



Lutheran Social Services
of Wisconsin and Upper Michigan

Foster Care Services Handbook



Act compassionately. Serve humbly. Lead Courageously.

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WELCOME!

Lutheran Social Services Foster Care Staff would like to welcome you into our program. The work you have completed thus far has been extensive and time consuming. You have already come a long way and in doing so have made a statement about your dedication to become a Foster Parent. Your interests, dedication, time and understanding throughout the licensing process has been truly appreciated. It is only because of unique individuals like yourself that so many children and youth, who for many reasons require placement in foster care settings, are able to experience the life and love of a family.

As a Foster Parent for Lutheran Social Services, you are now also a member of an even larger family. Lutheran Social Services, established in 1882, has provided a wide range of services to children, youth and families for over a century. Foster care, an integral part of the diverse realm of LSS services, dates back to 1936. This program was designed with a strong philosophy, making its program unique to the area.

The power of shared vision is recognized within our program, where the importance of the treatment team is central. This team works together in partnership and includes the youth in care, his/her biological family, treatment providers, you as the foster family, and other significant individuals in the youth's life. We are committed to working in partnership with referral sources, schools, mentors, other vendors and family members as well. Together, the collaborative goal is to reunify the youth with his/her family. If efforts toward that goal are unsuccessful, it may mean placement of the youth in a permanent family home. No single resource or entity can work alone to resolve difficult, systemic and often complex challenges facing families.

As an integral part of the team, it is imperative that everyone becoming licensed understand and agree to follow the six core values that drive our standard of service. These are listed here:

Families are full partners with providers in caring for their children. We are dependent on the involvement of both biological and foster families in all phases of service delivery and regard them as essential resources deserving the utmost respect. They are equal members of the planning team and active participants in the development, implementation, monitoring, and modifying of treatment provided.

Services provided to children and their shared families must be culturally competent. Services are sensitive and responsive to the uniqueness of our customers. The diversity of the families we serve goes beyond ethnic differences and includes cultural differences. Sensitivity and respect for individual differences is communicated throughout the assessment, matching, implementation and discharge phases of treatment.

Children learn best to become competent and productive adults if they live in and learn from a normalized environment. This goes beyond the concept of placement in the least restrictive environment. It is a belief in keeping children connected to their own family and cultural setting.

Unconditional care is provided to children regardless of the severity of their behavior, emotional or mental uniqueness, physical disability, age, sex, race, or ethnicity. It is our commitment to do whatever it takes – to never give up. Services provided are rooted in Trauma Informed Care practice. Challenging behaviors or difficult service needs are not considered justification for discharge. Services are individualized and developed to fit the youth/family, as opposed to the youth/family needing to fit the services. Collaboration with other providers, which incorporates as broad an array of innovative services as possible, is mobilized to serve families. Those serving the families must be committed to working through challenging situations.

All families have strengths that when recognized and nurtured promote independence. The assets and coping skills of the youth and his/her families are emphasized in the development of the treatment plan, as their unique talents, skills and life histories are tools to future success.

Individualized services must be child-centered and family-focused. Family treatment planning and delivery must be client driven and cannot be bound by one model or philosophical approach. The needs of the youth and his/her families must dictate the types of services provided. We are committed to adapting the services and their delivery system to families, and we do not expect families to conform to a program in place. In so doing, we demonstrate flexibility and creative coordination to create opportunities for involvement and client self-determination. Non-traditional risks must, at times, be taken when approaches that are more traditional are ineffective. Creativity in providing services is restricted only by law and concerns of health and safety. All services are delivered in a coordinated and effective manner in accordance with the changing needs of both families and the youth.

Lutheran Social Services has chosen these guiding principles for its Foster Care Program, as it continues to demonstrate its commitment to the health, safety and well-being of the children, youth and families served.

Thank you for your compassion for others and for your motivation to work towards a collaborative goal. This handbook will assist you with questions or concerns you may have. Please feel free to contact a member of your LSS team if you need anything further.

Let the journey begin...

LICENSING

Application

A number of things must be completed before an individual is able to acquire a Foster Home license. Please feel free to use this as a checklist to ensure you have completed all that is required.

Foster Parents, check each item when it has been completed and submitted:

- Formal Foster Care Licensing Application
- Child Foster Care Licensing Checklist
- Completed Home Inspection (Physical Environment Checklist – optional)
- Application for Foster Home License (one page)
- Criminal Record Check Authorization (one for each household member 12 and over)
- Background Information Disclosure (one for each household member 12 and over)
- Fingerprint Cards (parents only; may also be required for other adults residing in the home)
- Waiver Agreement and Statement (required for any person fingerprinted)
- Foster Family Health Reports (proof of physical exam for each household member)
- Letters of Reference (4)
- Verification of Documents Form
- Verification of 21-point vehicle inspection and vehicle registration
- Fire Escape Plan Posted in the Home (copy to agency)
- Disaster Plan
- Water Supply Test (if applicable)
- Receipt of DCF 56
- Receipt of State Brochures
- Receipt of Foster Care Handbook (State and LSS)
- Pre-placement Training
- PDS Online Access Form
- Foster Home Agreement
- Respite Home Agreement
- Notice of Confidentiality
- Networking Form
- Releases
- W-9 (for payment purposes)
- ACH Authorization (for payment purposes)
- Consent – previous licensing agency (if applicable)

