

# Foster Parent Handbook

## Journey to Excellence

Tennessee Department of Children's Services| Policy|-May 2023

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**"Every kid is one caring adult away from being a success story".**

~Josh Shipp, renown speaker and former foster child

## *The Foster Journey*

Welcome to your foster journey! Foster parents care for children for many different reasons – from a place of personal mission, to care for a relative, faith-based beliefs, a desire to expand their families and everything in between. Whatever your reason, the Department is grateful for your decision. A decision that will assure that children feel safe and heal from trauma, have positive role models in their lives, and have a parent who takes care of their physical and emotional needs while supporting and preparing them to achieve permanency.

## *What Foster Parenting is Really Like*

Being a foster parent is not what you are accustomed to doing with your children or what you understand parenting to be. You will see, hear, and experience things you could not have imagined. And if you push through all the craziness of caring for a child with trauma, you will gain the greatest reward of personal growth and love.

If you are a relative/kinship caregiver, your role has changed – grandparent to parent; aunt to mom; uncle to dad; teacher to parent. Your family dynamics are now changed; your personal relationships are changed.

Darlene B. and her husband, Robert, served seven years as foster parents in Tennessee. They cared for 30 children during their foster journey. Darlene and Robert share their perspective on fostering:

### *At First*

- Foster parenting means getting a call at 2 a.m. to accept children into our home, climbing out of bed and throwing on sweats to ready a room before the children arrive.
- Foster parenting means witnessing hurt and pain beyond belief as a child opens up and tells you of their past trauma.
- Foster parenting means constant juggling of medical, dental, therapist and specialist appointments in addition to meetings and court dates.
- Foster parenting means sleepless nights to comfort a scared child who wakens with night terrors, wet beds or other "accidents" and then trudging off to work the next morning with just a tad bit more make-up on to camouflage the bags from the sleepless night.

### *During*

- Foster parenting means opening a child's mind and heart to a new environment full of love and new activities and watching as they delight in each new experience.

- Foster parenting means opening your heart as well to a parent who truly loves their child yet struggles with emotional or economic hardship, mental illness, or addiction.
- Foster parenting means sharing in a child's joy as they sleep for the first time without a light on, or take their first step, or speaks their first word.

*After*

- Foster parenting means loving and caring for a child while they are in your home, then letting go.
- Foster parenting means saying a prayer each night for their well-being and delight when someone shares a happy encounter with a former foster child.

## *Special Thoughts from Tennessee Foster Parents*

"I love seeing families put back together after reunification and the beauty of families being built upon through adoption." Foster parent Laura M.

"Our last placement was an 11-year-old girl. Her first night, we said: 'You seem to be handling it so well.' She said, 'Well, it feels safe.' That's why we do it." Foster parent Ruth M.

"The blessing I get is so much bigger, and what they have taught me—oh, when I look back and think what I would have missed out on if I had said no." Foster/adoptive mother Laura M.

"The unknown of what was going to happen to him and where he would be; what would happen to him if no one else took him. He livens up our house. Having him here is a lot of fun. I didn't realize how much we would enjoy having him here with us. He has put life into our house." Relative/kinship caregiver Shannon S.

"Foster parenting has been one of the most rewarding things we have ever done. We are given the opportunity to help children in need. In that, we are able to make a difference in their life and impact them in positive ways that they will remember forever. Our goal is to try to offset their traumas with a positive and loving home where they can feel safe and loved." Relative/kinship caregiver Kalyn C.

## *Up to this point*

Upon receipt of this handbook, as a traditional foster home you have completed pre-service training, criminal background checks, and have been referred for home study and/or started working with your home study writer. Traditional foster homes should be fully approved within 90 days of completion of pre-service training. During the home study process, a Foster Parent Support (FPS) worker will be assigned to you to monitor timeliness of home approval. The FPS

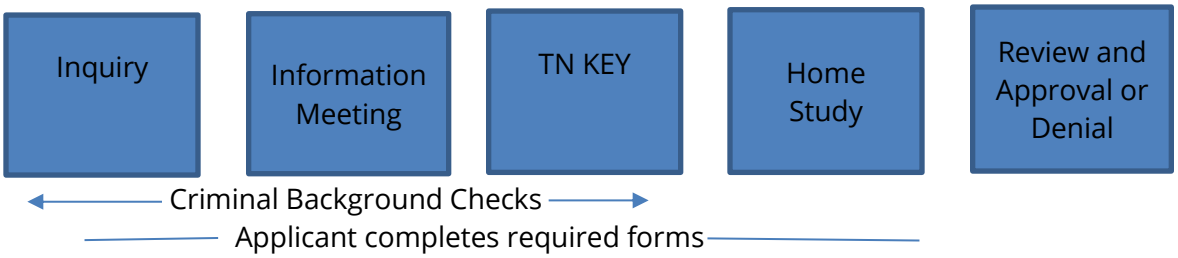
worker will provide any additional support during the home study process by answering questions related to home approval and throughout your foster journey.

As a relative/kinship foster home, you have experienced an expedited approval including a walk-through of your home and completed criminal background checks for your relative/kin to be placed with you on an emergency basis. A Kinship Coordinator (KC) has conducted an orientation summarizing what has already occurred and what remains to be completed to become a fully approved foster home. The KC will enroll the relative/kin in pre-service training and explain the home study process. This process must be completed within 120 calendar days of placement of the child. Becoming fully approved increases the family's ability to receive the full foster care board rate. Other funding can be accessed through the Department of Human Services for food stamps, Special Supplemental Nutrition Program for Woman, Infants, and Children (WIC), or Temporary Assistance for Needy Families (TANF) and possibly social security benefits. Failure to comply may cause the placement to be disrupted.

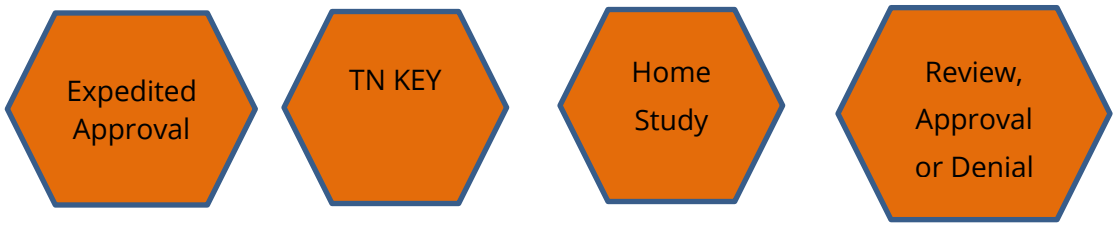
Once your traditional or relative/kinship home study writer completes all interviews, home visits and collected all paperwork, the home study is written, submitted for edits and final review before submission to DCS. The FPS Team Leader will review the home study and documentation for policy compliance. A decision will be made to approve or deny the home study.

Once fully approved, your FPS worker will conduct a home visit and share additional information regarding being a foster parent. Many topics will be discussed over time. However, this handbook will act as a reference providing knowledge and ready guidance.

**Traditional Home Approval Process**




**Relative/Kinship Approval Process**



## *Maintaining Approval Status*

Foster homes must maintain home approval standards and compliance with all DCS policies, procedures and concepts discussed during pre-service training and references throughout this handbook.

## *Changes to Foster Home*

When certain changes occur in a foster home the FPS worker is required to complete an addendum to the home study. All changes should be reported to the FPS worker **immediately**. Some changes include, but are not limited to, change in address, change in placement preferences, change in phone number, change in employment, change in name, etc. It is **extremely** important to report new adult household members immediately, including adult children who return to the home after a period of absence. This also includes any adult that may be visiting in the home for more than 14 days. Internet, local criminal background checks, DCS database checks, and fingerprinting must be initiated or completed for these adults within one working day of their arrival at the foster home. It is of the utmost importance that the new adults, the foster parents, and DCS staff work together to make sure all these things occur.

Failure to report significant changes, especially those related to adults moving into the home, could affect the status of the foster home and may result in termination of foster care board payments, and could possibly cause an overpayment that would have to be reimbursed to the state.

Policy Reference: *3.3 Overpayments Made to Foster Parents*

**Note:** Anyone who resides in the home must be considered a household member. This includes adult children in college who list the foster home address as their address.

# *Types of Foster Care Placements*

## *Traditional Foster Homes*

A traditional foster home is a non-related family who are capable to provide for the safety, permanency, and well-being of children for an undetermined amount of time.

## *Kinship Foster Homes*

Kinship foster homes are family members other than the biological parents or persons identified who have a pre-existing relationship with the child and/or family.

Policy Reference: *16.20 Expedited Custodial Placements*

## *Contract Agency Homes*

DCS contracts foster care services with provider agencies. Examples of contract services include trauma therapy, sex offender treatment, drug and alcohol treatment, mental health treatment specifically targeted to diagnosed issues, family centered therapy, and a multitude of other milieus. DCS and contract agencies strive to provide the necessary services in a family-based setting. Therapeutic foster parents are provided more training and support to care for children whose emotional, behavioral, or mental health needs are more significant than what a traditional foster home can provide. Often, foster parents with contract agencies have access to more assistance on-call during evening and weekend hours, and receive more contact visits from caseworkers in the home.

## *Shared Homes*

There are times when a foster home approved through DCS, or an agency may need to become a shared home to meet the needs of a child placed in the home. Such times may include situations in which a sibling group is in care and the children require different levels of care or a child in a DCS foster home may experience a change in circumstance which requires additional supports and services of a provider agency. In these situations, DCS and the contract agency will come to an agreement that the home can be shared between the two agencies to service a specific child or sibling group, and a specific contract will be negotiated between the Regional Administrator and the Director of the contract agency.

Policy Reference: *16.11 Shared Foster Homes*

## *Medically Fragile Foster Homes*

Occasionally, children entering custody have special medical needs that require a higher level of care. A child with special health care needs has a serious illness or condition documented by a licensed health care provider that may become unstable and change abruptly, resulting in a life-threatening situation. The child's health condition is stable enough for the child to be in a home setting only with frequent monitoring by a licensed health care provider. The medically fragile child requires frequent time-consuming administration of specialized care or treatment which is medically necessary. The care needs may be related to a chronic and/or progressive illness or a more acute, time-limited condition.

Some medically fragile children/youth may also have behavioral and/or mental health conditions.

Foster Parents who wish to become medically fragile providers must undergo specific, intensive training on medical treatment for these children beyond the regular CPR, Medication

Management, and First Aid training that all foster parents must complete. Certain provider agencies recruit, train and certify foster homes for children with special medical needs.

## *Respite Foster Home*

A respite foster home is a fully approved foster home that provides short-term care of children for the purpose of providing relief to other foster parents. See ***Respite Care and Other Events*** section for additional information.

## *Assessment Foster Home*

An assessment home is a fully approved foster home that provides short-term care of children for the purpose of assessing the needs of children with moderate to high-risk behaviors to determine the most appropriate long-term placement.

## *Residential Care*

Occasionally a child's treatment needs exceed what can be offered or accomplished in a family home setting. In these cases, a residential placement may be deemed appropriate. Children with a need for intensive drug and alcohol, sexual predatory behaviors, severe mental health issues or extreme self-injurious behaviors may need this type of treatment setting or residential psychiatric treatment. Some children need treatment that can best be offered in a peer setting such as a group home.

## *Foster Home Selection for Children*

In determining the number and ages of children to be cared for in any foster home, there are several factors that must be considered. These include but are not limited to:

- Foster Parent Ability - the foster parents' stamina, capacities, and skills to care for the child/children
- Teaming - Foster parents must effectively work with birth families and any child/youth placed in their home; working collaboratively with the Department for the best interest of the children
- Foster Home Space/Accommodations – children will require their own bed and space to store their personal belongings. No more than two (2) children share a bedroom. Children three (3) years of age or older may not share a bedroom with the foster parents except for brief periods of illness or emotional distress. Children of the opposite sex shall not be allowed to share bedrooms. Exception to this is if the children are siblings that are age four (4) or younger.

## *Accepting a Placement*

A placement worker or FPS worker contacts foster families when a child needs care. The worker shares the child's story including all known information about the child to assist the family in making a placement decision. Unless the child has history with the Department, the only information known may be provided by the child, family and others involved upon entry to custody. The foster family can ask questions to assist them in decision making to accept the child or decline. Questions to consider when considering a placement include but not limited to:

### Before Accepting Placement

- What is the age and sex of the child(ren)?
- Why are they coming into care? Is this their first time? (If no, why? Disruption?)
- What county?
- Are there any other siblings in care that are not in my home?
- Do they have any allergies- including pets?
- Is the child fearful of dogs/cats?
- Are they drug or alcohol exposed?
- Any history of:
    - violent or aggressive behavior to other children, pets, or themselves
    - running away
    - starting fires
    - sexually acting out
    - drug or alcohol use/abuse
    - bowel or urinary incontinence
- Has the Initial Intake, Placement and Well-Being Information and History for been updated?
- Is there a safety plan in place?
- Is there a specific medical or mental health diagnosis? Are universal precautions necessary?
- Where do they attend school? Do they have an IEP or any known issues in school?
- Are they on any medication?
- Are visits already set up? When/where/how often?
- Any environmental concerns that could make their personal belongings unsafe (lice, bedbugs, drugs, or other chemicals)?
- Can they attend daycare? Any previous issues at daycare?

### After Accepting Placement

- How is the child getting to me and an ETA?
- What are the caseworker and supervisor's phone numbers?

