness to provide foster care for the child; and
- Perform an expedited home study, which assesses the potential or eligible relative's home as supportive of the child's health and safety, the family's relationship with the child, a review of records for prior history of abuse or maltreatment of children, and other factors.

If the home is found to be suitable, it will be certified or approved on an emergency basis for 90 days from the date of placement of the child in the home. For emergency homes to receive final certification or approval, all requirements must be met within 90 days from the date of placement. [18 NYCRR 443.7]

Review of background

As part of the agency's process of reviewing the backgrounds of applicants, information on employment history, employment references, and personal references will be required. Other background checks are listed below.

Child abuse/maltreatment

All applicants must complete the forms necessary to determine whether the applicant and anyone 18 years of age or older who lives in the house is the subject of an indicated child abuse or maltreatment report on file with the Statewide Central Register of Child Abuse and Maltreatment (SCR) in New York State and any other state in which the applicants or family members age 18 or over have lived in the five years before applying for certification or approval.

Criminal history

Criminal background checks (fingerprinting) on applicants and family members age 18 or older will be conducted in New York State and nationally with the FBI. As part of the required criminal history record check with the NYS Division of Criminal Justice Services and nationally with the FBI, an agency requires the applicant and anyone age 18 or over who is currently living in the home to have any criminal history evaluated before the foster parent is finally approved or certified for the placement of a foster child. At the time a foster parent applies for renewal of his or her approval or certification, the

same process takes place for each person age 18 or over who is currently living in the home who has not previously had a criminal history record check.

The Division of Criminal Justice Services (DCJS) and the Federal Bureau of Investigation (FBI) have stipulated that fingerprints be taken by a digitized method called Live Scan. DCJS and the FBI will not accept traditional, print-and-roll paper processing of fingerprints, with the exception of those who have fingerprints that are difficult to scan or for household members who are not able to leave their home due to disabling conditions.

After the New York State and national database searches, the fingerprints are kept on file at DCJS. The certifying/approving agency is notified if there is an arrest or conviction reported in New York State for as long as the foster home remains open. This only applies to crimes reported to DCJS and not out-of-state crimes reported to the FBI.

Depending on the types of crimes listed in the criminal history, several actions could be taken:

- The application is rejected.
- The foster home is decertified; or approval of the kinship foster home is revoked.
- The foster child is removed from the foster home.

A history of a felony conviction of certain crimes will automatically disqualify an applicant (known as "mandatory disqualifying crimes"). These include:

- Child abuse or neglect
- Spousal abuse
- A crime against a child, including child pornography
- A crime involving violence, including rape, sexual assault, or homicide other than a crime involving physical assault or battery
- A felony conviction within the past five years for physical assault, battery, or a drug-related offense

When a criminal history record of the foster parent or anyone age 18 or over who lives in the home reveals a charge or conviction of any crime, the agency must perform a safety assessment of the conditions in the home. This includes:

- Whether the subject of the charge or conviction lives in the household

- Extent to which the individual may have contact with the foster child or other children living in the household
- Status, date, and nature of the criminal charge or conviction

The agency must take all appropriate steps to protect the health and safety of the child or children, including removal from the home or denial of the application. The agency must document the safety assessment and the steps and actions taken to protect the health and safety of the child.

In addition, applicants must sign a sworn statement indicating whether they or other adults in the home have ever been convicted of a crime in New York State or any other jurisdiction. This statement will be evaluated and checked against the information from the criminal history review described above.

Medical report

Applicants must submit a medical report form covering a physical examination within one year of application. A new report will be required every two years.

Foster parent orientation

Foster parent orientation takes place soon after the completed application is received. Orientation may take place as part of an individual session or in a group training program. Whenever possible, one-to-one orientation should take place in the applicant's home during the home study.

Foster parent orientation must orient applicants who have been accepted for a home study, or relatives who are in the process of a home study, to:

- The social, family, and personal problems that lead to family breakdown and the need for the placement of children.
- The problems and reactions of children upon separation, and the function and responsibility of the foster family in relation to the child, the parents, and the agency staff.
- The agency policy and practice to have defined goals to achieve permanency for each child entering the foster care system.

- The authority of the local social services districts, the Office of Children and Family Services, and the Family Court to supervise the agency's practice.
- The nature of the relationship of agency staff to foster parents and children, including definitions of the function and responsibility of the caseworkers assigned to the children and their families.
- The payments to foster parents for care and expenses, the definition of foster family care, and certification or approval of the home.
- The rights and responsibilities of a foster parent as defined by a letter of understanding/agreement that must be executed at the time of certification or approval.

Training

Agencies must provide training to each certified or approved foster parent in a training program approved by OCFS that will prepare foster parents to meet the needs of children in their care. Before a child is placed in a foster home, the agency will provide training that prepares the foster parent with appropriate knowledge and skills to provide for the needs of the child. Such preparation must be continued, as needed, after the child is placed in the home.