In addition to the completion of these documents, the licensing process includes lengthy interview process, during which the foster family is assessed and a home study is completed. After you have completed all application materials, training, and gone through the assessment, a decision will be made about your acceptance into the program. If accepted, you will ultimately receive your license. The license is effective for a period of two years and must be posted in a visible area in your home. For more information about the licensing of your home, waivers, modifications, and responsibilities you acquire upon becoming licensed, please refer to DCF 56 or feel free to contact the LSS team member taking you through the licensing process.

FBI Background Check

Foster Parents are required under the Adam Walsh Caregiver Act of 2007 to submit fingerprint cards for use in background checks through the Wisconsin Department of Justice (DOJ) and the Federal Bureau of Investigation. The cost associated with the record checks is absorbed by the agency. Agency staff will supply the cards and either take your prints or direct you to a local law enforcement agency to complete the process. You must show photo identification at the time your prints are obtained. A waiver agreement and statement form must also be completed.

Your Foster Care Licensor or law enforcement agency will mail the prints to DOJ and we will receive the results via a secure government website. If the prints could not be read for any reason, you will be asked to again go through the fingerprinting process. Should the prints not be able to be read after the second submission a “name-based search” must be completed, which could delay the licensing process. Upon successful submission of fingerprints and/or the completion of a name-based search, the results of the record checks will be printed and stored in your foster parent file, which is located in a locked filing cabinet in an access-restricted area. The results will remain there for seven years after closure of the foster home license, after which time such records will be shredded.

Information gathered from the FBI will only be used for the purpose it was gathered for, and will not be shared with any other agency. Only agency personnel who have been trained in the proper use and handling of criminal history record information and have a need to examine such records may have access. If **no** records are found, then the licensing process will continue as usual. If records **are** found, information will be obtained from the law enforcement agency (-ies) identified and you will have an opportunity to challenge the accuracy and/or to complete any information contained in the criminal record history.

FBI background checks are only conducted during the initial licensing process. Once your license is issued, you will not be required to be fingerprinted again unless there is a lapse in your license.

Annual Updates and License Renewal

The following will be completed every year you are licensed in order to keep the file up to date:

Foster Parent Check When Completed

- Completed Home Inspection
- Foster Family Health Reports (proof of physical exam for each household member)
- Verification of Documents Form
- Verification of 21-point vehicle inspection and vehicle registration
- Water Supply Test (if applicable)
- Receipt of DCF 56
- Receipt of State Brochures
- Receipt of Foster Care Handbook (State and LSS)
- Foster Home Agreement
- Respite Home Agreement
- Notice of Confidentiality
- Training Hours Log and certificates/documentation of completed training
- Fire Evacuation Plan (if any changes)
- Disaster Plan (if any changes)

At the end of the two-year period, license renewal is necessary. Should you wish to continue your license, you will need to submit all of the annual documents listed above, in addition to the following, at least 30 days before the expiration of your license.

Foster Parent Check When Completed

- Formal Foster Care Licensing Application
- Child Foster Care Licensing Checklist
- Application for Foster Home License (one page)
- Criminal Record Check Authorization (one for each household member 12 and over)
- Background Information Disclosure (one for each household member 12 and over)

**No applicant or former licensee previously denied a license, or whose license was revoked for substantive reasons, may reapply for a license within a period of two years following the effective date of denial or revocation.*

***You are required to submit copies of homeowners' or renters' insurance, vehicle insurance, and pet vaccinations as they are updated, which may occur more often than once a year.*

Foster Parent Evaluation

The Foster Care Licensor and/or Program Supervisor will complete annual evaluations of the services you provide in your role as a foster parent. These evaluations will assess your ability to provide appropriate care as outlined in DCF 56, as well as the LSS handbook, and will not only cover duties and expectations, but also personal qualities imperative for the care of foster children. Areas needing improvement will be addressed with a correction plan. The plan will identify the area of concern and the steps you will be required to take in order to rectify the concern. The evaluations and any plans created are kept at Lutheran Social Services; you will receive a copy for your personal files.

Grievance Procedure

Lutheran Social Services Foster Care Program encourages your open communication with all staff. Please address your concerns directly with them. If this is not successful, please contact the Program Supervisor. If you believe your rights have been violated in any way, or if you are not in agreement with a specific procedure, policy etc., your communication about those concerns are imperative for the success of our program. As stated previously, you are a partner in this endeavor, whose voice and opinions are powerful. If for any reason you are not satisfied with the reception or action taken by the Program Supervisor, please feel free to contact Lutheran Social Services Foster Care Manager:

*Jacquelyn O’Flahrity
Lutheran Social Services
612 N. Randall Avenue
Janesville, WI 53545
608-752-7660x5108*

Appeal Process

If you as an applicant are denied a license or if you have your license revoked, you may appeal the decision by asking the Department of Administration for a hearing. That request must be received by the Department within 10 days of the decision and shall be addressed to:

*Department of Administration
Division of Hearings and Appeals
Work/Family Services Unit
PO Box 7875
Madison, Wisconsin 53707-7875*

Lutheran Social Services reserves the right to revoke a Foster Care license if the foster parents have substantially and intentionally violated LSS rules and/or have failed to follow the Wisconsin Administrative Codes outlined in DCF 56. Written notice of revocation and the grounds for that decision will be given to foster parents if/when determination is made.