- Must receive upon placement: Intake form, contract, and medication if applicable
- COUNT ANY AND ALL MEDICATIONS BEFORE CASEWORKER LEAVES

Within the First Few Days

- When is the CFTM?
- Are they allowed a cell phone or access to electronics?
- Any upcoming court dates?
- Does the child qualify for a clothing allotment?
- Medical/ Dental/ Vision appointments? (You can offer to set these up)
- What will visitation look like?
- Are phone/video calls allowed and supervised or unsupervised?
- Who is GAL? Phone Number?
- Is there a CASA? Phone Number?

If the foster family accepts the placement, DCS worker will bring the child to foster home. Form *CS-0565, Daily Rate Child Placement Contract*, form *CS-0727, Initial Intake, Placement and Well-Being Information and History* and at least a change of clothing should accompany the child. This contract is the foster family's authority to care for the child. This contract contains information about what foster parents are required to do for the child (i.e., health care, education, travel, etc.). The DCS employee leaves a fully signed and executed copy of the contract with the foster family. The intake form provides known information regarding the child including demographics, health and well-being, education, and legal/court involvement.

Foster parents are encouraged to remind DCS staff to bring an updated copy of the *CS-0727, Initial Intake, Placement and Well-Being Information and History* form with the child.

## *Child Care*

If the foster family members work during the day, safe and nurturing day care services to children under school age must be provided. Use of the Broker Day Care system is advised if foster parents both have a documented need for this service due to full or part-time employment. To request Broker Day Care assistance, the foster parents need to contact the FSW/JSW to start that process. Once approved the foster parents must follow instructions of the Broker Day Care assistance program to maintain and renew childcare.

Care for the children in the event of emergencies is also the responsibility of the foster parents. DCS staff refer to the *Foster Home Disaster Plan* (CS-0871) on file for contact information in emergency situations. Foster parents must keep the FSW/JSW, and the FPS worker advised of where foster children are in all situations.

## *Supervision Guidelines*

In a foster home, household rules must be clearly communicated to the child and written down so any age-appropriate child can read and understand them. Structured daily household rules may include clear and concise household chores, acceptable and unacceptable behaviors, and possible consequences for unacceptable behavior.

Foster parents are advised that the following are "general" guidelines regarding supervision except for any child safety plan. There is no legal age for children to stay home alone. Parents are advised to use their best judgment, keeping the child's maturity level and safety issues in mind. Younger children have a greater need for supervision and care than older children. Obviously, young children under age 10 should not be left without supervision at any time. In most cases, older teenage children may be left alone for short periods of time. Children should not be placed in situations that require actions beyond the child's level of maturity, physical ability, and/or mental ability.

General Guidelines are as follows:

- Children zero (0) through age nine (9) are not to be left unsupervised.
- Children 10-12 may be left unsupervised for a maximum of two (2) hours.
- Children 13-14 may supervise younger children for a maximum of four (4) hours.
- Foster children under 18 are not to be left unattended overnight.

The following consideration should be given when determining to leave a child responsible to supervise/babysit younger children:

- Supervising child has clear expectations and guidelines of what to do
- Supervising child has a high level of maturity and capability of following through with expectations
- Consideration given to whether the supervising child or child(ren) needing supervision has a disability and the supervising child's ability to provide for needs despite or related to the disability
- Supervising child's ability to adequately supervise younger children
- Supervising child has immediate access to a responsive adult by telephone or in person
- Supervising child knows what to do in an emergency
- Supervising child has contact numbers readily available
- Length of time should be based on time of day (day vs. night)

- Children being supervised are responsive to supervision

## *Prudent Parenting*

The reasonable and prudent parent standard is characterized by careful and thoughtful, parental decision-making that is intended to maintain a child's health, safety and best interest while encouraging the child's emotional, academic, and developmental growth. This will generally be impacted by the child's length of stay in the placement and the foster parent's understanding of the child's strengths and needs.

Foster parents adhere to their own practice of care by determining whether to allow a child or youth in his or her care to participate in age and developmentally appropriate activities. Examples of such activities include, but are not limited to extracurricular enrichment, and social activities that may include dating, outdoor activities, "hanging out" or "sleepovers" with friends, art classes, poetry readings, prom, sports, clubs, vocational & volunteer activities, hobbies, religious/cultural events, field trips, driver's education, birthday parties, etc.

These experiences allow youth to build skills, while developing talents, and healthy relationships with peers and supportive adults. New experiences and opportunities--even healthy risk taking--help youth discover who they are and learn important decision-making skills when they are supported by nurturing caregivers. For a list of considerations in exercising the prudent parenting standard and understand the foster parent's role in normalcy and social, emotional and academic growth, please refer to ***Protocol for Reasonable and Prudent Parenting***.

# *Case Planning*

## *The Child and Family Team Meeting (CFTM) Process*

The Child and Family Team consists of critical team members who meet to discuss the progress of the family case including but not limited permanency plan development, placement change, trial home visit, termination of parental rights, or whenever a team member believes it necessary to call a meeting. Primary team members include the birth family, DCS staff, and foster parents. Other team member can be the Guardian ad Litem, service providers, teachers, medical professionals, family, friends, and anyone else identified by the family as having significant input to the situation.

DCS is always present at the meetings and facilitates the discussion. All members of the team are equal and have an equal voice. Decisions must comply with DCS policies and be in the best interest of the child. Safety and well-being must always be preserved. Recommendations are made based upon these reviews; however, the ultimate decision lies with the court.

Common goals of the CFTM are to:

- Learn what the birth family hopes to accomplish
- Set reasonable and meaningful goals
- Recognize and affirm family strengths
- Determine family needs
- Find solutions to meet family needs
- Design individualized supports and services to match the family needs and build upon their strengths
- Achieve clarity about responsibility of assigned tasks
- Develop and achieve a workable case plan for each child and family
- Achieve the ultimate outcome of safety, permanence, and well-being of the child and family
- Build a team of people who care about the child and family

## *Role of Team Members*

The child has important responsibilities during the CFTM. All children and youth who are 12 years of age and older are included and prepared to participate during the CFTM to the extent that is age appropriate. In some cases, children younger than 12 can participate in the CFTM, according to his or her maturity level and ability to understand. Arrangements will be made to escort younger children out of the meeting and provide supervision when the discussion of sensitive or difficult topics must take place. It is critical that the child:

- Acknowledge his/her current family situation
- Adapt to his/her new environment
- Participate in the team's discussion and join the work towards meeting the permanency goals

Birth family members, especially biological parents, are a vital part of the CFTM process. Their critical role is to:

- Acknowledge their current family situation
- Work with the team to establish a permanency goal and action steps
- Work towards meeting the goals of the permanency plan
- Provide support to their child, both emotional and otherwise as they are capable
- Provide continuity by maintaining a continuing relationship with the child

Birth parents and biological family have particular responsibilities to DCS. Those responsibilities are as follows:

- Keep DCS informed of current address, phone number, and other contact information
- Work with DCS staff, foster parents, service providers, and child towards the permanency goal
- Keep open communication with DCS. Respond to phone calls, keep appointments, and maintain consistent communication and/or visits with the child
- Provide a safe, nurturing and loving family for the child's return
- Provide financial support
- Work with the Foster Parents and CFT to provide for your child's needs and meet the permanency goal

The participation of biological family/birth parents will vary from case to case, however the importance of the biological parents to the child should never be minimized.

Foster Parents play a vital role in these meetings as they bring current and relevant information regarding the child and parent interaction. Critical ways foster parents are important to the CFTM are as follows:

- Sharing progress of child, trends in behaviors and interactions with birth parents during visitations
- Providing input to case decisions and permanency plans
- Supporting the implementation of those plans

Additionally, foster parents nurture the child and maintain the balance of the child's existing family. Daily, foster parents accomplish the following:

- Provide day to day care
- Tend to emergency medical needs, notifying the FSW/JSW as quickly as possible if there is an occurrence of an illness or accident requiring a physician's care or hospital visit.
- Protect the child's personal information by strictly following DCS confidentiality policy and notifying the FSW/JSW if anyone inquiries about the child's identity
- Contact DCS immediately if the child leaves the home by runaway or with someone unauthorized.
- Assist in the emotional and physical preparation for the child to return to the family home or be placed for adoption
- Provide routine transportation for medical appointments, family visits, and extracurricular activities

- Support the child as he/she visits with family and report any unusual circumstances to the FSW/JSW
- Work with the child to develop a life book
- Inform the child's FSW/JSW of any progress, issue, or need. Particularly advise of any physical or emotional problems, including sexual acting-out behavior or aggression.

DCS staff are required to be at every CFTM. Their primary tasks are to:

- Assess the child and family and meet the day-to-day needs of the child
- Facilitate team members in the development of a Permanency Plan that meets the needs of the child and his/her family
- Facilitate activities and/or secure services that assist in the accomplishment of the permanency goals
- Authorize payment of board, clothing, and allowance within the foster home
- Provide supportive services to the foster parents as needed and required in order for the foster parents to maintain a safe and comfortable living environment and nurturing atmosphere for the child

As the representative of the child's legal custodian, the DCS FSW/JSW has the following specific responsibilities:

- Oversee the daily care while the child is in out-of-home placement, including regular face-to-face contact with the child and foster parent
- Assure that the child's medical and dental needs are met
- Assure that the child and his/her family have reasonable visitation as directed by the court or the Child and Family Team
- Be available to the child and the foster parent
- Be present for all CFTMs, hearings, and reviews
- Maintain open communication with foster parents

The Facilitator is a DCS Case Manager with advanced training in mediation and facilitation of meetings. A Facilitator is required for certain types of CFTMs including the Initial CFTM and Placement Stability CFTMs. Facilitators are especially helpful in challenging situations.

References: *Child and Family Team Meeting Guide*, *Stages of the Child and Family Team Meeting*.

## *Permanency Plan*

Foster parents play a vital role in the lives of children by preparing them for the next step along the road to permanency. Whether children return to their birth family or are adopted, foster parents nurture children along the path. Foster parents often maintain a life-long connection.

The Permanency Plan is a document that identifies the goal for the custodial child and outlines the steps necessary to achieve that goal. Permanency plans can have a sole or dual goal of Reunify with Parents, Exit Custody with Relatives, Permanent Guardianship, Adoption or Planned Permanent Living Arrangement. The plan must be developed within 30 days of the date of custody and is reviewed or updated at least annually. The Permanency Plan must be approved ("ratified") by the court within 60 days of the date of custody. Foster parents are encouraged to attend the Permanency Plan CFTM and offer valuable input to the team.

**It is important to understand that there is a federal requirement that the Department conduct an ongoing diligent search for relatives. This process starts within the first 30 days of custody and continues throughout the life of a case.

Policy Reference: *16.31 Permanency Planning*

## *Permanency Plan Hearing*

In addition to the court hearing to approve the initial plan, a hearing will be held within 12 months of custody and every 12 months thereafter until permanency is achieved or a child turns 18. This hearing is held before the juvenile court judge or magistrate, or other court of competent jurisdiction. Child and Family Team Members, including foster parents, should be notified of the Permanency Plan hearing, and are encouraged to attend. Some judges will want to review a case more often than annually. Children are required by statute to be at their annual permanency hearing unless they are placed out of state or there is a compelling medical documentation permitting them to attend. These requirements differ from court to court and judge to judge. Court hearings are lengthy and confidential. Please be prepared to stay all day.

Policy Reference: *16.33 Permanency Hearings*

## *Participation in Court Hearings and Proceedings*

Foster parents are encouraged to participate in their foster children's court hearings whenever possible unless deemed inappropriate by DCS or court staff. Foster parents should be prepared to testify and answer questions the courts may have about the child's well-being, school, visitation, etc. Foster parents must abide by their foster parent contract which states they will not file any petitions in court pertaining to their foster children.

## *Shared Parenting*

Foster parents share the planning and caring for children with the birth parents, DCS, and private providers. When parental rights are intact, shared parenting must take place through direct contact with the birth family, unless otherwise indicated by DCS and the CFT. Foster parents must assist the FSW/JSW and actively support the visitation plan outlined in the family's

permanency plan. Foster parents are a crucial part of supporting the birth family connection and aiding in the reunification process. If parental rights are terminated or surrendered, the foster parent must continue to respect the child's feelings about the birth family and support the child as they move forward to permanency.

Shared parenting will be one of the most challenging but rewarding roles of foster parents. Many foster parents enjoy this high level of contact with birth families and feel that they are genuinely contributing to the success of the child and their family. Foster parents are encouraged to have contact with birth families to gather needed information about the child's likes, dislikes, favorite foods, fears, and favorite belongings. Foster parents are to mentor birth families in preparation for potential reunification.

The following are examples how the foster family can mentor a birth family:

- transport parents with the child to medical appointments
- call the child's parents on the phone to give them updates on their child's well-being
- give parents pictures of their child
- share copies of homework and report cards with family
- encourage parents to complete steps to their permanency plans
- talk with the parents at the visit
- refer to child as "your child" to birth parents
- help birth parents locate community resources
- share child's Lifebook with parents
- provide transportation to and from the parent's home for visitation
- attend parenting classes with parents, and
- serve as a support to family following reunification

## *Quarterly Progress Review*

This Review determines the progress made toward accomplishment of the permanency goal and is conducted by the Foster Care Review Board (FCRB) or the court. The FCRB is a group of citizens appointed by the court who review progress at 90 days and every six months thereafter. DCS provides the FCRB a written report of the family's progress and the date of the next review. If a child has a court hearing during the same month that a review by the FCRB is due, or if the county of jurisdiction does not have an FCRB the court hearing will substitute for this review. Foster parents and the Child and Family Team should be notified of the FCRB meetings and are encouraged to attend or provide written information for the review.