See Chapter 1, "Being a Foster Parent," for more information about training for foster parents.

Annual renewal of certification/approval

Foster home certification or approval must be renewed each year. The agency must document renewal with a written evaluation using the same criteria for initial certification or approval and including an evaluation of the care provided children in the home. In addition, an oral review of the evaluation with the foster parent will take place before the renewal. A written statement by the family's doctor is also required if it has been two years since the last medical exam. Criminal history record checks and SCR database checks are also done when needed (e.g., when a foster parent or other person age 18 or over enters and is living in the home.)

Appendix B

Positive Approach to Discipline

The following guidelines* for foster parents offer positive approaches to discipline.

- 1. State your expectations.** Be direct and clear in letting a child know what is expected of him or her. Do not assume that children know what you expect. Often this is not the case.
- 2. Be encouraging.** Use encouraging phrases that show you have confidence that a child can live up to your expectations. Examples of positive ways to phrase expectations are: It would be helpful if...; I am sure that...; I expect you to...; I know that you can....
- 3. Appreciate improvements.** Let a child know that you have noticed and appreciate his/her efforts to correct a misbehavior and that you are aware that he or she is trying to cooperate.
- 4. Spend a good deal of time praising, acknowledging, and appreciating a child's desirable behavior.** This encourages it and reinforces it.
- 5. Help change unacceptable behavior by making environmental changes:**
 - If a child is bored or restless, help him or her set up constructive activities (craft projects, games, etc.).
 - If the environment has become too stimulating and active, re-direct the child to a quieter activity.
 - Arrange the living space for children for their age, height, and use. Adjust the environment to meet the child's level by providing closet space, coat hooks, etc., where children can reach them. Not being able to handle the demands of their environment often makes children feel frustrated and helpless.
- 6. Prepare children for changes and transitions.** They will cooperate and feel better about themselves if they have time to adjust. For example, "In 10 minutes we'll be leaving for the store. Let's put these toys away and get ready." "This weekend you will be going to visit your parents, so let's think about what you will need to take along."
- 7. Consider the effect that emotional stresses (being away from home, going to a new school, etc.) have on children's behavior.** Give a child plenty of opportunity to work through his or her feelings in appropriate ways.
- 8. Keep in mind the age and stage capabilities of children** and what they are emotionally ready to handle. Try not to ask too much or too little of a child. When there is a recurring conflict over the same situation, it could indicate that the child is not capable of what you are asking. Being familiar with child development stages can keep expectations realistic.
- 9. Avoid asking younger children questions that encourage a "no" answer.** Instead of asking, "Do you want to get dressed for school?" be positive and say, "It's time to get dressed for school." Consider providing two or more acceptable choices, such as "Would you like to wear your red shirt or your green shirt?"
- 10. Be clear and emphatic when you need to be.** Say, "You must wear your boots this morning. There is no choice in the matter."
- 11. Keep things simple.** Don't make a long speech when a stern glance or brief "cut it out" is all that is needed.
- 12. Offer alternatives.** Children need to know what they can do, not just what they cannot do. For example, "The living room is not the place to throw the ball. Go outside if you want to do that."

* Modeled on: "Thirty-Six Positive Approaches to Discipline," Lerman, Saf. *Parent Awareness Training; Positive Parenting for the 1980's*, A.& W. Publishers, NY.