LEVELS OF CARE

Certification Levels

LSS currently certifies foster parents at Levels 2-5; only Levels 2-4 will be covered in this handbook. Levels of certification are based on individual qualifications (found in DCF 56) and training requirements.

Training Requirements

Before a child can be placed in your home, each foster parent is mandated to complete hours of orientation and training according to their certification level – this is called pre-placement training. Such training must be approved by Lutheran Social Services and the Department of Children and Families and shall be provided at no cost to you. Whenever possible, training will be provided at flexible times to accommodate work and family schedules. It is our hope that the training will prepare you to meet the challenges of caring for emotionally disturbed, developmentally delayed, and/or behaviorally challenging youth and partnering with their families.

In 2016, the Reasonable and Prudent Parenting Standard was put into effect. The Reasonable and Prudent Parent Standard is a standard of decision making characterized by careful and sensible parental decisions that maintain the health, safety, cultural, religious, or tribal considerations, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child. This standard allows out-of-home care providers to make reasonable and prudent parenting decisions which encourage normalcy for children and youth in their care to participate in extracurricular, enrichment, cultural, and social activities. This will be among the training topics you receive during initial licensing, and will influence your rights and responsibilities of foster parenting.

Ongoing training will continue to occur after licensing. Annual training requirements also vary depending on the level of care for which you are certified. Training can include a combination of: media training (video and audio tape presentations, books and periodicals, television and radio presentations, internet seminars, etc.), classroom training (conferences, workshops, seminars, etc.), and ongoing training sponsored by Lutheran Social Services. Training may also be given to you by a mental health professional treating the youth placed in your home for the purpose of assisting you with better understanding, handling and meeting the youth's needs.

All media training must be approved by your Foster Care Licensor. *A report* from each individual wishing to receive credit must be submitted to your Foster Care Licensor following the completion of any media training (See Appendices).* If a report is not received, those training hours will not be accepted and applied to the total hours required. Any classroom training must be documented with a certificate and/or other form of verification of attendance; a copy of such verification must be submitted to your foster care licensor. Finally, Lutheran Social Services will offer “in-house” training opportunities. If you choose to not take part in such opportunities you may only make up those hours by attending classroom training.

LSS foster care licensors (and often case managers also) will collaborate with each foster parent to develop your annual training plan, an individualized training plan based on topics required by DCF ch 56, child specific topics, and other identified areas of interest or need.

If there are additional trainings you require, please feel free to discuss this with a member of your LSS team, who will assure that your needs are met. Lutheran Social Services does not want you to feel overwhelmed or unprepared to meet the needs of a youth placed in your home. Training is an essential element to success.

Professional Development Services (PDS) Online is used to find, register for and keep record of foster parent training hours, located here: <http://wcpds.wisc.edu/>. Each foster parent has a unique log in and profile on PDS that contains their training log. You have a choice between maintaining your PDS account and training log, or allowing a LSS Foster Care Services staff member to have access to your account for the purpose of managing your training log. If you wish to allow FCS staff access, you can still log on anytime to access/modify your information on PDS Online. If you should choose not to allow staff access, you'll be responsible for managing your online training log independently. Please see the PDS Online Access Form* in the appendices.

Please note that failure to complete the required training will negatively impact your ability to carry out your role as a foster parent with Lutheran Social Services. If you do not maintain your necessary training hours you risk not receiving additional placements or having your license put on hold, not renewed or even revoked. The world of foster care, including the children, families, and systems we work with, is complex, challenging and ever changing. We must grow in it to effectively work in it. Training is our sustenance; we cannot grow without it. After all, "The purpose of learning is growth, and our minds, unlike our bodies, can continue growing as we continue to live." ~Mortimer Adler

Training requirements are as follows:

Training	Level of Certification		
	Level 2 – Basic	Level 3 – Moderate	Level 4 – Specialized
<u>“Pre-placement”</u> Before initial license/first placement	Minimum of 6 hours (online)	Minimum of 36 hours (6 hours online; 30 hours classroom)	Minimum of 40 hours (6 hours online; 30 hours classroom; 4 hours child/population specific training)
<u>“Initial Licensing”</u> The first 12 month period of your initial license.	30 hours	24 hours	30 hours (4 hours child/population specific training)
<u>“Ongoing”</u> Each 12 month period following initial licensing period.	10 hours in each 12-month period of licensure	24 hours in each 12-month period following licensure	30 hours in each 12-month period following licensure (8 hours must be child/population specific)

See the Foster Care Training Log in the Appendices for required topics.