Policy Reference *16.32 Foster Care Review and Quarterly Progress Reviews*

## *Adoption and Safe Families Act (ASFA)*

ASFA stands for Adoption and Safe Families Act. ASFA is federal child welfare legislation that was passed into effect in 1997. ASFA focused on improving the safety of children, helping to support families, assisting with adoptions, and finding other permanent homes for children. ASFA requires states to consider termination of parental rights in certain situations, including but not limited to: when a child has been in foster care for 15 of the last 22 months, a court has determined a child to be an abandoned infant, when the birth parent has committed murder or voluntary manslaughter of another child of the parent, or a felony assault committed by a birth parent that has resulted in serious bodily injury to the child or another child. There are exceptions to ASFA and the terminating of parental rights if the child is placed with a relative, there is compelling evidence that termination is not in the best interest of the child, or if the state agency has not provided comprehensive services to the parent necessary for reunification.

If a child is considered "legal risk", meaning DCS is pursuing termination of parental rights but may not have legally secured this yet, or in "full guardianship" of the state, which is when all parental rights have been severed, a team of staff members and the child and family team will begin the process of identifying a pre-adoptive placement for the child. The process by which this is done may vary slightly, according to regional protocol. Generally, a team of staff work together to identify approved foster/adoptive families interested in adoption who "match" the needs of the child. Family strengths and needs are compared to the strengths and needs identified for the child. This is a very deep and thoughtful process used to select the best possible life-long family for each individual child.

## *The TPR Process*

Termination of parental rights, otherwise known as TPR, is the process of permanently severing a parent's rights to their child. There are several different reasons that permit the Department to terminate a parent's rights. These reasons are explained to the parents at each permanency plan meeting. The Department must make reasonable efforts with the birth family before filing for TPR. This involves providing services and assistance to the family to help them address the issues that led to the removal and any new issues that would prevent the family from being reunited. TPR is a very difficult legal process and can take a lengthy time to complete in the court system. State law requires the court to hear a TPR case within six (6) months of filing unless the court finds an extension is in the child's best interest. Once TPR is granted, the court will award full or partial guardianship to the Department. Full guardianship gives the Department the right to place a child for adoption. The parents have the right to appeal the

TPR decision up to 30 days after the Judge signs the termination order. The adoptive family must wait 30 days to make sure that the family does not appeal the decision before the adoption process can begin.

## *The Adoption Process*

If a child has been placed in a foster home for twelve (12) consecutive months or more and the child becomes legally free for adoption, the foster family will be considered as the possible first choice to adopt the child (if the Child and Family Team has determined that adoption by the foster family is in the child's best interest). If a child is in full guardianship of the Department and the current foster family chooses not to adopt, the Permanency Specialist and the child's FSW/JSW will convene a meeting with members of the Child and Family Team to develop an Individual Recruitment Plan (IRP). The IRP outlines the next steps to identifying an adoptive home for the child. These steps may include searching the database of available homes that might be a match for the child as well as efforts to recruit a permanent home through photo listings, community events, and other general and child-specific recruitment. These efforts will also include the completion of an Archeological Dig to identify current and past connections that can serve as lifelong supports or provide legal or relational permanency. If the foster family identifies a potential adoptive family, they should notify the team so that a CFTM can occur to discuss the family. The foster family should not introduce the child and family, discuss placement with the child and/or family, or share information about the child with the family. Once a prospective adoptive family is identified by the team, the Permanency Specialist, FSW, Contract Provider, and/or Team Leader will meet with the family to provide full disclosure about the child. The Permanency Specialist will also discuss the child's eligibility for adoption assistance. If the family wants to move forward with adoption, a transition plan will be developed, which will include preparing the child and pre-placement visits prior to the child being placed in the home. The child must reside in the home for no less than a three-month period before adoption can take place. Once the decision is made to adopt, the Permanency Specialist works with the family to negotiate the adoption assistance subsidy (if applicable), provides them with a list of adoption attorneys, and coordinates with the family's chosen attorney to obtain an attorney fee letter and subsequent approval. The attorney files a petition to adopt and secures a court date.

Policy Reference: *CFTM Guidelines for Selecting a Permanent Family*

## *Life Story Books*

Life Story books are developed for children who enter custody. The Life Story Book process should be child-centered and child-led. The book is designed to preserve and document their

life events prior to placement in custody and while being in foster care. The Life Story Book helps children integrate past experiences with current circumstances and process their feelings. It also allows children to maintain connections with important people and events in their lives.

Foster parents, Family Service Workers (FSW)/Juvenile Service Workers (JSW), Permanency Specialists, and contract provider staff work together with the child to create, update , and preserve the Life Story Book. The book should be updated often with important events in the child's life. This can be done by taking pictures, creating drawings, and documenting accomplishments and awards, etc. The Life Story Book goes with the child anytime there is a placement change and when the child reaches permanency.

The use of a life book is critically important for children who will be placed for adoption as it can be used as a tool to assist the child in understanding the meaning of permanency and prepare them for the adoption process. For children who will return to their birth families, the Life Story Book shares their unique life story.

Policy Reference: *16.8 Responsibilities of Approved Foster Homes*

# *Responsibilities of Foster Parents*

## *Health Needs*

All foster parents should receive a copy of form *CS-0727, Initial Intake, Placement and Well-Being Information and History* which provides information on the child's health status, medications, and special needs. When a child receives any type of health services (except for the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) screening and psychiatric medication appointments), form *CS-0689 Health Services Confirmation and Follow-Up Notification* should be given to the health care provider with a request that the form be completed or the information provided. Once completed, the form must be forwarded to the child's FSW. This form is then sent to the Regional Health Unit for processing. For blank copies of this form, please contact the FPS or the child's FSW/JSW.

Each child must have routine medical and dental exams and treatment. EPSDT screening exams are scheduled within 72 hours of a child entering custody and subsequent screenings are completed according to the periodic schedule established by the American Academy of Pediatrics (AAP). Annual screening for children aged three years and older must occur within 365 days from the previous screening. Children under age three will be seen on a more frequent basis according to the AAP schedule:

| Schedule of Doctor's Visits | | | |
|---|---|---|---|
| At birth | 4 months | 15 months | 3 years |
| 3-5 days | 6 months | 18 months | |
| 1 month | 9 months | 24 months | |
| 2 months | 12 months | 30 months | |

Results of the EPSDT screening exams are sent directly to the Regional Health Unit and then to the FSW/JSW. The FSW/JSW should share the screening results with foster parents after the Regional Health Unit processes the documentation. Any identified or recommended EPSDT follow-up services must be arranged as soon as possible. The FSW/JSW can assist with arranging appointments with other health care professionals as needed.

In the event of a medical emergency, foster parents must immediately obtain emergency assistance for the child. The FSW/JSW or on-call worker should be notified of this as soon as possible. TennCare Select has a Nurseline which is available anytime, day or night to ask if the child should be taken to the ER or to ask a nurse any health-related questions. The number is 800-262-2873.

Foster parents must follow all healthcare provider's orders for each child in their care. Foster parents cannot make any changes in a child's treatment or prescription medication unless approved by the prescribing provider.

## *Medication*

Foster parents are required to maintain form *CS-0630, Foster Home Medication Record*, for each child placed in their care who is prescribed medication. This is required for both short- and long-term prescriptions. The medication record should be updated daily or as deemed necessary by the prescription. It should be turned in to the child's FSW/JSW each month.

Children who are prescribed psychotropic medications for mental health and/or behavioral issues should be seen at a minimum every 30-90 days by the prescribing provider. Appropriate informed consent must be obtained for a child in custody to receive psychotropic medication.

Only the biological parent/guardian or the Regional Health Nurse (in the absence of the parent) can sign an informed consent for psychotropic medications. Consent is documented on form *CS-0627 Informed Consent for Psychotropic Medications*. **The FSW/JSW foster parent, or agency caseworker CANNOT provide consent for psychotropic medication.** The child cannot start taking the psychotropic medication until consent is given. Each time a child is seen for a psychotropic medication management appointment, form *CS-0629 Psychotropic Medication Evaluation* must be completed by the prescribing provider and forwarded to the FSW or Regional Health Unit for tracking.

All major decisions, such as surgeries, oral surgeries, counseling, or behavioral health services must be reviewed and discussed within the CFT with the DCS Health Unit Nurse in attendance and/or informed of the medical need.

Additional information regarding consents is available in the *Healthcare Consent Guidelines for Youth in DCS Custody*.

## *Hospitalization*

If a child requires hospitalization, they are expected to return to the foster home once released by medical staff. Once back in the home, the foster parent must maintain follow-up care as directed by the treating physician.

## *Nutrition*

Foster parents must also ensure that a child's nutritional and activity needs are met by providing well-balanced meals and regular large muscle exercise. Healthier Tennessee has a free tool for foster families called Small Starts for Families. It has many free, easy ideas and resources to help build healthier, lifelong habits. It is available at *healthiertn.com/families*.

Policy Reference: *20.7 EPSDT* and *20.12 Dental*

## *Medical Expenses and TennCare*

Most children in foster care have health care coverage through TennCare Select. Some children have health coverage from their parents' private insurance. Private insurance always pays first. The child's Primary Care Provider (PCP) should accept both. The foster parents should check with the FSW/JSW or the Regional Health Advocacy Representative regarding the procedure and paperwork for children not covered by TennCare. Foster parents may want to remember the following points regarding use of TennCare:

- The child should have a TennCare card or other insurance card. If the proper insurance card for the child was not received, please contact the FSW/JSW

- TennCare cards should always be taken to the doctor, dentists, emergency room, hospital, or other health care providers. Providers need the information on the card to bill TennCare for services.
- The FSW/JSW assigned to the child will help identify the child's PCP through TennCare Select, the child's assigned TennCare MCO (Managed Care Organization).
- Use the child's TennCare Pharmacy card to secure prescription medications for each child.

## *Education*

All school-age children must be enrolled in a Department of Education (DOE) accredited school setting. Justification for any other educational source must be approved by the Regional Director, Executive Director, and/or Central Office. Daily attendance is required for educational needs to be met. Any school problems should be reported to the child's FSW/JSW, however, any disciplinary action by the school must be reported to the FSW/JSW immediately.

Foster parents are encouraged to attend multi-disciplinary team (M-Team) meetings, Individual Education Plan (IEP) development meetings, as well as other school-related meetings for children in their care. The FSW/JSW must provide the foster parent and the local public school with an **"Education Passport"** (refer to DCS policy *21.19*) for every student in the legal custody of DCS. A complete Education Passport includes not only the form, but also the applicable education/school/disciplinary records of the child. If a foster parent does not receive this packet, it should be requested from the FSW/JSW. (See DCS policy *21.16*). Every region has an Education Specialist whose primary function is to assist DCS custodial children with education issues (refer to DCS policy *21.14*).

School trip authorizations and similar permissions are addressed in the *Protocol for Respite Care and Other Events,* which reviews safe and appropriate parental decision-making topics on an individual basis.

Foster parents are an integral part of the IEP process for children in special education because they can provide daily insight to the child's current school performance. The biological parent, however, must be notified and/or included in the IEP process if educational rights have not been removed through the court. The school system must make diligent documented efforts to contact the biological parent. If unable to locate the parent or if parental rights have been terminated, the local school system may do any of the following:

1. Proceed with the IEP meeting if parent retains rights but is unable to attend.
2. Ask parent to allow appointment of a surrogate on his/her behalf.

If parental rights have been terminated, child's parents are deceased, and/or the child is categorized as a Ward of the State, then the school may:

1. Appoint a trained surrogate parent from the school system's required Surrogate Parent List.
2. Request and train the foster parent to serve as the Surrogate Parent if the child has lived in the foster home for less than one year. (Please note, however, that the school system is not required to appoint the foster parent as surrogate under these circumstances.)
3. Automatically appoint the foster parent as surrogate parent if the child has lived in the same foster home for more than one year and is willing to serve as the surrogate.

If requested, the foster parent is encouraged to fill the role of Educational Surrogate as defined under Individuals with Disabilities Education Act (IDEA).

TN DCS serves as the Educational Decision Maker for all routine education issues outside of those still maintained by legal parents for services under IDEA; legal parents, however, are encouraged to attend all meetings facilitated by the school and shall be considered partners in school planning when possible or unless otherwise determined by DCS. Please note that the primary point of contact for routine education alerts and for the daily support of students shall be the foster parent where student is residing. A contracted agency point-of-contact may be assigned for general case management. To determine your primary contact for education matters concerning Every Student Succeeds Act (ESSA) or disciplinary procedures, please refer to the FSW/JSW indicated on the Education Passport.

## Every Student Succeeds Act

The landmark Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections) was the first Federal legislation to require efforts ensuring educational stability for foster youth. (*ED and HHS Foster Card DCL June 13, 2016*). In December 2015, Congress passed ESSA. Federal ESSA legislation requires child welfare agencies to collaborate with educational agencies to promote educational stability and reduce the number of school changes for students in foster care. ESSA is a federal law that replaced the No Child Left Behind regulations. Subsequently, it is expected that students remain in their school of origin, even if their placement changes, unless it is determined that moving to the school of zone is in the student's best interest. Provisions to ensure a comprehensive review of the child's circumstances and chances for success are in place through the BID (Best Interest Determination) process. (See *DCS policy 21.19*).

- The Education Passport (Form *CS-0657*) and School Notification Letter (initiated only by the FSW/JSW must be completed when a student enters custody and every time a student changes placement. This alerts the school where the child is currently attending (School of Origin) that DCS is requesting a BID meeting.
- Foster parents or contract agencies may not withdraw students from a school of origin or enroll a student in a zoned school without DCS approval and after a BID meeting has determined the Best Interest placement.
- If foster parents move within the same school zone, the Education Passport Face sheet (without School Notification Letter) will notify the school to update records to the current address.
- If student comes in custody and/or is placed in the same school zone, a new Education Passport Face sheet must be sent to the current school to update contact and address information.
- Students must always be officially withdrawn from any school when they will no longer be attending there before enrolling in a different school.

