



PARTNERSHIP FOR
**STRONG
FAMILIES**

Partner . Foster . Adopt

Partner Family Manual

A Guide for Foster Parents Licensed
through Partnership for Strong Families

Mission, Vision, & Core Principles

PSF's Mission is to enhance the community's ability to protect and nurture children by building, maintaining and constantly improving a network of family support services.

PSF's Vision is to be a recognized leader in protecting children and strengthening families through innovative, evidence-based practices and highly effective, engaged employees and community partners.

PSF's Core Principles of Practice:

- Provide a safe environment for all children.
- Make prevention of child abuse and neglect a community priority.
- Individualize services to meet the needs of children and families.
- Respect the inherent dignity of children and their families.
- Recognize that more can be done with communities and families as partners.
- Respect the diversity of all children and families in the community.
- Commit to accountability using outcomes to measure performance and improve practice.
- Maintain children in their own homes whenever safely possible.

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Welcome Letter



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www.pfsf.org
Headquarters
Partnership for Strong Families
5950 NW 1st Place, Suite 300, Gainesville Florida 32607

Dear Partner Family,

I hope this letter finds you well. It is with great pleasure and gratitude that I write to you today on behalf of Partnership for Strong Families. We are honored to welcome you as new foster parents in our community and express our heartfelt appreciation for your commitment to this vital role.

Becoming a foster parent is an extraordinary and selfless decision, one that carries profound responsibility but also promises immeasurable rewards. Your choice to open your hearts and homes to children in need speaks volumes about your character and compassion. In this role, you are making an invaluable contribution to the well-being of vulnerable children, and for that, we are immensely thankful.

Our agency is dedicated to ensuring the safety, well-being, and best interests of every child in the foster care system. Your willingness to provide stability, care, and support to these children is an integral part of achieving this mission. Your home will provide a safe place where these children can heal, grow, and thrive under the loving and care you provide.

As you embark on this journey, please know that we are here to support you every step of the way. Our team is committed to providing you with the resources, training, and assistance you need to excel as foster parents. We understand that fostering comes with its share of challenges and joys, and we are here to offer guidance, answer your questions, and lend a helping hand whenever necessary.


Your dedication is a beacon of hope for the children you will welcome into your home. It offers them a chance to believe in themselves, dream of a brighter future, and experience the love of a caring family. Your actions are not only transforming the lives of these children but also contributing to the betterment of our community as a whole.

Your Caregiver Support Specialist is a great resource to help you navigate the system. Please remember that if you ever require assistance, have questions, or simply need someone to talk to, our agency is here for you. Your success as foster parents is of utmost importance to us, and we are eager to see the positive impact you will make on the lives of these precious children.

Once again, we extend our heartfelt thanks and warmest welcome to you both. Your kindness, compassion, and commitment are shining examples of the power of love and care. Together, we are making a profound difference in the lives of children who need it the most.

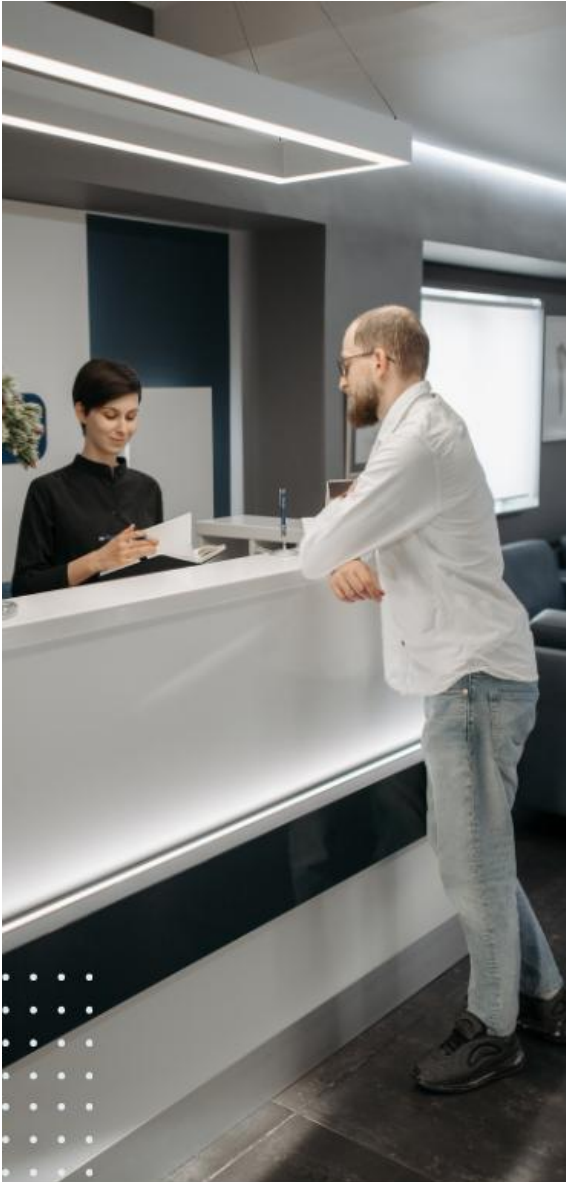
Thank you for becoming an integral part of our foster care community. Your love is a gift that will leave a lasting legacy, one that these children will carry with them throughout their lives.