PLACEMENT PROCEDURES

Matching and Pre-placement Visits

By the time you are ready to welcome a youth into your home you have completed a great deal of work – work that has taken time and patience. This is rewarded when you are ready to be matched with a youth who, like you, has spent time and demonstrated patience, while waiting for your family to open its doors to him/her.

Youth who require foster care services are referred to our program by surrounding county Human Services Departments or other affiliated agencies. These agencies are called placing agencies. The program that you are now a part of exists to serve children and youth whose special needs are severe enough that, in the absence of our program, they would be at risk of placement into more restrictive settings. Most of the children and youth that qualify for our program will present with multiple special needs due to traumatic histories involving physical, sexual, emotional abuse and/or neglect. Some youth do not have a history of trauma, but struggle due to a psychiatric diagnosis, developmental or intellectual delays, and/or medical disorders. These youth may be currently residing in a family home, foster home or in a treatment center awaiting reintegration into the community.

While our program is aimed at successfully serving the above individuals, we will not put others at risk. During the home study assessment process, time will be spent discussing what would be considered a “good match” for your family. When a referral is received for a youth in need of placement, the information is reviewed by a Program Supervisor and your licensor, and other LSS team members, if necessary. Should it be determined that your home is a perspective match for a youth, you will be asked to review the material LSS has obtained. In most cases you will have an opportunity to ask questions and/or request additional information before moving forward with the placement process. LSS will attempt to obtain and supply you with as much information about the youth as possible so that you can make an informed decision about moving forward.

Ideally, you will meet with the youth, a LSS worker, and potentially that youth’s treatment team prior to placement. The youth could also spend a short period of time with you and your family in your home (often referred to as a “pre-placement visit”) so that you may get to know one another and decide whether or not placement will indeed be possible. Then, if, and only if, you and the youth are comfortable, he/she will be placed in your home. At no time will a youth enter your home unless you are comfortable with the placement. If for some reason you are not comfortable, please share your thoughts with a LSS team member. It is imperative that you be honest for the youth’s sake, as moving from home to home is detrimental to a youth and can leave lifelong scars. If at any time prior to placement, for any reason, you do not feel “connected”, it is acceptable to wait for another match, for children deserve to feel that connection to another. Simply denying a placement does not mean another youth will not be referred to you.

Child/Adolescent Needs and Strengths (CANS) Assessment

Placement of children in your home and rate determination will largely be based on the child or adolescent’s Level of Need (LON), which is determined by a standardized assessment tool

- the Child and Adolescent Needs and Strengths (CANS) assessment. The CANS is designed to use outcome measures to assess the child’s strengths, behavioral issues, mental health needs, well-being, and level of functioning. The assessment also identifies the child’s trauma experience and addresses the needs and strengths of the current caregiver. The CANS assessment is currently being utilized within the first 30 days of placement during the initial treatment team meeting and quarterly thereafter to assist in developing a child’s treatment plan. An update of the assessment can be requested at any time by the child’s treatment team members. The assessment seeks input from the child and the treatment team members. A child’s LON recommends placement of him or her with a specific Level of Care (LOC). Additionally, the assessment also assists in determining the finances a caregiver will receive to support the child while they are in care. Below is a more thorough explanation of the children served and services provided according to a child’s LON:

Level of Need	Description of Children Served	Description of Services Provided
Level 2 – Basic	Youth have basic behavioral/emotional challenges: truancy, failure to comply with rules and expectations, frustrating behaviors criminal behavior such as vandalism or shoplifting, poor and impulsive judgment in peer interactions, family problems, depression anxiety and fear, a history of neglect and/or abuse, school problems, AODA, delinquent behaviors, and/or mental health issues.	Monthly contact with child/foster family, 24/7 crisis response/support, individualized Support Plan, quarterly CANS assessment and progress report, ILS assessment within first 60 days for children 8 years and older (annually thereafter for children 8-13 and every 6 months thereafter for children 14+), 2 nights of respite/month, a coordinated team approach.
Level 3 – Moderate	Youth have moderate behavioral/emotional challenges requiring greater levels of supervision and training, such as school suspension, specialized school programs, failure to comply with reasonable rules, attachment issues, inappropriate sexual behavior, displays of anger, cruelty to animals, destruction of property, complex trauma and/or multiple out of home placements/disruptions, etc. A more structured, supportive setting is required by the foster parents.	Increased supervision, intensive school coordination, increased complexity in treatment team facilitation, coordination of respite days, treatment plans, monthly progress reports, CANS assessment every 3 months, ILS assessment within the first 60 days (annually thereafter for children 8-13 and every 6 months thereafter for children 14+), every other week contact with child/foster family, 24/7 crisis response/support, individualized Support Plan, 2 nights respite/month, a coordinated team approach.
Level 4 – Specialized	Youth who present severe behavioral/emotional challenges and require exceptional supervision and intervention to be maintained in the community. Youth have significant challenges that require the highest levels of supervision and training, such as school expulsion, threats to others, behaviors and activities requiring 24/7 supervision, sexual offenses, attachment disorders and mental illness. Because of these challenges, there is limited or no availability for other children to reside in the home.	Increased supervision, intensive school coordination, increased complexity in treatment team facilitation, coordination of respite days, treatment plans, monthly progress reports, CANS assessment quarterly, ILS assessment within the first 60 days (annually thereafter for children 8-12, and every 6 months thereafter for children 14+), weekly or every other week contact with child/foster family, 24/7 crisis response/support, individualized Support Plan, 2 nights respite/month, a coordinated team approach. Foster home is provided with child specific/specialized training.