13. **State the limit impersonally.** For example, “Walls are not for writing on” is better than “You may not write on the walls.” This puts the focus on the rules and not on the child.
14. **Remember that rules can be bent for special occasions.** If a special TV show is on, or there is a visitor, the bedtime hour can, at times, be extended.
15. **Give a reason for your rules and limits.**
16. **Be prepared to repeat limits,** perhaps several times, as most children can’t be expected to respond the first time.
17. **Give children a chance to express their feelings about a situation before expecting them to try to resolve it.**
18. **Allow a child in fantasy what he or she can’t be allowed in reality:** “You wish you were grown up and could make all your own rules, but now it’s really time that you go to bed.”
19. **Teach a child to use words when he or she is angry,** rather than kicks, hits, or bites. When a child needs a more forceful outlet than words, encourage him or her to hit a punching bag, a pillow, or a tennis ball against an appropriate outside wall, to vent feelings.
20. **Tell a child when you are angry.** Showing honest disapproval lets a child understand the consequences of behavior. He or she will tend to feel more secure when you show your feelings in an honest way.
21. **Don’t get involved in insignificant arguments.** When you are in the middle of an argument that you realize you don’t even care about, erase the scene and start again. Leave the room, come back, and suggest that everyone start over as if the conflict has never happened.
22. **Offer clear-cut choices.** “You have a choice. You can play ball outside or stay inside and do something else,” and be prepared to follow through. If the child remains indoors and continues to throw the ball, take the ball away, saying, “You decided to stay inside; find something else to do.” Choices help children become more responsible for their actions.
23. **Give a child some control.** As children get older, they need more flexibility. “You can do your homework whenever you want to, as long as it’s done before you watch TV.”
24. **Begin a request with “as soon as.”** “As soon as you clean up your room, you can go outside.”
25. **Use role reversal,** and pretend to be each other. Role playing can be used just for the fun of it, or for making a point in disciplinary situations. (A child should never be forced to reverse roles. This only works well if he or she is willing). When a child becomes the caretaker for a short time, he or she is not on the spot. It gives the child a few minutes to think the issue through. By playing the parent, the child gets to set the limits, and thus will often listen better. Switching roles lightens the atmosphere, and even younger children can appreciate the humor of a foster parent pretending to be a belligerent child.
26. **Be humorous.** Humor can be a great aid in resolving conflicts. Children of all ages appreciate humor at their level.
27. **Use a game-like approach,** which is often effective with younger children. “I’ll close my eyes and turn around three times, and then you’ll have your pajamas on” is often more effective than getting angry about the delay.
28. **Put some requests in writing.** When children are old enough to read, occasionally having a request in writing can make it easier to accept. “Dear Mary, you said you would have your room cleaned before you went to the movie. How about it?”
29. **Approach issues as problems to solve.** Foster parents can encourage children to think of ways to solve problems. Often children will come up with excellent original solutions. If not, you can offer several possible solutions and let the child join in the process of selecting from them. It’s good to discuss all the alternatives thoroughly and to try to agree on a solution that is acceptable to all. It’s easier for children to comply with a decision if they have helped make it and if their needs were genuinely respected in the process. This helps children develop skills of self-reliance and creative approaches to problem-solving.

Appendix C

Guide to Clothing Inventory Lists

GIRLS AGED 12-20 YEARS

Categories	Quantity
Section A—Year Round	
Undershirt (tank tops, camisoles, etc.)	7
Undergarments (panties, etc.)	12
Sleepwear (pajamas, etc.)	3
Bathrobe	1
Socks (dress, casual, trouser socks)	12
Pantyhose (stockings, knee-highs, tights)	5
Bra (sports bra, etc.)	7
Slip	1
Casual Outfit	2
* Formal Outfit (suit/skirt with blazer, etc.)	2
Track Suit (sweat suit, wind suit, etc.)	2
Casual Shirt (t-shirts, turtlenecks, etc.)	7
* Dress Shirt (button-down, polo, etc.)	3
Casual Pant (jean, khaki, etc.)	7
Dress Pant (work wear, formal wear)	3
Skirt	2
Pullover (hooded sweatshirt, fleece, etc.)	4
Hat (cap, fitted hat, etc.)	3
Rain Gear	1
Shoes	2
Sneakers	1
Slippers	1
Section B—Summer	
Lightweight Jacket	1
Shorts	6
Summer Shirts	5
Swimwear	1
Section C—Winter	
Mittens or Gloves	1
Winter Jacket	1
Boots	1
Winter Hat	2
Additional Items	
Luggage (suitcase, etc.)	2
Wallet	1
Purse	1
Belt	2
Book Bag (backpack, etc.)	1
Gym Bag (duffel, etc.)	1

Guide to Clothing Inventory Lists

BOYS AGED 12-20 YEARS

Categories	Quantity
Section A—Year Round	
Undershirt	10
Undergarments (boxers, briefs, etc.)	12
Sleepwear (pajamas, etc.)	3
Bathrobe	1
Socks (casual, dress, etc.)	12
Suit Jacket or Sport Coat	1
Track Suit (sweat suit, wind suit, etc.)	2
Casual Shirt (t-shirts, turtlenecks, etc.)	7
* Dress Shirt (button down, polo shirt, etc.)	3
Casual Pant (jean, khaki, etc.)	7
* Dress Pant (work wear, formal wear)	3
Pullover (hooded sweatshirt, fleece, etc.)	4
Hat (cap, fitted hat, etc.)	3
Rain Gear	1
Shoes	2
Sneakers	1
Slippers	1
Section B—Summer	
Lightweight Jacket	1
Shorts	6
Summer shirts	5
Swimwear	1
Section C—Winter	
Mittens or Gloves	1
Winter Jacket	1
Boots	1
Winter Hat	2
Additional Items	
Luggage (suitcase, etc.)	2
Wallet	1
Tie	1
Belt	2
Book Bag (backpack, etc.)	1
Gym Bag (duffel, etc.)	1



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and neglect, call:
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Protection Act, call:
1-866-505-SAFE (7233)

For information about services
for the blind, call:
1-866-871-3000
1-866-871-6000 TDD

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