With deepest admiration and appreciation,


Ginger Griffeth, CEO
Partnership for Strong Families

About Partnership for Strong Families (PSF)

In 1998, the Florida legislature mandated that all foster care and related services be privatized, or provided through contract by private, non-profit agencies across the state. This transition was to begin in January, 2000 and be completed over a three-year period. The concept was dubbed Community Based Care (CBC), with the intent of building a stronger, more effective system through a community-driven process that was to be advocacy-based, locally organized and empowered. The initial contract between DCF and PSF was signed on June 29, 2003. Since that time, PSF has been the lead agency for child welfare services in North Central Florida serving judicial circuits 3 and 8, which consist of Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Madison, Taylor, Baker, Suwannee and Union Counties.



OFFICE LOCATIONS

Partnership for Strong Families Headquarters Location:

2850 NW 43rd Street, Suite 200
Gainesville, FL 32606
Phone: 352-224-1500
Toll Free: 888-383-6420

Gainesville

5719 NW 13th Street
Gainesville, FL 32653-2130
Phone: 352-244-1500
Toll Free: 888-383-6420

Lake City Service Center

971 West Duval Street
Lake City, FL 32055
Phone: 286-243-8800
Toll Free: 866-832-5562

Trenton

111 NW 4th Avenue
Trenton, FL 32693
Phone: 352-463-3110
Toll Free: 888-877-5459

Live Oak Service Center

501 SE Demorest Suite B
Live Oak, FL 32064
Phone: 386-364-7774
Toll Free: 866-580-8133

Perry

605 S Jefferson Street
Perry, FL 32347
Phone: 352-463-3110
Toll Free: 888-877-5459

Starke Service Center

843 S Walnut Street
Starke, FL 32091
Phone: 904-964-1540
Toll Free: 866-888-6548

www.pfsf.org

As the lead agency, PSF provides some services in house and contracts for other services. Foster care licensing, placement and adoption services are directly provided by PSF. PSF maintains a vast array of services and provides the utilization management for access to services. Case Management and Independent Living Services are subcontracted by PSF.



DCF responsible for the state level Child Welfare System

- Responds to all abuse reports
- Issues foster care licenses
- Contracts with Community Based Care Organizations for Adoptions, Foster Care and Ongoing services for children and families.



PSF is the Lead CBC contracted with DCF to provide foster care services.

- Foster care licensing and Caregiver Support
- Placement services
- In house Case Management for Adoption and Independent Living Services
- Oversee subcontracts for Ongoing Case Management services



CBC Subcontracted Agencies for Ongoing Services Case Management

- **Camelot Community Care** - Columbia, Suwannee, Lafayette, Hamilton, and Madison Counties
- **4 Sisters Solutions** - Dixie, Gilchrist, Levy and Taylor Counties
- **Jewish Family & Community Services** - Alachua, Baker, Bradford and Union Counties.

Escalation Process

We ask that caregivers use the escalation process to resolve challenges they encounter, starting with the direct service staff, their supervisor and their management working your way up the chain of command to reach resolutions. PSF and contracted agency staff are expected to return phone calls timely – immediately when possible but no later than the close of the next business day. If your call is not returned by your Family Counselor timely you are asked to call up the chain of command.