The Education Passport and School Enrollment Notification Letter serves as documentation to public schools that certain students are in foster care and eligible to receive free meals at school. Please note that the non-foster children in the foster home may also become eligible to receive free or reduced meals because of an increased household size. Foster parents may contact the school Nutrition Director in their public schools for more information.

### Best Interest Determination Meetings

After receipt of the School Notification Letter, a BID meeting must be scheduled with the School of Origin within 5 school days to discuss the any justifications for why a student might be removed from the stability of the current school of origin to a new school of zone. During this time frame and for an additional 5 days after the BID meeting, DCS/foster parents/contract agency staff are responsible for transportation to and from the school of origin until a transportation agreement may be reached if the student remains in the school of origin.
Best interest discussions must deliberately consider the student's individual and unique needs for educational stability. The BID process is CHILD CENTRIC, meaning that factors of convenience to the social welfare agency, foster parents, or biological parents are not primary considerations of the child's best interest. Specific factors to consider when making best interest determinations include, but are not limited to:

- student's age and grade level;
- student's preference when age appropriate;

- student's attachment to the school, including meaningful relationships with staff and peers;
- placement of the student's sibling(s);
- programs available at each school to meet student's education needs;
- time of academic year, academic performance, and skills;
- individual skills, needs, and social connections;
- anticipated length of time in placement, and whether reunification is the family goal;
- number of placement moves to date;
- clinical/behavioral issues;
- length of travel time to/from school;
- whether the student has an Individualized Education Program (IEP) and is receiving special education and related services
- if student is receiving services under Section 504;

Note that transportation costs should not be a factor in determining the best interest of the student for the purposes of school selection.

## *Extra-Curricular Activities*

Extra-curricular activities for children in care should be encouraged and monitored. DCS will make efforts to request the consent of the birth parents when special activities occur. However, DCS may give consent or authorize the foster parent to give permission for special activities. Foster parents should assist the child in making appropriate choices in activities. Information on the activities should be regularly communicated with the birth family. Available funding may be available for certain extracurricular or additional school costs, such as summer school, band, sports, ROTC, etc. Consult with the FSW/JSW or FPS worker available funding.

## *Discipline*

Foster parents are responsible for maintaining appropriate discipline of the child by correcting the child's behavior when necessary and discussing any problems with the FSW/JSW. All consequences for behaviors are to be age appropriate and timely. All foster parents must sign and abide by form *CS-0553, DCS Discipline Policy.* The following forms of discipline must not be used with children in DCS custody:

- Corporal Punishment such as slapping, spanking, or hitting with any object
- Excessive exercising such as running laps, repetitive sit-ups, etc.
- Cruel and unusual punishment
- Assignment of excessive or inappropriate work

- Denial of meals and daily needs
- Verbal abuse, ridicule, or humiliation
- Permitting one child to punish another child
- Chemical or mechanical restraints, such as (but not limited to) use of psychotropic medications to subdue a child or youth
- Denial of planned visits, telephone calls, or mail contact with birth family, attorney, siblings, FSW/JSW, or pre-adoptive family
- Seclusion
- Threat of removal from the foster home

## *Routine Transportation*

The daily board rate includes regular transportation cost reimbursement. However, when frequent transportation is required and creates a hardship on the foster parent including but not limited to multiple appointments, summer, or alternative school, the FSW/JSW or FPS staff can request reimbursement for the foster parent.

Consideration for reimbursement is based on the recurring or non-recurring nature of the transportation. Recurring transportation needs are to be evaluated to determine if a special circumstances board rate can be considered. If the transportation is of a non-recurring nature, occurring sporadically or infrequently, then mileage can be reimbursed when travel exceeds over thirty (30) miles within one calendar day to meet the child/youth's needs.

Reference: *Protocol for Routine Transportation*

## *Social Media Guidelines*

### Confidentiality Is Key

Social media connections are an important part of many families' lives, and thousands of Tennesseans use these channels to share and connect with friends. When it comes to sharing information about youth in state custody on social media sites, foster parents must use their best judgment and remember confidentially is a requirement.

### Before You Post

Foster parents and relative providers who use social media sites can post photos and videos on social networking sites that include foster children and youth, if the following conditions are met:

- A one-time discussion regarding the posting of photographs must occur within the CFT and agreed upon by the whole team, which includes birth parents, if involved, and the child, if age appropriate
- The children are not identified by name
- The children are not identified as foster children
- There is no discussion on social media sites and websites about the child, the child's case, or the child's family
- Secure your privacy settings and location settings
- Talk to the youth and make sure he or she is comfortable with sharing information and images

The partnership between the Department and foster parents is vital to the success of the child welfare system by supporting families to reach permanency. Foster parents are to consider the following when posting in social media:

- Speech remains positive regarding the department and contract provider agencies;
- Speech does not promote bias towards any social group based on race, color, national origin/ethnicity, or sexual orientation

Failure to preserve the contractual partnership with the department or any of its contract agencies or follow the expectation noted above regarding posting could lead to the closure of your home.

## *Religion*

Foster families plan for children to participate in the religion or faith of their choice. Any issues or questions that may arise should be discussed with the FSW/JSW.

## *Tennessee Child Passenger Safety Law*

Foster parents and any authorized person assisting with transportation of children in care are to follow all safety restraint laws and requirements as determined by the TN Department of Safety. All car seats used must meet Federal Motor Vehicle Safety Standards and must be installed as per manufacturer's instructions. Provision is made for the transportation of children in medically prescribed child restraints. A doctor's prescription is to be carried in the vehicle always utilizing the modified child restraint. The below information provides the size, weight and age requirements for child safety seats and restraints:

- Never place an infant or small child (under age 12) in front of an airbag
- Booster seats require both lap and shoulder belts

- Foster parents are encouraged to contact their local safety officer to come to their home to ensure proper installation of child car seats. Foster parents should also be advised not to use car seats that were previously in a car during an accident and to be mindful of expiration dates on child safety seats as well.

| Child's Age/Weight/Height | Type of Seat | Location of Seat |
|---|---|---|
| 0-1 year/ 20 lbs. or less | Rear-facing | Rear seat (if available) |
| 1-3 years/greater than 20 lbs. | Forward-facing | Rear seat (if available) |
| 4-8 years/less than 4'9" tall | Booster Seat | Rear seat (if available) |
| Over 8 and 4'9" | Seat Belt System | Rear seat (if available) |
| 13-17 years | Seat Belt System | Not specified |

DCS conducts driver safety checks during the home study process and at each reassessment period. Anyone who transports foster children should have a valid Tennessee license (within 30 days of residing in Tennessee), as well as current insurance and registration. Current proof of these documents should be provided to the FPS worker.

## *Signing Permission Forms*

- Permission Forms and releases should be discussed within the framework of the Child and Family Team meeting.
- Biological Parents, foster parents and DCS staff should communicate ongoing interests of the child that may require written permission.
- Everyday decisions such as school trips, school lunch forms, club permission slips can be handled by the foster parents with consideration given to the input of the biological parents. If there is any question or doubt as to approval, always contact the FSW/JSW for consultation.

## *Responding to Runaways*

- Foster parents should immediately call the local law enforcement in their area to report the child's runaway status. Law enforcement enters this information into the

National Crime Information Center (NCIC) database. Ask law enforcement for the NCIC missing person's number before completing the notification process.

- Foster parents should contact the FSW/JSW immediately following the notification to law enforcement. On-call staff can be contacted after hours and on weekends for emergencies. The emergency hotline number is 1-877-54-ABUSE. Foster parent will provide the NCIC missing person's number to the FSW/JSW.
- The FSW/JSW, with assistance of the foster parents complete an *Absconder/Runaway/Escapee/Recovery Checklist (CS-0705)* with detailed information and a picture of the child. This form is presented to local, state, or other law enforcement agencies to assist with locating the child.

Policy Reference: *31.2 Responsibilities Regarding Runaways, Absconders, and Escapees*.

## *Incident Reporting*

Any event affecting a child or a program's operation that is potentially of serious consequence is considered an incident. Best practice and program fidelity compel DCS to record and track incidents for the children/youth they serve. Tracking incidents provides the Department with both quantitative and qualitative data to monitor and support program efficacy.

DCS Foster Parents should report all incidents to the FSW/JSW and the FPS worker. The FSW/JSW worker will gather information that meets incident reporting requirements and appropriately document those incidents into TFACTS.

The IR/TFACTS system is for reporting incidents with custodial children which include but are not limited to the following:

- Abduction
- Major Event at an Agency
- Runaway/Escape
- Serious injury to a child/youth
- Emergency Use of Psychotropic Medication(s)
- Restraints (all, except for the use of mechanical restraints in routine transports)
- Sexual Abuse as defined in Policy *18.8, Zero-Tolerance Standards and Guidelines for Sexual Abuse, Sexual Harassment, Assault or Rape Incidents and Prison Rape Elimination Act (PREA)*.
- Any incident that results in injury or hospitalization of child/youth

Allegations of abuse or neglect that require an IR should also be called into the Child Abuse Hotline at 1-877-237-0004.

Policy Reference: DCS Policy *1.4 Incident Reporting;* Protocol: *Steps in Reporting Incidents for DCS Foster Homes; Terms and Definitions of Incidents*

## *Death of a Child/Youth in DCS Custody*

The impact of the death of a child is felt widely and will affect many different people. DCS policies *20.27*, *20.29*, and *20.57* outline the steps to take in these tragic situations. Foster parents should know that if a child dies while in the foster home, the body should not be touched or moved. Law enforcement should be immediately contacted to complete a proper investigation and to transport the body to the proper facility. DCS staff should be notified immediately as well so they can support you and follow through the proper procedures. If the death occurs in a hospital setting, the staff will ensure proper notification takes place. Birth Family notifications are made by DCS staff. The Department will provide for the funeral and burial of children who die while in TN state custody if the birth family cannot be located or is unable to afford the expense.

In planning for funeral arrangements following the death of a child in DCS custody, priority will be given to the birth parents' wishes.

Policy Reference: *20.27 Child Death/Near-Death Rapid Response*; *20.29 Systems Analysis Review, 20.57 End of Life Decisions for Children in Custody/Guardianship;*

*Protocol for Death of a Child/Youth in Department of Children's Services Custody/Guardianship*; *CS-0993, Child Death/Systems Analysis Review: Attendance and Confidentiality Agreement*

# *Rights of Foster Parents*

## *Foster Parents' Bill of Rights*

Public Chapter 270 was approved into law by the 100th Tennessee General Assembly on May 7, 2009. The Foster Parents' Bill of Rights Act amended T.C.A. Section 37-2-415 relative to the rights of foster parents. The Act addresses the procedures foster parents can use when it is believed DCS or any agency under contract to DCS has failed to abide by any of the tenets. Foster parents are encouraged to educate themselves regarding the 25 tenets and follow the outlined procedures regarding grievances.

(1) The department shall treat the foster parent(s) with dignity, respect, trust and consideration as a primary provider of foster care and a member of the professional team caring for foster children;

(2) The department shall provide the foster parent(s) with a clear explanation and understanding of the role of the department and the role of the members of the child's birth family in a child's foster care;

(3) The foster parent(s) shall be permitted to continue their own family values and routines;

(4) The foster parent(s) shall be provided training and support for the purpose of improving skills in providing daily care and meeting the special needs of the child in foster care;

(5) Prior to the placement of a child in foster care, the department shall inform the foster parent(s) of issues relative to the child that may jeopardize the health and safety of the foster family or alter the manner in which foster care should be administered. The department shall fully disclose any information regarding past or pending charges of delinquency as a juvenile, criminal charges, if charged as an adult, and previous hospitalizations, whether due to mental or physical issues;

(6) The department shall provide a means by which the foster parent(s) can contact the department twenty-four (24) hours a day, seven (7) days a week for the purpose of receiving departmental assistance;

(7) The department shall provide the foster parent(s) timely, adequate financial reimbursement for the quality and knowledgeable care of a child in foster care, as specified in the plan; provided, that the amount of such financial reimbursement shall, each year, be subject to and restricted by the level of funding specifically allocated for such purpose by the provisions of the general appropriations act;

(8) The department shall provide clear, written explanation of the plan concerning the placement of a child in the foster parent's home. For emergency placements where time does not allow prior preparation of such explanation, the department shall provide such explanation as it becomes available. This explanation shall include, but is not limited to, all information regarding the child's contact with such child's birth family and cultural heritage, if so outlined;

(9) Prior to placement, the department shall allow the foster parent(s) to review written information concerning the child and allow the foster parent(s) to assist in determining if such child would be a proper placement for the prospective foster family. For emergency placements where time does not allow prior review of such information, the department shall provide information as it becomes available;

(10) The department shall permit the foster parent(s) to refuse placement within their home, or to request, upon reasonable notice to the department, the removal of a child from their home for good reason, without threat of reprisal, unless otherwise stipulated by contract or policy;

(11) The department shall inform the foster parent(s) of scheduled meetings and staffings concerning the foster child, and the foster parent(s) shall be permitted to actively participate in the case planning and decision-making process regarding the child in foster care. This may include individual service planning meetings, foster care reviews, and individual educational planning meetings;

(12) The department shall inform a foster parent(s) of decisions made by the courts or the child agency concerning the child;

(13) The department shall solicit the input of a foster parent(s) concerning the plan of services for the child; this input shall be considered in the department's ongoing development of the plan;