Placement

When a youth is placed in your home the following tasks must be done in accordance with DCF 56. Please use this as a checklist to ensure you have completed all that is necessary to be in compliance.

- ❖ Have a qualified medical practitioner complete the Initial Screening for Communicable Disease/Immediate Medical Care Form* (see Appendices) within 48 hours of placement. (If the youth has not had a physical in the last 30 days, one will be required during this 48 hour period.)
- ❖ Schedule the youth to receive a complete physical by a physician. (Required during first 30 days of placement, then annually.)
- ❖ Schedule the youth to receive a dental examination. (Required during the first 30 days of placement, then every 6 months.)
- ❖ Schedule the youth to receive an optical examination. (Required during the first 30 days of placement.)
- ❖ Review with the youth the list of emergency telephone numbers near your home telephone.
- ❖ Review with the youth emergency and fire evacuation routes.
- ❖ Ensure you have a first aid kit in your home and in your vehicle(s).
- ❖ Prepare a file of the youth's information that is stored in a locked location. (* A table of contents for the child's file can be found in the Appendices.)

Treatment Plan

At the first treatment team meeting, you, as the Foster Parent, the youth, and the youth's treatment team will develop a treatment plan. This plan outlines what the team will be working on while the youth is in placement and includes a number of short and long-term goals for the youth and his/her family. This plan will be reviewed monthly and revised quarterly with members of the treatment team. These reviews are also an excellent opportunity for team members to share concerns, offer support, and provide encouragement for the youth and his/her family. The treatment plan may look something like this:

Short Term Treatment Goal #1:

During the next month (youth's name) will complete school assignments when they are due and hand them in on time to the appropriate teachers.

This is an example of what one goal might be for one youth. This goal, *targeting the next month of placement*, must be monitored closely by you, school staff, and additional treatment team members on a regular basis to assess whether or not the youth is nearing its completion, or struggling with it and why. Interventions to assist the youth to meet his/her goals are also outlined on this treatment plan. For example:

Interventions/Means to the Goal:

1. **(Youth's name) will participate in a nightly study hour every Sunday through Thursday. (Foster Parent's Name) will be available at that time to assist (Youth's name) with any assignments needed.**

This is only one example of what one intervention might be to assist a youth who is working on completing assignments and handing them in as well.

Independent Living Plan

An Independent Living Plan (ILP) is developed after a youth turns 8 years old. If the youth is age 8 upon entering your home, the plan will be developed within the first 60 days. Online assessments will be completed by the youth and the caregiver to more accurately assess the youth's needs. The Foster Care Case Manager will then create a plan designed to increase the youth's independence and prepare him/her for adulthood. The team will review it at treatment team meetings. Foster Parents are responsible for monitoring the plan and assisting the youth with learning new skills. The Foster Care Case Manager will also assist as able. Progress is presented quarterly at treatment team meetings and on monthly reports. A 90-day transition plan will be incorporated into an ILP if the youth will be aging out of care.

Support Plan

General Crisis Support Guidelines* are in place (see Appendices); however, an individualized support plan is also developed for each child placed in an LSS foster home. The support plan is developed by the treatment team within the first 30 days of placement. All treatment team members will follow this plan when crises arise in the home, school, and community environments. This plan will then be reviewed quarterly or as needed. If at any time you believe that you would not be prepared should a crisis occur, please share that information with your Foster Care Case Manager so that the treatment team might strengthen the plan. Failure to follow the support plan may result in disciplinary action being taken by Lutheran Social Services. **Be aware that a Foster Care worker is available 24 hours a day through our Crisis number is 1-800-645-4303. If in doubt, call! We are here to support you when you need it. Please reference the Appendix for Crisis Support Guidelines.**

Respite

TAKING RESPITE

In the world of foster care we call "vacation" respite, and our policy is that you can take respite as needed. Taking respite consistently is encouraged; therefore, LSS pays for two respite days for each child on a monthly basis (see "Services Provided" on page 11). The days do not accumulate, so if you do not use them, you lose them. Respite days cannot be transferred from one child to another. The individuals providing respite are paid directly by LSS. If you choose to have a child in respite for more than the two provided days, the additional cost must be exchanged between you and the respite provider, at a rate equal to the nights paid by LSS. Your Foster Care Case Manager can help you connect with respite providers.

RESPITE PROVIDERS

Respite providers must meet the qualifications outlined in the Respite Provider Agreement* (See Appendices). This form must be signed by all individuals providing respite. In addition, background checks must be completed successfully. By becoming a licensed Foster Parent, you will meet and exceed all of the criteria for being a respite provider.