For Case Management:

Family Care Counselor -> Family Care Counselor Supervisor -> Assistant Program Director -> Program Director

For Partnership for Strong Families:

Caregiver Support Specialist -> Caregiver Support and Relicensing Supervisor -> Director of Licensing -> Chief of Placement & Caregiver Support

Role of the Caregiver Support Specialist

After a partner family home is licensed, each home is assigned their own Caregiver Support Specialist (CSS). The CSS has many functions for the partner family:

1. The primary function of the CSS is to assist the partner family with supports and navigating the system. Linking caregivers with system partners who can assist in providing information and resolving issues and when possible stepping in to meet a need themselves.
2. Once the placement of a child is made into a licensed home the CSS promptly contacts the caregivers to address any needs that may arise to promote placement stability. Requests may include the following but are not limited to daycare referrals, service referrals, emotional support, contacting the assigned case manager or relevant support, and restitution forms. And for Level 2-5 homes, assisting with things such as travel reimbursement and normalcy funds.
3. The CSS is responsible for at least quarterly visits to the partner family home to verify compliance with licensing code standards. The CSS also makes at least monthly contact with the partner family to check in on their overall status and needs.
4. The CSS is responsible for assisting the partner family with the annual re-licensure process which consists of; updating the home-study, ensuring all re-licensure paperwork is completed, completing background screens, and ensuring each partner family completes the annual in-service training hours. Additionally, the CSS completes addendums to the license, such as changes to capacity and relocation move studies.

Role of the Foster Parent Advocate

PSF's Partner Family Advocate is a great resource for caregivers navigating parenting of children who have experienced trauma. The primary goal of this role is to support foster parents in creating a nurturing and structured environment that meets the unique needs of children from hard places. The Advocate will:

- Provide Trust Based Relational Intervention training to foster families
- Work closely with Partner Families to enhance their understanding and application of TBRI principles
- Individualized coaching on TBRI
- Assist families in recognizing child's needs and support with intervention suggestions to help parents connect, correct, and provide a balance between nurture and structure.
- Help parents recognize and plan for a child's sensory needs.

On Call Numbers

Who do I call for assistance?

Case Management On Call

PSF Subcontracts for Case Management Services

Alachua

352-210-8538

Jewish Family & Community Services

Dixie, Levy, Gilchrist & Taylor

352-210-6104

4 Sisters Solutions

Columbia

352-401-2129

Camelot Community Services

Baker, Bradford, Union

904-977-9842

Jewish Family & Community Services

Suwannee, Lafayette,

Hamilton & Madison

850-570-9716

Camelot Community Care



**PARTNERSHIP FOR
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Placement On Call

352-244-1520

PSF Provides Placement for

All 13 Counties



General Information

Information about the Placement Process

When a child is removed from his or her home, that child often experiences considerable grief and loss. Aside from being removed from his or her parents, the child no longer has access to his or her belongings, pets, friends, neighborhood relationships, or the familiarity of his or her surroundings. Regardless of the abuse, neglect, and/or trauma experienced, the child is being moved from his or her home and the people that she or he loves and cares about. If the child needs to be placed into foster care rather than with a non-custodial parent or kinship caregiver, the placement experience is compounded because of the numerous changes the child will experience. When children move into foster care, more times than not the caregiver is a new person that the child did not previously know well, if at all. The experience of moving into an unknown place with unknown people can be a difficult transition. For all these reasons, it is important to never lose sight of how important it is to prepare a child for placement while in foster care, to communicate with the child all along the way, and to ensure that the child remains connected to her or his family and other connections throughout his or her time in care.

When children are in need of placement we strive to place in the least restrictive setting that is able to meet the child's needs.

1. Parent - Is there a non-maltreating parent who can take placement?
2. Kinship - Is there family or nonrelative connection that can take placement?
3. Licensed Care - When licensed care is needed we look at:
 - Proximity to child's home – placing children in their home community keeps kids in their school, provides the opportunity to maintain community activities like sports, clubs and church.
 - Capacity – does the home have the capacity to keep siblings together?
 - Can the foster provider meet the child's needs, include child placement restrictions such as room sharing, supervision, and technology?
 - Is the foster provider willing to work with the birth family toward reunification efforts?
 - What supports are needed to make the placement successful?

Working with birth families

The most successful foster caregivers understand their role goes beyond supporting the children in their care to supporting the children's families as a whole. Making connections with birth parents as soon as possible and keeping communication open and honest from the start can help build a strong and ongoing partnership. When safe, foster parents should meet birth parents early after placement to exchange essential information about the child and to help ease any worries about foster care. Try putting yourself in the birth parent's shoes and think about what you would want to know about the people caring for your child. Regular check-ins through emails, phone calls, texts, photo sharing, etc., can help birth parents feel closer to their children, build trust with you, and encourage reunification.

When placement is made, your Family Care Counselor can facilitate a Comfort Call. A Comfort Call is a phone call to the child parent (or former caregiver) to let the parent know the child has been placed. It offers an opportunity for the foster parent to talk with the parent to share information. The foster parent may want to ask some questions about the child. Some examples include:

- What is your child like?
- What are their sleeping hours/routines?
- What are their dislikes?
- Any medical history or allergies?
- Child's preference for comfort items?
- What are the child's food preferences?