(14) The department shall permit, through written consent, the ability of the foster parent(s) to communicate with professionals who work with the foster child, including any therapists, physicians and teachers that work directly with the child;

(15) The department shall provide all information regarding the child and the child's family background and health history, in a timely manner to the foster parent(s). The foster parent(s) shall receive additional or necessary information, that is relevant to the care of the child, on an ongoing basis; provided that confidential information received by the foster parents shall be maintained as such by the foster parents, except as necessary to promote or protect the health and welfare of the child;

(16) The department shall provide timely, written notification of changes in the case plan or termination of the placement and the reasons for the changes or termination of placement to the foster parent(s), except in the instances of immediate response for Child Protective Services (CPS);

(17) The department shall notify the foster parent(s), in a complete manner, of all court hearings. This notification may include, but is not limited to, notice of the date and time of the court hearing, the name of the judge or hearing officer hearing the case, the location of the hearing, and the court docket number of the case. Such notification shall be made upon the department's receiving of this information, or at the same time that notification is issued to birth parents. The foster parent(s) shall be permitted to attend such hearings at the discretion of the court;

(18) The department shall provide, upon request by the foster parent(s), information regarding the child's progress after child leaves foster care. Information provided pursuant to this subsection shall only be provided from information already in possession of the department at the time of the request;

(19) The department shall provide the foster parent(s) the training for obtaining support and information concerning a better understanding of the rights and responsibilities of the foster parent(s);

(20) The department shall consider the foster parent(s) as the possible first choice permanent parents for the child, who after being in the foster parent's home for twelve (12) months, becomes free for adoption or planned permanent living arrangement;

(21) The department shall consider the former foster family as a placement option when a foster child who was formerly placed with the foster parent(s) is to be re-entered into foster care;

(22) The department shall permit the foster parent(s) a period of respite, free from placement of foster children in the family's home with follow-up contacts by the agency occurring a minimum of every two (2) months. The foster parent(s) shall provide reasonable notice, to be determined in the promulgation of rules, to the department for respite;

(23) Child abuse/neglect investigations involving the foster parent(s) shall be investigated pursuant to the department's CPS policy and procedures. A CPS case manager from another area shall be assigned investigative responsibility. Removal of a foster child will be conducted pursuant to Tennessee Code Annotated and departmental policy and procedures. The department shall permit an individual selected by the membership of the Tennessee Foster Care Association to be educated concerning the procedures relevant to investigations of alleged abuse and neglect by the department and the rights of the accused foster parent(s). Upon receiving such training, such individual shall be permitted to serve as advocate for the accused foster parent(s). Such advocate shall be permitted to be present at all portions of investigations where the accused foster parent(s) are present; and all communication received by such advocate therein shall be strictly confidential. Nothing contained within this item shall be construed to abrogate the provisions of chapter 1 of this title, regarding procedures for investigations of child abuse and neglect and child sexual abuse by the department of children's services and law enforcement agencies;

(24) Upon request, the department shall provide the foster parent(s) copies of all information relative to their family and services contained in the personal foster home record;

(25) The department shall advise the foster parent(s) of mediation efforts through publication in departmental policy manuals and the Foster Parent Handbook. The foster parent(s) may file for mediation efforts in response to any violations of the preceding tenets.

(b) In promulgation of rules pursuant to subsection (a), the department shall provide forty-five (45) days written notification of public hearings, held pursuant to the Uniform Administrative Procedures Act, compiled in Title 4, chapter 5, to the president of the Tennessee Foster Care Association and the president's designee.

## *How to Address Grievances*

As a foster parent and partner with the Department regarding the care and safety of children, if you feel a tenet of the Foster Parent Bill of Rights has been violated, the following procedure must be followed to file a complaint. First, three (3) requirements must be met:

a) The complainant is currently an approved foster parent,

b) There has been failure to follow a tenet of the Foster Parent Bill of Rights; and

c) Such failure has caused or could cause harm to a custodial child OR such failure has inhibited the foster parent's ability to follow the permanency plan.

PROCEDURE:

1. Report:

a) Foster parent first report to the DCS FSW/JSW, FPS, Regional Foster Parent Advocate or Private Agency Case Manager for which they serve as a foster home, whichever is appropriate based on their situation, and immediately report the harm or potential harm to the child OR of the inhibited ability to comply with the permanency plan.

b) If the foster parent believes that the child is in imminent risk of harm, the Child Abuse Hotline should be contacted immediately at 877-237-0004.

2. Response:

DCS Regions and Private Agencies follow local protocol to resolve the issue. Each DCS Region and Private Agency has a written protocol that should be followed in the event of a foster parent's issue. A copy of this protocol is provided to foster parents during the TN KEY Training process and should outline the process and provides information to the foster parent regarding the Bill of Rights and the Advocates Program.

3. Unsatisfactory or Inadequate Resolution:

a) Foster parent should contact either the DCS FSW/JSW or Private Agency Case Manager's supervisor. The supervisor follows steps outlined in local protocol, which includes a CFTM. The supervisor invites the Regional Foster Parent Advocate to the CFTM.

b) Private Agency Foster Parents should contact the Private Agency Executive Director or their designee to address issues for which resolution has not been achieved.

c) If attempts by the supervisor are not successful, the issue is reviewed at the DCS Regional Office level. This review includes an in-person interview between the foster parent and the Regional Director or designee and a review of the CFTM summary noted above.

i. DCS Foster Parent(s) should contact the Regional Director or designee in writing.

ii. If the issue cannot be resolved at the Private Agency level, Private Agency Foster Parent should contact the DCS FSW/JSW and supervisor for resolution. If they cannot resolve the issue, they may contact the appropriate DCS Regional Director or designee in writing.

iii. The Regional Director or designee notifies TCCY Ombudsman, the Executive Director of Child Programs or designee, the Private Agency designee, and the Regional Foster Parent Advocate that a complaint has been received.

iv. The Regional Director may schedule a conference call or meeting with a representative of the Office of Child Permanency, and the Private Agency (if a Provider Foster Parent) to discuss the issue and develop a resolution. If necessary, the representative of the Office of Child Permanency may consult with Legislative & Constituent Services (LCS). This step is left to the discretion of the Regional Director.

v. The Regional Director or designee provides a written response to the Foster Parent and Private Agency, when appropriate, within thirty (30) days of the postmarked complaint. Statewide Lead Advocates and the Division of Foster Care are copied on the response and the TCCY Ombudsman Program is notified.

4. Requests/Notification

If attempts by the Regional Director or designee are not successful, the foster parent may request, in writing, a Central Office review. Requests must be sent via certified mail to:

**Tennessee Department of Children's Services**

**C/O Executive Director of Child Programs**

**UBS Tower, 9th floor**

**315 Deaderick St.**

**Nashville, TN 37243**

♦ Requests may also be emailed to the Executive Director of Child Programs at *FosterParent.EIDCS@tn.gov*. Emailed requests are acknowledged via automated email. A request is not considered as being received unless the automated email has been received by the sender.

a) The TCCY Ombudsman Program, the Regional Director, Tennessee Advocacy Program, and the Private Agency designee (if a Private Agency Foster Parent) are notified that TDCS has received a complaint from a foster parent.

b) The department conducts the review and provides a written response to all appropriate parties within thirty (30) days of the postmark on the written request. The review includes an in-person interview with the foster parent. A representative of the Division of Foster Care and Adoption and others, as appropriate, may be included in the meeting with the foster parent. All other parties (Foster Parent Advocate, Private Agency, TCCY Ombudsman, etc.) are copied on the response.

**Note:** A foster parent may make a report or complaint to the TCCY Ombudsman Program at any time.

## *The Foster Parent Advocacy Program*

The Advocacy Program was established in 1997 because of new legislation surrounding the TN Foster Parent Bill of Rights. Advocates are specially trained to assist DCS and Private Agency Foster Parents when the need arises.

Every foster parent has the right to an advocate for representation and support. By law, any foster parent under an SIU investigation has the right to an advocate's representation. Advocates are well versed in DCS policy and procedures and skilled in providing interpretation and clarification when questions arise. Advocates aid, support, and representation to foster parents in grievances and appeals with DCS. The Advocacy Program and DCS work in a partnership to ensure that foster parents receive support they need to successfully care for the children placed in their home. Foster parents can request an advocate by contacting their FPS worker.

## *Multi-Ethnic Placement Act*

The DCS ensures that the adoptive/foster care placement of a child will not be delayed or denied based on the race, color, or national origin of the adoptive parent or the child involved. Any consideration of race must be narrowly tailored and individualized, focusing on the best interests of the child. Consideration of race as a factor in the selection of criteria requires a review by the Directors of Foster and Adoption Services or their designees. All relatives who might serve as a child's caregiver must be considered first choice.

For additional information regarding the multi-ethnic placement, refer to policy *16.2 Multi-Ethnic Placement Act/as Amended by the Inter-Ethnic Adoption Provision of 1996.*

## *Removal of a Child from a Foster Home*

All foster parents are entitled to a written notice of removal upon movement of a child/children from their home. This occurs on form *CS-0450 Notice of Removal of a Child from a Foster Home*. A CFTM should be held anytime there is a need to remove a child from a foster home to establish a successful transition plan.

Foster parents that have cared for a child in their home for twelve (12) consecutive months or longer have appeal rights to the 14-day written notice of removal of children from their home. The appeal process is as follows:

1. When the CFT decides that a child needs to be removed from a Contract Provider or DCS Foster Home for non-safety issues, DCS FSW/JSW provides foster parents with at least a 14-day notice as soon as the team decides it is necessary to move the child. The appeal form is given to the foster parents at the same time the Notice of Removal is provided. A copy of this document is filed with the Administrative Procedures Division and a copy placed in the child and foster home case file.
2. The Appeal must be filed within 10 business days after the received date of the written notice.
3. The foster parents can only file an appeal if the child has been in their care for 12 consecutive months or more.
    - DCS staff provides the foster parents with form *CS-0403, Appeal for Fair Hearing Form*, which the foster parents should complete and either mail or fax to the address or number listed below. If the allotted time has passed, the appeal will not be heard.
    - If the foster parent does file an appeal, then the removal of the child is put on hold, a CFTM is scheduled, and the child remains in the care of the foster parents.
4. A 14-day written notice of the Department's intention to remove foster child/children from the foster home is NOT required under the following circumstances:
    - The child is returned to their parent(s) or legal guardian.
    - A Court Order requiring removal of the child from the foster home.
    - The foster parents request the removal of a child.
    - The child has been in the foster home less then twelve (12) consecutive months.
    - An emergency exists where harm or imminent danger exists.
5. The Administrative Procedures Division has 45 business days to receive, schedule, conduct hearings and produce an initial order. It is important that these appeals and the summary be faxed when received.

Contact Information:

**Administrative Procedures Division**
**C/O Department of Children's Services**
**Plaza Tower- Metro Center**

200 Athens Way, 2nd Floor, Suite B
Nashville, TN 37243
Phone: 615-741-1110
Fax: 615-741-4518

For more information regarding the appeal process, refer to policy *16.27, Notice of Removal from a Foster Home* on the Department of Children's Services website.

## *Respite Care and Other Events*

Respite is the paid and unpaid short-term planned or emergency care of a child or children to provide temporary relief to caregivers who are responsible for the routine care of children. Foster parents are allowed two respite days a month or a maximum of 24 days of respite per year which is covered in the foster care board payment. Respite payments and arrangements are the responsibility of the requesting foster parent.

Outings and overnight stays with friends, family of foster parent(s) or relative(s) of the child should be considered under reasonable and prudent parenting. Any such event over forty-eight (48) hours should be reported to the child's FSW/JSW.

Foster parents should use their best judgment (defined as "would you leave your biological child with this person?") when making respite, outings, and overnight stay decisions. Foster parents should ensure any medical or safety information needed to keep the foster child or other children safe are shared with the respite provider including medication and safety plans. Refer to the *Protocol for Respite Care and Other Events* for guidance and reporting requirements.

# *Financial*

During the home approval process, a W-9 form is completed. Being a federal income tax document, this form must be completed correctly. This form establishes the primary foster parent as a vendor with DCS by which foster care board payments can be made. The form is processed by the state Finance and Administration Department. Once a vendor number is assigned, the DCS fiscal unit activates the vendor number in the DCS system which allows pay records to generate for invoicing.

Note: This process takes time to complete which delays payment for our expedited relative/kinship families.

## *Foster Care Board Rates*

DCS foster care board rates are tied to the USDA cost of raising a child in the urban south, and include housing, respite, food, transportation, clothing, children's allowance and normal child-related activities and expenses. Current foster care board rates can be found by visiting our

DCS webpage at:
*https://www.tn.gov/content/dam/tn/dcs/documents/foster_care/TN_FCBoardRate.pdf*

More specifically, the board payment addresses:

- Living quarters, bedding, and adjustments to utilities
- Food inside and outside the home and on vacation
- Basic health and hygiene needs including laundry and haircuts
- Basic clothing needs above the clothing allotment
- Extracurricular activities (sports, lessons, club fees/uniform, instruments)
- Entertainment (movie ticket, putt putt)
- School supplies
- Transportation

Foster parents for contract agencies should contact the agency in which they are approved for specific guidelines.
Please refer to *DCS Policy 16.29, Foster Home Board Rates* for more information.

## *DCS Foster Home Board Payment Verification*

All DCS Foster families are required to verify the daily board rate for each child in their care two times per month. Phone-in and online verification calendars are located on the DCS website at *https://www.tn.gov/dcs/program-areas/fca/current/verification-calendars.html*. DCS foster parents are asked to use ONE (1) of the two verification processes below. Do not use both.