Foster parents and respite providers utilize a Respite Report* (see Appendices) to communicate the child's current needs and strengths (i.e. medications, new triggers, recent successes, new talents, etc.) and a summary of the respite. This form also serves as a checklist for the items the respite provider should receive, such as a copy of the youth's MA card in case of an emergency.

Requesting a Change in Placement

It is Lutheran Social Services' goal to have a youth maintain placement within a foster home until he/she is able to reunite with his/her family or find permanency via placement with a fit/willing relative, adoption, guardianship or transition to living independently. As the foster parent, you have been required to undergo a lengthy assessment, trainings, consultations, etc. to ensure that the youth will have successful placement in your home. Unfortunately, at times, for one reason or another, foster parents are forced to decide whether to request a youth's permanent removal. Often times, numerous efforts have been made to keep the youth with the foster family. If this occurs, DCF 56 requires that a foster parent give a **30-day notice** of their request for removal of a youth from their home. During those 30-days, a new plan is made for the youth and another placement is explored. This time is taken so that transition to a new home can be well planned for. Unplanned disruptions can cause more significant trauma for children. Failure to give a 30-day notice may result in disciplinary action being taken by the agency.

Emergency Change in Placement

If a youth's behavior is creating a safety concern in your home and they are beyond your control, temporary removal from the home may be necessary. The investigating police officer and/or the LSS worker managing the crisis is responsible for deciding whether or not removal from your home is the only safe solution to the situation. Your role is to clearly describe to the officer the nature of the problem and the basis upon which you may believe removal is necessary. The officer has the legal authority to grant or deny your request.

Law enforcement may then transport the youth to shelter care or secure detention. This is considered temporary removal because you and/or an LSS staff will be responsible for picking up the youth (from shelter or detention), usually within 24 hours after placement. This is not a long-term solution to a control problem and may result in increasingly difficult behaviors to manage upon return from shelter or detention.

Once the youth returns, the treatment team will come together to discuss the situation, revise the treatment plan or crisis plan if necessary, and discuss any additional concerns or opportunities for the youth. **Please remember that any situation that requires police notification requires you to notify the Foster Care Case Manager or on-call worker.**

It should be noted that if law enforcement denies your request, you should consult with your Foster Care Case Manager or on-call worker about how to proceed. In some circumstances, it may be necessary to arrange emergency respite services and a LSS worker can assist you with making such arrangements. Emergency respite services are for safety related emergencies only. Pre-arranged, consistent respite is encouraged to help prevent the need for emergency respite services.

Successful Discharge and Transition

The treatment team will work together to formulate a plan for a successful discharge and transition when it is determined that it is time to move the youth to another setting (i.e. home, an adoptive home, another foster home, etc.). An example of this plan may include several visits in the new setting and then extending those visits as appropriate. Once the youth has become comfortable in his/her new setting a discharge date is planned and a final meeting is scheduled. Follow-up after the youth is discharged from Lutheran Social Services Foster Program is the responsibility of the placing social worker. If the youth contacts you, you are encouraged to remain a positive adult role model for the youth.

Reporting to LSS

LSS is in need of very specific information about children in care in order to satisfy reporting requirements of agencies purchasing our services, and to ensure that payment to foster parents is provided in a timely manner. Foster parents will need to submit the following items **for each child** in care either by email (preferred), fax, or mail:

- Service Log*(See Appendices; instructions included)
To be completed monthly and returned to the Program Supervisor by the 25th of that month. Include dates of all doctor/dental appointments, visits, respite, etc. and a detailed summary of key events. If a section is not applicable, please write "N/A". Use of this form prompts foster parent payment.
- Incident Report* (See Appendices; instructions included)
To be submitted to the LSS Case Manager within 24 hours. Includes incidents involving errors in administering medication.
- Initial Screening for Communicable Diseases (See Appendices)
To be completed by a qualified medical practitioner within 48 hours of placement and returned to the LSS Case Manager.

- Health Check* (See Appendices, DHS form)
To be completed by a doctor within 30 days of placement and/or at a child's annual physical, and returned to the LSS Case Manager within 48 hours or 2 business days.
- Foster Child Health Report* (See Appendices, LSS form)
To be completed by a doctor at all medical, dental and optical appointments, and returned to the LSS Case Manager annually, within 2 business days of the appointment.
- Report Card
To be submitted to the LSS Case Manager following each quarter the child is enrolled in school.
- Child's Personal Inventory List* (See Appendices)
To be submitted to the LSS Case Manager within 30 days of placement. Submitting changes to this list as they occur is strongly encouraged.

LSS is also in need of information **about your home** on an ongoing basis. The LSS Licensor or Program Supervisor must be notified *immediately* by email, fax or mail of the following:

- Changes in the home
Someone entering/exiting the home; a change in employment; a new pet, arrests/ pending charges, illnesses/hospitalizations, marriage/divorce/separation, etc.
- Training Certificates/Media Reports/Supporting Documents
It is your responsibility to keep track of training hours on PDS and/or your training log (See Appendices); however, LSS must have copies of certificates/media reports/supporting documents, or be able to view them on PDS, in order to count a training toward your required hours.
- Renewals/policy changes for auto/home owner's insurance
- Pet Vaccinations

Financial Reimbursement

Foster Parents receive monthly payments in order to meet the needs of the children placed in their care; this is applicable only to children placed full-time in the home. At the time a child is placed in your home, you may not know the entire monthly rate you will be receiving, as a child's rate is determined by multiple factors: age, the outcome of the CANS assessment completed (within 30 days of placement) and exceptional child needs. The state has set a "Basic Maintenance Rate" for all children in care according to age (* See Rate Brochure in Appendices). This is the only portion of a child's rate that the foster parents are guaranteed upon placement.

Following the completion of the CANS assessment and additional conversation amongst the team regarding exceptional needs, the placing agency will propose a rate for reimbursement. A LSS worker, serving as a neutral party, will contact you about the rate and ask you to accept or deny it. If you accept the proposed rate, LSS will inform the placing agency of your decision and you will receive that rate for the next 6 months, at minimum. If you deny the rate, you will need to provide an explanation as to why you believe the rate should be increased or decreased. LSS will share such information with the placing agency and request a rate redetermination. Should the placing agency accept the request, LSS will come back to you with a second proposed rate, at which time you will have the option of accepting or denying it. If at any time the placing agency denies the request for a rate redetermination, you may request a fair hearing and appeal the rate. While your LSS worker can provide you with information on the fair hearing process, it is your responsibility to request and attend the hearing.

*Department of Administration
Division of Hearings and Appeals
Work/Family Services Unit
PO Box 7875
Madison, Wisconsin 53707-7875*

Payments for full-time placements are intended for reimbursement, not income; therefore, they are not tax deductible. Also, it is expected that a portion of the rate goes towards providing a child with spending money and an allowance, when age appropriate.

Additionally, foster parents will receive payment for respite services provided. For such services, a daily rate has been established by LSS. Respite services are considered taxable income. When your respite payments exceed \$600 in a calendar year, you'll receive a W-9 for taxable income.

ADDITIONAL POLICIES AND PROCEDURES

Transportation

Lutheran Social Services Foster Care Program has incorporated a transportation policy in addition to Wisconsin Administrative Code DCF 56 that states:

“Any licensee or other person acting on behalf of the licensee who transports foster children for any purpose shall possess a valid driver’s license. The licensing agency may establish additional requirements in this area by written policy.”

Additional requirements regarding transportation by Lutheran Social Services include:

Any licensee or other person acting on the behalf of the licensee who transports youth in care for any purpose will not transport youth in their care while under the influence of alcohol or drugs. This includes drugs that impair your ability to drive, prescription or otherwise.

Any motor vehicle utilized to transport a youth in care must be registered with the DMV and be equipped with safety belts. All drivers of motor vehicles and all passengers must wear safety belts in all front seat positions and rear seat positions with three-point belts. Children must be in a car seat until they reach age 4 and in a booster seat until they reach age 8. Tiered structure now applies:

1. Each child who is less than one year old or who weighs less than 20 pounds being transported in a vehicle shall be properly seated and restrained in a rear-facing individual child car safety seat in the back seat of the vehicle.
2. Each child who is at least one year old but less than 4 years old or who weighs at least 20 pounds but less than 40 pounds shall be properly restrained in a forward-facing individual child car safety seat in the back seat of the vehicle.
3. Each child who is at least 4 years old but less than 8 years old, who weighs at least 40 pounds but not more than 80 pounds, or who is 4 feet 9 inches tall or less, shall be properly restrained in a shoulder-positioning child booster seat.
4. Keep children in the back seat until age 13.

Mileage Reimbursement

Foster Parents are expected to provide transportation for youth in care for things such as appointments, employment, school, home visits, respite, and court. Transportation may be required at other times in order to meet the needs of the youth in care. The mileage incurred on your vehicle is included as part of the monthly stipend for the youth’s care. Occasionally, reimbursement can be considered in exceptional cases and with prior approval and authorization from the Program Supervisor. Such reimbursement will be in the form of gas cards only.

Driver’s License

Youth in care are permitted to obtain a driver’s license. The cost of driver’s education, obtaining a driver’s license, and vehicle coverage will be discussed amongst the treatment team. It should

be noted that foster parents retain liability if they allow their foster child under their insurance policy. This could result in increased premiums if the foster child is in an accident or commits traffic violations.

Medication Storage and Administration

Many youth are prescribed medications by their primary care physician, psychiatrist, or other health professional. All medications must be taken as prescribed by the youth's doctor and logged in the youth's medication log* *immediately after each administration* (See Appendices). Before each and every medication administration, check the 6 rights of Medication Administration.