## *Phone-in Verification Process*

On designated Verification days, please call the following number: 877-318-5064.
Follow voice directions for the phone-in process.

- Have foster parent SSN and PIN available.
- Have TFACTS person ID for the child available. (Person ID numbers are on the child's placement contract)
- Have the dates of care for the child: begin date and end date (00/00/0000). If there is a question about the dates, contact the FPS worker.

## *Foster Parent Verification Portal (online)*

The FPS worker creates the foster parent's account and provides the login to the foster parent along with a temporary password. Upon successful login, the password is changed. Select Incomplete Invoices and enter the begin day and end day for each child placed during the pay period. Refer to the ***DCS Foster Parent Placement Confirmation*** storyboard or request a copy from the FPS worker.

## *Clothing and Allowance*

When a child first enters state custody, DCS staff is required to make every effort to obtain the child's clothing from their parents or guardians. DCS may provide an initial clothing allotment or obtain clothing through resource linkage if the child's clothing is inadequate. Amounts vary depending on the child's age. Adequate clothing should be provided throughout the length of the child's placement, utilizing money received from the foster care board payment. It is expected that foster parents would spend at minimum $400/year on ages 0-11 and $500/year on 12-18. DCS foster parents are to track purchases on form *CS-4204, Allowance and Clothing Log* and attach receipts. All clothing and personal items purchased for the child from clothing allotments or board payments become property of the child and goes with them whenever there is a placement change.

Foster Parents are expected to give children an allowance from the foster care board rate consisting of a minimum of 1 dollar per day for ages 0-12, and 2 dollars per day is required for ages 13-17. This is separate from any additional allowance the foster parent may offer the child as a reward for good behavior or completing chores. Allowance money should be given to the child directly to help the child learn money management. Any questions or problems regarding allowance should be discussed with the FSW/JSW or FPS worker. Refer to policy *16.29, Foster Homes Board Rates* and *Protocol for Clothing and Allowances* for more information.

## *Other Foster Care Expenses*

Other foster care expensed regarding Christmas and Graduation can be discussed with the child's FSW/JSW to determine other resources available. Out-of-pocket expenses (e.g., travel, clothing, medical, etc.) are only reimbursable if pre-approved by DCS. Out of pocket expenses must be adequately documented and receipts must be included.

## *Reimbursement for Damages*

Foster parents may be eligible for reimbursement of damages made by a foster child/youth by submitting a claim form with the State of Tennessee Claims Division. Please refer to the Claims Department through the state of Tennessee *https://treasury.tn.gov/Services/Claims-and-Risk-Management/TORT-Liability* to access the online portal to file a claim.

## *Liability Insurance*

A foster parent under contract with DCS may wish to secure liability insurance to offset any potential liability. Many Local Foster Parent Associations have information regarding liability insurance and community contacts.

## *Federal Income Taxes*

Foster parents should consult the *Internal Revenue Services* (IRS), their tax preparers, accountants, or CPAs for current tax laws and information pertaining to custodial children placed in their homes.

# Legal Issues for Foster Parents

## Placement Contracts

*Daily Rate Child Placement Contract* is a legal binding agreement between DCS and approved expedited and traditional foster parents that outlines the responsibilities of both parties. This contract provides foster parents with the authority to care for the child placed in their home and contains information pertaining to what the foster parents are required to do for children placed in their home, i.e. health care, education, travel, etc. This contract also prohibits foster parents from attempting to adopt, file a petition to adopt, or take any steps whatsoever to adopt children placed in their home without consulting with Department staff and holding a CFTM in which it is determined adoption is in the child's best interest. Both parties are to sing the contract. The DCS employee who transports the child will provide the foster parent with a signed copy of the placement contract.

## Confidentiality Guidelines

All information pertaining to a child in care and their family is confidential. Private facts about the child's biological family or situation should not be discussed with friends or family. No documents regarding the child should be shared with the school unless attached to an Education Passport (DCS policy *21.19*). Private facts about the child's biological family or situation should not be provided to any school official without approval from the FSW/JSW or Education Specialist.

Medical and legal information allowed to be shared with schools is limited only to what is necessary to keep the child and others at school safe. Any questions regarding sharing of pertinent information should be addressed by the DCS Medical Unit Nurse or DCS legal counsel.

HIPAA (Health Insurance Portability and Accountability Act of 1996) is United States legislation that provides data privacy and security provisions for safeguarding medical information and allows for all information to be shared with a physician.

## Reporting Abuse and Neglect

Tennessee Law requires anyone who suspects child abuse and/or neglect report it to DCS. Anyone who knowingly fails to make a report commits a Class A misdemeanor and can be fined

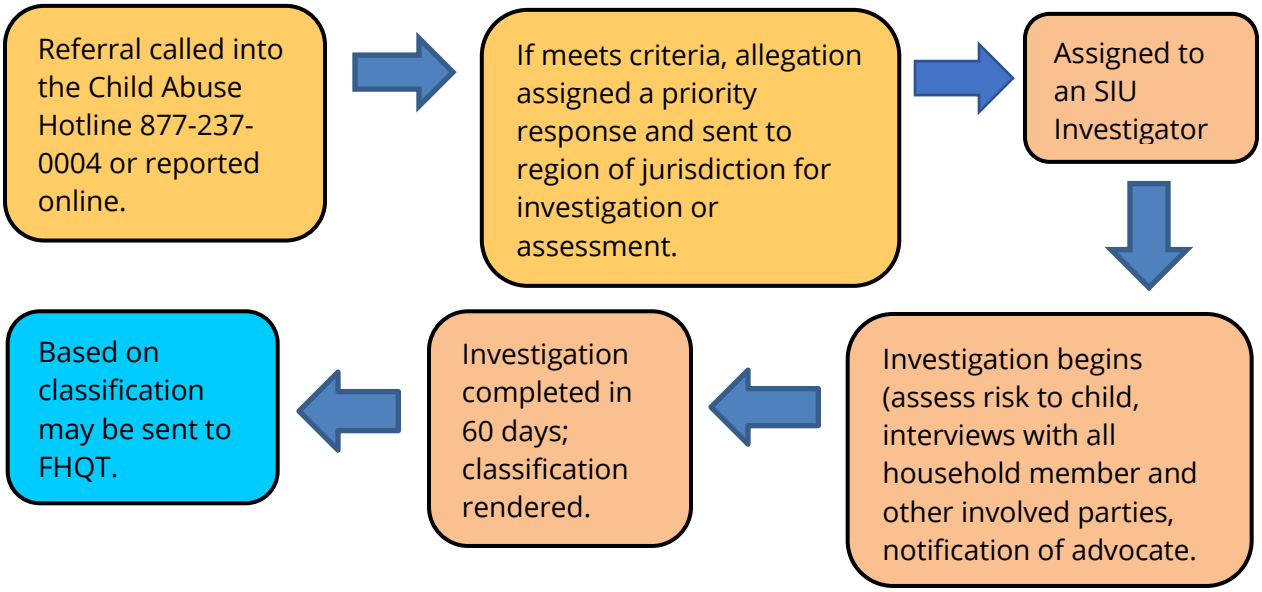
up to $2,500. If a foster parent suspects that any child, including the child placed in the foster home, has been abused and/or neglected, it must be reported. The toll-free phone number for the CPS Central Intake is: **1-877-237-0004**.

For more information, or to make a report via secure email, please visit *https://apps.tn.gov/carat/*

## *Abuse Allegations and Investigations*

Special Investigations Unit, or SIU, investigates allegations of abuse against foster parents including relative/kinship foster parents. SIU staff adheres to the same CPS (Chapter 14 policies and Work Aids). All information gathered is strictly confidential and strong attention is given to the privacy of the individuals involved. SIU investigators respond to all types of allegations. Foster parents who are either directly or indirectly involved in an SIU investigation should be aware of certain investigative procedures. Understanding the process will ease fears and result in better communication and a timely resolution. Cooperation, understanding, and communication are important aspects for both the investigators and foster parents.

**SIU Investigative Process**




The foster home is placed on suspended admissions for the duration of the SIU investigation. The suspended admission prevents new children from being placed in the home until the home has been deemed clear of safety concerns. The foster parent or relative/kinship foster parent is notified of their right to a foster parent advocate. If the foster parent does not know the name or have information concerning the advocate, the investigator must obtain the information and provide it to the foster parent. It is the responsibility of the foster parent to

contact the advocate. It is the investigator's responsibility to set up the interview with the child. The interview must be conducted in a neutral, non-threatening and private environment. Depending on the allegation, some interviews may be conducted by trained forensic interviewers at Child Advocacy Centers (CAC).

Investigators interview the alleged victim first and then all children in the home, including birth and adoptive children. Investigators talk to all witnesses. SIU will interview all other adults residing in the home as well as the FSW and any contract agency staff. The perpetrator interview is conducted by law enforcement and/or the SIU investigator, depending on the type of allegation. After all information is gathered, a classification decision is made.

Severe abuse allegations (all sex abuse or severe physical abuse) are worked with a team approach referred to as CPIT (Child Protective Investigative Team). This process begins by sending a copy of the referral to the District Attorney's office. CPIT teams comprise law enforcement, SIU, District Attorney, medical staff juvenile court, and others as needed. The final classification is the result of this team approach.

DCS has several different classifications:

- Allegation Unsubstantiated; Perpetrator Unsubstantiated
- Allegation Unsubstantiated; Perpetrator Unsubstantiated with safety issues noted
- Allegation Substantiated; Perpetrator Substantiated
- Allegation Substantiated; Perpetrator Unsubstantiated
- Allegation Substantiated; Perpetrator Unknown
- Child with Sexual Behavior Problems
- Unable to Complete
- Administrative Closure

If a case is unsubstantiated, SIU will send notification to DCS Central Quality Improvement Division, and the suspended admissions will be removed unless the foster home is required to be reviewed by Foster Home Quality Team (FHQT). If the case is unsubstantiated with concerns noted, it must be reviewed by FHQT before the suspended admissions is removed. If a case is substantiated, the alleged perpetrator will receive a letter from the Department concerning their Due Process appeal rights.

Foster parents are encouraged to remain steadfast about following the steps of their investigation and informed of the outcome of the investigation.

## *SIU Level I Due Process*

SIU Emergency (formal) File Review: A due process proceeding is required for all substantiated classifications to individuals who currently volunteer, foster, and/or work directly with children.

This includes approved foster or adoptive parents, employees, teachers, and childcare workers. Exception: This does not include if the substantiated abuse happened when the custodial child was on runaway status, trial home visit or on a home pass. SIU does not investigate those types of allegations; they are addressed by local CPS staff.

## *SIU Level II Due Process*

Administrative Hearing is a due process proceeding offered to individuals who have been substantiated by the Department. This proceeding is the final process that is offered by the Department and usually follows an emergency file review and is completed by an administrative law judge.

## *Foster Home Quality Team*

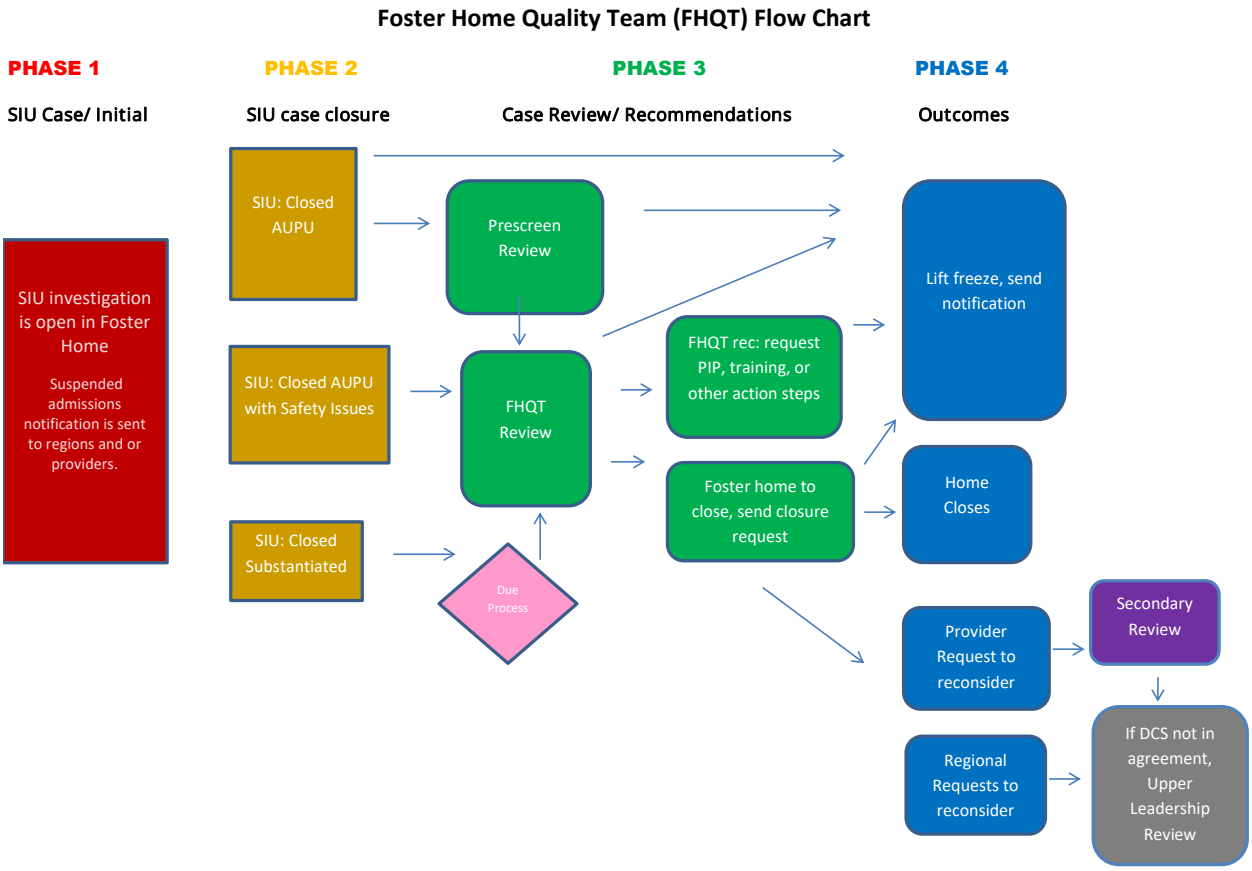
FHQT is a committee of DCS personnel from different program areas including quality improvement, risk management, foster care, training, health, regional placement or FPS staff and a representative from the Foster Parent Advocacy Program. A foster home must be reviewed by FHQT if any of the following have occurred:

- A SIU investigation closure is unsubstantiated with concerns
- A foster family has prior FHQT history or two prior investigations
- A SIU investigation was involving a child's death
- A child with sexual behaviors was identified because of the SIU investigation
- A Safety Plan and/or Performance Improvement Plan (PIP) was implemented during the SIU investigation
- A foster home has been substantiated, but overturned through due process
- A foster home has been closed in bad standing and wants to re-open
- A foster home has been closed in good standing, but an inquiry has been added due to concerns and the foster home wants to re-open
- A FHQT member has concerns about or requests to review a foster home

Upon FHQT's review, a recommendation is provided to the local regional DCS staff and or contract agency when applicable and agreed upon. Common outcomes of the FHQT include:

- Lifting the suspended admission on the foster home with no required action
- Request training, a PIP, or a safety plan to address the concerns noted during the investigation
- Lift the suspended admissions with placement restrictions (age, gender, or specific child)
- Recommend the foster home is no longer used and/or closed

Foster homes may be brought back for additional reviews as needed before lifting the suspended admission. Refer to the *Protocol of Foster Home Quality Team*.




## *Lawsuits Brought Against Foster Parents*

If a foster parent is sued, the FSW/JSW and the FPS worker should be notified immediately. All lawsuits have strict response time limits, therefore the FSW/JSW or the FPS worker will need to consult with the DCS Legal Division as soon as possible. The foster parent may be entitled to representation paid for by the state or for representation by the State Attorney General's office.

## *Guardian Ad Litem*

This is a person appointed by the court to protect the interests of a child in a legal proceeding.

Each dependent and neglect child in foster care must, in accordance with state law, be appointed a lawyer, called Guardian ad litem (GAL), to represent children who are committed to DCS legal custody as dependent and neglected children. **Rule 40** is included here as a guideline so that foster parents will know what to expect in the required interaction between the GAL and any dependent/neglected child in their care. This rule can be found at *https://www.tncourts.gov/rules/supreme-court/40*. If foster parents have concerns about a

GAL, those should be communicated with the child's FSW/JSW and reported to the court of jurisdiction.

### *Court Appointed Special Advocate*

Many times, the court will appoint a Court Appointed Special Advocate (CASA) to review the circumstances of a child's case and to report to the court. The CASA's report is based on interviews with significant persons associated with the case, including foster parents, and reflects what is in the child's best interests. CASAs are trained volunteers. Often, they bring an objective view to the case. They are interested in keeping the child safe while quickly moving the child through the court process. For more information, please visit *National CASA - Court Appointed Special Advocate Association - CASA for Children: Advocating for Abused and Neglected Children.*

# *Independent Living Services*

## *Services for Youth and Young Adults between the Ages of 14-26*

The journey towards independence begins for most young people in their early teens as they begin learning skills and developing relationships that will allow them to successfully navigate a complex world, provide for their daily care needs, and reach their goals. Independent Living Services are not a substitute for permanent connections to caring adults, but rather a complement to those relationships.

The purpose of Independent Living and Transition Planning is to build a network of relevant supports and services for youth in state custody, or exiting state custody to adulthood, in conjunction with regional support workers and youth. Life skills assessment is part of the planning process. This assessment is required annually by all youth ages 14 and older to assist in determining the independent living needs to be identified in the youth's independent living/transition plan. Foster parents are vital to each youth's preparation for adult living, by helping to implement actions steps on the youth's independent living/transition plan.

Youth and young adults may be eligible to receive Independent Living Wraparound Services that support developmentally appropriate activities, scholarships to help them pursue post-secondary education, and opportunities to develop life skills. The youth's FSW/JSW and Independent Living Specialist can be consulted for additional information about these services. (Please refer to the *IL Contact List* to get in touch with your regional Independent Living Specialist.

Young adults who exit DCS custody at or after age 18 may be eligible to receive Extension of Foster Care (EFC) services based on meeting one of the following eligibility requirements:

- Completing secondary education or a program leading to an equivalent credential
- Enrolled in an institution which provides post-secondary or vocational education
- Employed for at least eighty (80) hours per month
- Participating in a program or activity designed to promote or remove barriers to employment – Limited to one (1) year of eligibility
- Incapable of doing any of the above activities due to a medical condition, including a developmental or intellectual condition, which incapability is supported by regularly updated information in the Transition Plan

At any point between emancipating from state custody (at or after 18) and turning 21 years old, otherwise eligible young adults may return to DCS and request to receive EFC Services based on the eligibility guidelines set forth in DCS Policy *16.52, Extension or Re-Establishment of Foster Care Services for Young Adults*.

Young adults who voluntarily participate in EFC Services are provided continued access to services such as placement (including foster home placements), Independent Living Wraparound Services, scholarships, ongoing case management, and court oversight. EFC Services are available up to age 21.

There are times when the team may determine that another option for service, such as Youth Villages LifeSet, may be more appropriate based on a young adult's needs.

More details about EFC Services to 21 can be found on the DCS Independent Living website at *https://public.powerdms.com/TNDCS/documents/2110352*.

*DCS Policy 16.51, Independent Living and Transition Planning* and associated protocols describe the types of planning that must be accomplished to ensure youth/young adults' needs are met. This planning is done within the Permanency Plan and appears in its own section. Here are some things to know:

- Youth in DCS custody 14-16 years of age have an Independent Living Plan section, which focuses on life skills.
- Youth in DCS custody 17 years of age and older have a Transition Plan section that focuses on their transition from custody as adults.
- Young adults receiving EFC Services have a Transition Plan section that focuses on reaching the completion of an educational goal, or transition to services for adults if they have special needs.

More details about Quality Independent Living and Transition Planning for Youth can be found in the "*Planning for Independent Living and Transition to Adulthood*" presentation available on the DCS website.

The Independent Living or Transition Plan Section of the Permanency Plan should reference the types of Independent Living Services youth and young adults need. DCS Policy *16.53, Eligibility for Independent Living Services* and associated protocols describe the categories of Independent Living Services available, to include eligibility for those services. The services may include:

- Life Skills Assessment and Life Skills Instruction/Coaching (foster parents will likely be asked to help with these).
- Independent Living Wraparound Services.
- Post-Secondary Scholarship Services (potentially up to age 24, depending on the service): Education and Training Vouchers (to age 23) or State Funded Scholarship (to age 24).
- Independent Living Allowance: for young adults receiving Extension of Foster Care Services.
- Continuation of Placement Services: for young adults receiving Extension of Foster Care Services.
- Contracted Services: LifeSet, which is provided through a public/private partnership and grant by Youth Villages, Inc., Services from Resource Centers (where available) can be accessed until age 26.

More details about Independent Living Services can be found in the *"Services Available Under TN DCS IL" tip sheet* available on the DCS web site.

## *Transition to Services for Adults*

For some young people with intellectual or developmental limitations or severe and chronic mental illness, a transition to adult services may be the most appropriate step for them as they reach the age of 18 or 19 (for delinquent youth). Long term services for adults are not provided by DCS, but by various other programs and service options such as the Employment and Community First (ECF) CHOICES, the Department of Intellectual and Developmental Disabilities (DIDD), the Department of Mental Health, the Department of Vocational Rehabilitation, TennCare related services, and Supplemental Security income. These services may be voluntary or decided upon by the youth's conservator (if one is appointed) when a young person does not have the capacity to make decisions independently. The Child and Family Team should include members with expertise in the youth's disability, such as ECF and TennCare staff, mental health service providers, the DCS regional psychologist, the regional health unit nurse Education Specialist and Central Office legal. Additional information can be found in DCS Policies *19.7, Transitioning DCS Youth with Serious Psychiatric Disorders into Adult Behavioral/Mental Health Services*, *19.8, Transitioning Youth to the Department of*

*Intellectual and Developmental Disabilities (DIDD) Adult Services,* and *19.10, Designating a Medical Decision Maker for Youth with Disabilities Aging Out of DCS Custody.*

# *Supports for Foster Parents*

## *Tennessee Foster and Adoptive Care Association*

The Tennessee Foster and Adoptive Care Association (TFACA) is a nonprofit organization that functions as an advocacy support group for foster parents throughout the state of Tennessee. TFACA provides programs and services to create an environment that encourages and motivates foster and adoptive parents, and other interested members of the community, to work together to promote the general welfare of foster children. TFACA facilitates communication and interaction between foster and adoptive parents and others concerned with the growth and development of foster children. TFACA also serves as the spokespersons for foster and adoptive parents and the children under their member's care and in DCS custody to state leaders.

## *The Purpose of TFACA:*

- To encourage and motivate participation of foster parents and other interested persons or organizations
- To encourage communications between foster parents and other persons concerned with the growth and development of foster children in their care and custody
- To develop a better understanding by the public of certain inherent problems in providing foster home care
- To act as Trustee of any funds or property the association may receive under specific grant, agreements or under any will, or to have and exercise the right to hold and manage such funds
- To be the spokesperson for foster/adoptive parents in Tennessee and children under their care and custody regarding any legislative actions and governmental programs affecting their health and welfare

## *Benefits of Membership*

The following are some benefits of TFACA Membership:

- To provide a support team and united voice with the State of Tennessee and Statewide Foster Parent Association regarding legislation and policies affecting foster parents.
- Representation across Tennessee to identify trends or problems and work towards a solution as the liaison with the Department of Children's Services.
- TFACA is the foster parent's voice in creating DCS policies to include legislative changes, board rate increase, etc.

- Regional Directors are identified in each region to assist local foster care associations develop and remain strong to support families on a local level.
- TFACA sponsors/hosts events which raise funds for enrichment activities for Tennessee's Foster Children and raises awareness for foster care.

Policy Reference: *16.8-Attachment 4-Guidelines for Foster Care Associations*

### *Mentorship Program*

The Mentorship Program provides additional support to newly approved Traditional and Kinship Foster Parents by connecting them with seasoned foster parents who can provide them with support, understanding and knowledge related to fostering and the child welfare system. Some of the supports can include:

- Provide guidance and reassurance
- Lend a supportive ear to families in crisis
- Offer suggestions for child/family needs
- Assist families in understanding and navigating the DCS system, policies and procedures
- Assist families in developing and improving their skills and knowledge

### *Foster Parent Support Program*

The Office of Training & Professional Development provides a Support Program that is designed specifically for foster, kinship, and adoptive families. Families are invited to attend any of the ten (10) sessions offered but are not required to attend all sessions. Utilizing curricula from *Creating a Family*, the support group will focus on a different topic each session.

Each session will engage families through short, guided lessons, open discussion, and resources to help support their family. Families in any year of fostering are invited and encouraged to attend these sessions.

# *Maintaining Continued Foster Home Approval*

### *Mandatory In-Service Training for Foster Parents*

Foster parents must receive continuing education training after approval. There are specific classes that foster parents must attend during the first and second year. Foster parent training is mandatory for all parents and must be completed by June 30th annually.

- Each foster parent will complete 15 hours of in-service training during their first year of fostering.
- Each therapeutic foster parent must complete an additional 9 hours of training for a total of 24 hours of training during their first year of fostering.

- Each foster family will complete a total of 15 hours of in-service training during their second year and thereafter.
- Each therapeutic foster family will complete a total of 24 hours of in-service training during their second year and thereafter.
- Each foster parent will be required to complete CPR/FA and Medication Administration every other year.
- The family will receive a maximum of 2.5 hours for Medical Resources and Information, 4-6 hours for CPR/FA Certification courses.
- All Foster Parents Must Complete At Least One Approved Trauma-Informed Training annually.
- All parents will not receive credit more than once for the same training in a given fiscal year unless prior approval has been granted by the Office of Training and Professional Development.
- Foster parents in their second year or more of fostering will not receive duplicate credit for courses completed by other family members in the same fiscal year.
- All other training options must be approved by the Office of Training and Professional Development.

Approved trauma trainings and various opportunities to obtain training credit can be found by referring to Policy *16.9, Attachment: Required Foster Parent In-Service Training* or visiting the following link:

*https://files.dcs.tn.gov/policies/chap16/ReqTrainChtFP.pdf*

Continue to reference your TN KEY Participant Guide regarding key concepts of the impact of trauma, resilience, and re-routing trauma behaviors.

*https://files.dcs.tn.gov/training/FP/2072/2072PG.pdf*

TN KEY is taught by a trainer and a foster parent co-trainer who have received TN KEY T4T (Training for Trainers). Having a foster parent co-trainer as part of the training process gives TN KEY participants first-hand knowledge of what life is really like as a foster parent. The foster parent co-trainer can share experiences, advice, and lessons learned with prospective foster parents. This adds a lot of value to the TN KEY training experience. Talk with an FPS worker about becoming a co-trainer.

## *Foster Home Reassessment*

All foster homes must be reassessed for continued approval on a biennial basis (every two years). This biennial review is a joint process that requires participation and interaction between the foster parents and DCS. A packet of the required paperwork will be provided by

the FPS worker and a home visit will be scheduled, prior to the reassessment due date, to allow time for review and approval of all reassessment documentation. Updated information includes:

- Verifications (renewed driver's license, car registration, pet vaccination)
- Updated medical exam including form for all household members
- Current criminal background checks (Local Law Enforcement, National Sex Offender and TN Dept of Health Abuse Registry and Driving Record) for all adult household members
- Home Safety Checklist
- Copies of training certificates

Foster parents also review and sign:

- *DCS Discipline Policy*
- *Foster Parent Oath to Abide*
- *Foster Home Disaster Plan*, *Foster Home Disclosure Acknowledgement*
- *HIPAA Notice of Privacy Practices-Client Acknowledgement*
- *Monthly Family Financial Income and Expenditures* form and attach proof of all income reported on the form
- *Authorization for Release of Information* form

## *Performance Improvement Plans*

Performance Improvement Plans (PIP), previously referred to as Corrective Action Plans, must be completed with foster homes when a policy is violated, or a validated concern is expressed. The PIP establishes a plan to correct a problem, not to punish the family. PIPs are completed by the FPS worker and approved by the FPS Team Leader. The PIPs will be fully discussed with the family and the family will be asked to sign the PIP. PIPs are time limited and should last a maximum of 90 days (unless a shorter timeframe is required by the PIP). They will be reviewed periodically during the timeframe to ensure progress is being made towards correction of the issue. Failure to complete a PIP or repeating the issue that caused the PIP could result in closure of the home.

## *Interagency Foster Home Transfers*

If foster parents request a transfer from their current agency to another agency or to DCS, all case file documentation is shared with the accepting agency. This means all current assessments; background checks and incident reports are transferred to the requesting agency. Agency transfers should not take place during the time an active placement of a child or youth is in the foster home. Children's placements will not be disrupted to accommodate agency

transfers. Foster parents should work directly with the FPS WORKER or supervisor to initiate the transfer process.

## *Foster Home Closure Process*

Foster homes can be closed voluntarily or involuntary. If the home is closed in good standing, it can re-open as described in the Reactivation section of this chapter. If the home is closed involuntarily by DCS, the home will not be closed in good standing. If it is determined that a home should be closed, appropriate DCS staff will meet with the family to discuss the decision for closure. The family will be given a Closure Letter stating the reasons for closure and explaining the supervisory review process. If the family believes that their home was closed unjustly or unfairly, they should follow the directions in the letter to request the supervisory review process. A supervisory review must be requested in writing within ten calendar days of the date of the closure letter. An upper-level supervisor will be designated to receive this request and meet with the family to discuss the closure reason.

Policy References: *16.8 Responsibilities of Approved Foster Homes*, *16.16 Denial or Closure of Foster Homes*

## *Reactivation*

If a foster home that closed in good standing decides they would like to re-open, they should contact DCS. If the home has been closed for a period more than two (2) years, applicants will be required to re-take pre-service training. A new home study will be completed. If the home has been closed for less than two years, completion of form *CS-0692, Foster Home Assessment or Re-Activation* is required to re-open the home. All forms must be updated, and new criminal history checks completed. Also, homes being reactivated must have up-to-date CPR/First Aid and Medication Administration training before the home can be re-opened.

Reference: *Protocol for Re-Activation or Re-Classification of Foster Homes*

# *Appendix*

## *Policies and Protocols*

Foster home policies are in Chapter 16. Use the filter on the Policies and Procedures page to quickly navigate to Chapter 16.

*https://www.tn.gov/dcs/program-areas/qi/policies-reports-manuals/policiesprocedures.html*

## *Forms and Documents*

Foster home forms and documents can be found using the link below and filtering for the CS number or title. Forms and documents can also be accessed directly from the referencing policy.

*https://www.teamtn.gov/dcs/forms-and-documents.html*

## *Terms, Acronyms and Definitions*

Below are frequently used terms, acronyms and definitions used by staff. A comprehensive list can be found at *https://www.tn.gov/dcs/program-areas/qi/dcs-acronyms.html*.

Staff Titles

- Family Service Worker (FSW) or Juvenile Service Worker (JSW): the child's case manager.
- Foster Parent Support (FPS) worker: the foster home's case manager to provide support and ensure continued home approval status.
- DCS Health Advocacy Unit Nurse: the nurse available to assist foster parents & FSW/JSW's with any questions regarding the medical and dental care of the foster child.
- Permanency Specialist (Perm Sp.): serves as content specialist of all permanency options for children and youth in DCS full guardianship, preparing children and families for permanence, and contract negotiations for adoption assistance and subsidized permanent guardianship subsidies.
- Independent Living Specialist (IL Sp.): serves as content experts of the needs of older youth (age 14 and older) in foster care and those transitioning out of foster care into adulthood.

Processes

- Child and Family Team Meeting (CFTM): the meeting held in conjunction with the biological family, their supports, the foster parents, DCS and the child if age appropriate. This teaming is where all focus is on what is in the "best interest" of the child and how does the team make decisions that will enhance this child's life.
- The Permanency Plan (Perm Plan): the document that identifies the goal for the custodial child and outlines the steps necessary to achieve that goal.

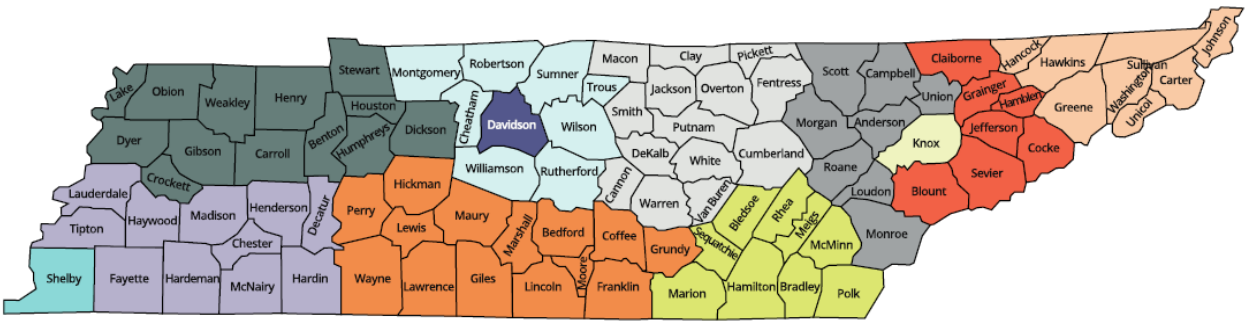
- Foster Care Review Board (FCRB): a group of citizens appointed by the court who review progress at 90 days and every six months thereafter.
- Guardian ad litem (GAL): attorney assigned by the court to represent children who are committed to DCS legal custody as dependent and neglected children.
- Court Appointed Special Advocate (CASA): a trained volunteer who is appointed by the court to review the circumstances of a child's case and to report to the court. The CASA's report is based on interviews with significant persons associated with the case, including foster parents, and reflects what is in the child's best interests.
- Termination of parental rights (TPR): the process of permanently severing a parent's rights to their child.
- Special Investigations Unit (SIU): This is a formal unit assigned to investigate child abuse allegations within foster homes.
- Child Protective Investigative Team (CPIT): a team composed of the District Attorney, law enforcement, SIU, medical staff, juvenile court staff and other professionals as needed. This team collaborates on severe abuse allegations.
- Foster Home Quality Team (FHQT): a committee of DCS personnel from different program areas including quality improvement, risk management, foster care, training, health, regional placement or FPS staff and a representative from the Foster Parent Advocacy Program which reviews foster home SIU outcomes that meet criteria to ensure there are no on-going safety concerns for custodial children.
- Early Periodic Screening, Diagnosis, and Treatment (EPSDT): when a child receives any type of health services (except for the screening and psychiatric medication appointments).
- Every Student Succeeds Act: a federal law guiding principles to keep students in their school of origin upon entry to custody and regardless if their placement changes.
- Best Interest Determination: type of meeting held to discuss any justification for why a student might be removed from the school of origin.
- Individual Education Plan (IEP): legal document that is developed for each public school child who needs special education.

<u>Definitions</u>

- Family in "Good Standing": Any fully approved family that is currently taking foster child placements and complies with all on-going DCS policy requirements including training requirements or, a family that has decided to close their foster home and discontinue their fostering experience and the system reflects the positive closure reason that is associated with a "good standing".

- Family in "Bad Standing": Any current or previous foster family who has violated DCS policies or been non-compliant with foster home requirements or, a family whose foster home has been closed due to non-compliance with foster home requirements or violating DCS policies and the system reflects the negative closure reason that is associated with a "bad standing".
- Health Insurance Portability and Accountability Act of 1996 (HIPAA): A United States legislation that provides data privacy and security provisions for safeguarding medical information and allows for all information to be shared with a physician.
- National Crime Information Center (NCIC) database: a database maintained by the Federal Bureau of Investigations for criminal histories.
- Child Advocacy Centers (CAC): Non-profit community organization which provides a neutral, non-threatening and private environment in which a trained forensic interviewer can meet with children who have been abuse/neglected.

## Tennessee Department of Children's Services
### Regional Map




**Northwest**
13 counties

**Davidson County**

**East Tennessee**
8 counties

**Mid-Cumberland**
8 counties

**Upper Cumberland Region**
14 counties

**Northeast**
8 counties

**Shelby County**

**South Central**
14 counties

**Tennessee Valley**
9 counties

**Southwest**
11 counties

**Smoky Mountain**
7 counties

**Knox County**

TN Department of Children's Services

LIST of COUNTIES & REGIONS

| County | Region |
|---|---|
| 01 Anderson | East Tennessee |
| 02 Bedford | South Central |
| 03 Benton | Northwest |
| 04 Bledsoe | Tennessee Valley |
| 05 Blount | Smoky Mountain |
| 06 Bradley | Tennessee Valley |
| 07 Campbell | East Tennessee |
| 08 Cannon | Upper Cumberland |
| 09 Carroll | Northwest |
| 10 Carter | Northeast |
| 11 Cheatham | Mid-Cumberland |
| 12 Chester | Southwest |
| 13 Claiborne | Smoky Mountain |
| 14 Clay | Upper Cumberland |
| 15 Cocke | Smoky Mountain |
| 16 Coffee | South Central |
| 17 Crockett | Northwest |
| 18 Cumberland | Upper Cumberland |
| 19 Davidson | Davidson |
| 20 Decatur | Southwest |
| 21 Dekalb | Upper Cumberland |
| 22 Dickson | Northwest |
| 23 Dyer | Northwest |

| County | Region |
|---|---|
| 49 Lauderdale | Southwest |
| 50 Lawrence | South Central |
| 51 Lewis | South Central |
| 52 Lincoln | South Central |
| 53 Loudon | East Tennessee |
| 54 McMinn | Tennessee Valley |
| 55 McNairy | Southwest |
| 56 Macon | Upper Cumberland |
| 57 Madison | Southwest |
| 58 Marion | Tennessee Valley |
| 59 Marshall | South Central |
| 60 Maury | South Central |
| 61 Meigs | Tennessee Valley |
| 62 Monroe | East Tennessee |
| 63 Montgomery | Mid-Cumberland |
| 64 Moore | South Central |
| 65 Morgan | East Tennessee |
| 66 Obion | Northwest |
| 67 Overton | Upper Cumberland |
| 68 Perry | South Central |
| 69 Pickett | Upper Cumberland |
| 70 Polk | Tennessee Valley |
| 71 Putnam | Upper Cumberland |

| | | | | |
|---|---|---|---|---|
| 24 Fayette | Southwest | | 72 Rhea | Tennessee Valley |
| 25 Fentress | Upper Cumberland | | 73 Roane | East Tennessee |
| 26 Franklin | South Central | | 74 Robertson | Mid-Cumberland |
| 27 Gibson | Northwest | | 75 Rutherford | Mid-Cumberland |
| 28 Giles | South Central | | 76 Scott | East Tennessee |
| 29 Grainger | Smoky Mountain | | 77 Sequatchie | Tennessee Valley |
| 30 Greene | Northeast | | 78 Sevier | Smoky Mountain |
| 31 Grundy | South Central | | 79 Shelby | Shelby |
| 32 Hamblen | Smoky Mountain | | 80 Smith | Upper Cumberland |
| 33 Hamilton | Tennessee Valley | | 81 Stewart | Northwest |
| 34 Hancock | Northeast | | 82 Sullivan | Northeast |
| 35 Hardeman | Southwest | | 83 Sumner | Mid-Cumberland |
| 36 Hardin | Southwest | | 84 Tipton | Southwest |
| 37 Hawkins | Northeast | | 85 Trousdale | Mid-Cumberland |
| 38 Haywood | Southwest | | 86 Unicoi | Northeast |
| 39 Henderson | Southwest | | 87 Union | East Tennessee |
| 40 Henry | Northwest | | 88 Van Buren | Upper Cumberland |
| 41 Hickman | South Central | | 89 Warren | Upper Cumberland |
| 42 Houston | Northwest | | 90 Washington | Northeast |
| 43 Humphreys | Northwest | | 91 Wayne | South Central |
| 44 Jackson | Upper Cumberland | | 92 Weakley | Northwest |
| 45 Jefferson | Smoky Mountain | | 93 White | Upper Cumberland |
| 46 Johnson | Northeast | | 94 Williamson | Mid-Cumberland |
| 47 Knox | Knox | | 95 Wilson | Mid-Cumberland |
| 48 Lake | Northwest | | | |