1. Right Youth.
2. Right Medication.
3. Right Dose.
4. Right Time.
5. Right Route, and
Right Documentation.

If a dose is missed and it has been an hour since the time it was supposed to be taken, you must contact the youth's doctor or a local hospital/pharmacy to acquire information on how to proceed. You will then need to log all of the actions you took to acquire such information including to whom you spoke, when, what information you were given, and the actions you took. An incident report (See Appendices) will need to be completed and sent to LSS within 24 hours of any medication administration error, including a missed medication, wrong does of medication, a medication given at the wrong time, a medication given to the wrong youth, a discontinued medication given, or an expired medication given. LSS is required by WI DCF to track all medication administration errors. Do not rush when administering medication; **take your time!** This greatly reduces incidents of medication errors.

All medications must be kept out of children's reach, in the original containers, and according to the storage instructions on the bottle. Medication must be administered only by the adult in care at the designated times. **Youth should not be responsible for controlling their own medications or for taking them on their own.** While this responsibility is important, it is ultimately up to the foster parents to ensure medications are being taken consistently and safely. The youth's medication should remain in its original container and should be transferred only from adult to adult when the youth goes to respite, the detention center, on a family visit, etc. The child's medication log must accompany the medication.

It is your responsibility to be aware of any potential side effects your foster child may be experiencing because of prescribed medications and to communicate those to the youth's medical provider and treatment team.

Medication Disposal

To reduce risk, it is important that medication which is no longer needed is not stored in the home. Always follow any specific disposal instructions on the prescription drug label or patient information that accompanies the medication. Take advantage of community drug take-back programs, or drug mail-back programs, that allow the public to bring unused medications for proper disposal. You may also drop medications in disposal kiosks at participating pharmacies, if this is an option in your area.

If you need to dispose of medication in your home, **do not flush the medication.**

You can **safely dispose of medication in your household trash by following these steps:**

Simply mix the medication with an unappealing substance (such as used coffee grounds or kitty litter), place the mixture in a container and throw container in the household trash. Next, scratch out personal information on the bottle label and throw bottle in household trash

Mail

A youth has the right to send and receive mail. Within the first 30-days of placement, members of the treatment team will identify any individuals whom the youth is able to have contact with. Individuals who promote criminal behavior, hinder progress in treatment, endanger the safety or well-being of any youth or foster family will not be included. When a youth receives mail from someone who is not on the contact list, the Foster Care Case Manager should be notified. Consultation will occur with the county social worker to determine if the mail can be given to the youth. If permission is not granted, the Foster Care Case Manager will log that the item was sent and will direct you to return the letter to the sender.

Telephone

Foster homes are required to have a phone that is *always* accessible to members of the home. Youth in care can use this phone for calls with family and/or friends. Ownership/use of a cell phone by a youth in care will be decided by the treatment team.

Computer

You are not required to have internet access in your home; however, if you do, internet use by youth in care must be discussed amongst the treatment team prior to the youth utilizing the computer. It is required that foster parents have a secure password and take other means to ensure that youth in care use the computer and internet appropriately. The use of rigid firewalls is also strongly suggested. The computer must be located in an area of the home where it can be easily observed by others.

Confidentiality and Social Networking

Maintaining confidentiality as a foster parent extends to Facebook, Twitter, Instagram, YouTube and other social networking websites. To protect confidentiality as a licensed foster parent, pictures or information pertinent to the youth placed in your home must not be posted on social networking websites. It is important to maintain boundaries with the child's treatment team.

Under no circumstances should a foster parent ask to become “friends” with important members of the treatment team such as county social workers, therapists, case managers, or other members of the child’s treatment team. Youth are allowed to have social networking profiles, if the foster parent and treatment team decide it is appropriate for the youth’s age and maturity. Foster Parents will be provided a Social Media and Technology use policy. A Social Media Consent and Technology User Agreement are included in the appendix and should be completed at the time of placement, or once the youth reaches the age and maturity to access technology and social media.

Movies/TV/Video Games

Movie/TV/Video game entertainment must be determined to be appropriate for the child. In general, LSS suggests that foster parents follow the movie ratings (G, PG, PG-13, R) or the game ratings (eC, E, E10+, T, M, Ao, RP). Movies rated “R” and games rated M-RP are often not appropriate for the youth in care; therefore, the foster parents are expected to discuss this with the treatment team. Foster parents should use the Reasonable and Prudent Parenting Standard to determine the appropriateness of movies/videos outside of the suggested ratings.

Sleepovers

If a child requests to sleepover at a friend’s house, foster parents should consider what any parent would do, such as, have a conversation with the other parent, ensure they understand any necessary care needs of the child (medical or otherwise), ensure that a proper level of supervision will occur, and provide emergency contact information in the event it is needed. LSS staff may conduct public record searches by request or on a situational basis.

If possible, sleepovers should be discussed at a team meeting or by phone to get a team consensus. Ultimately LSS retains the right to say no to a sleepover if safety is believed to be compromised. Friends of the child may spend the night at the foster home.



RECEIPT OF LSS FOSTER PARENT HANDBOOK

I have received and read the LSS Foster Care Services Handbook. I understand all the policies and procedures within this handbook and agree to follow and implement them. I understand that not abiding by the conditions of our license or violating DCF 56 could result in a termination of that license.

Signature: _____

Date: _____

Printed Name: _____

Signature: _____

Date: _____

Printed Name: _____