You should be prepared to share a little about yourself and your family ahead of time. Only share what you are comfortable sharing. Some things to consider are how long you've been fostering; who lives in your home, including pets; hobbies and activities; and what your daily routine looks like.

Comfort calls set the stage for establishing a relationship between the foster and birth families. Relationships often extend beyond reunification, effectively expanding the group of adults with whom a child can enjoy lifelong, positive relationships. Open and ongoing communication between the foster parent, the birth parent and the child can help build trusting and lasting relationships. Birth parents may be more likely to stay connected and share information when the foster parent is willing to support and encourage the birth parent and child or youth to ask for help whenever needed. Regular communications between them can help them stay up-to-date on all matters relating to the child and family. It also can help clarify different or confusing feelings that the birth parent, child or youth may be experiencing during this period of time.

Maintaining regular contact through visits and sharing time together are other important ways to strengthen and support relationships between the foster parent/kinship caregiver, the birth parent, child or youth. The foster parent can play a critical role in supporting positive, regular visitation between the birth parents, the child or youth and their siblings. Visits enable the child or youth to see that his or her family is okay. This family time together also gives everyone the opportunity to stay connected and work towards reunification together whenever possible. Talks between the foster parent and the birth parent can focus on ideas to make the visitation special and memorable for the child or youth. They can also talk about what works best so they can maximize quality time during the visits. Other opportunities for foster parents to help promote family time together include:

- Encouraging birth parents to participate with them in their child's medical appointments, dental appointments, school conferences/events and court hearings
- Encouraging birth parents to participate with them in family outings, trips to the park, birthday parties, holiday events and other special celebrations
- Offering to drive the birth family to appointments and events

Foster parent working with birth families is such an integral part of PSF's system of care that we call our foster families **Partner Families**. Becoming a Partner Family comes with the expectation that our families will be working collaboratively with the agency, system partners and most importantly, the child's birth family.

Roles and Responsibilities of Partner Families

Foster parents play a key role in the child welfare system. The use of the term Partner Family for our foster homes was purposeful. PSF subscribes to a shared parenting approach encouraging foster parents to engage with the child's birth family whenever the circumstances are safe to do so. Partner families can support reunification efforts by assisting with visitation, helping parents to continue to be involved in important events such as doctor's appointments, school meetings/activities, as well as letting the children see their foster and bio parents work together for the common goal of the child's safety and well-being. Stable, loving, safe placement for children is a crucial piece of the system as a whole providing for the children it serves. The foster parent role working with the child's parents, caseworkers, medical and mental health professionals, schools, courts and guardian ad litem programs, among others, is vital for ensuring the best care possible for children. As a caregiver, Partner Family roles and responsibilities include:

- Ensuring the child's safety and well-being at all times.
- Ensuring the child's needs for food, clothing and shelter are met.
- Treating the child as your own by providing love, care, guidance and support.
- Assisting in taking the child to medical, dental and mental health appointments.
- Providing encouragement to the child.
- Ensuring medications are provided as ordered by doctors.
- Attending staffings, meetings and court hearings for the child.
- Cooperating with parental and sibling visitation.
- Ensuring the child is supervised by an approved caregiver at all times. Foster children shall not provide supervision to other children in the home.
- Maintaining & Adding to the Child's Resource Record as well as providing that record when the child leaves placement.
- Maintain information about the child and his/her family confidentially.
- Notifying PSF immediately when there is any change in the household to include household composition, address, change in employment and frequent visitors. All new household members must be fingerprinted within (5) five days of residence.
- Partnering with the agency toward the child's established case plan goal.
- Working as a member of the child's team to ensure the child's continued safety and well-being.

- Cooperating with case management agency's requirements for home visits, to include monthly face to face in home contacts, at least quarterly unannounced home visits, and visits at the frequency set based on child's legal status or agency determined needs.
- Reporting missing or runaway children to local law enforcement and the agency immediately.
- Reporting any injury, illness or hospitalization to the agency immediately.
- Ensuring children are transported in a smoke free environment.
- Completing a minimum of 8 hours agency approved in service training annually while licensed.

Partner Family's Bill of Rights

1. To be treated with dignity, respect and consideration as a professional member of the child's team.
2. To be provided with ongoing and pertinent in-service training in order to assist me in being able to more effectively meet the needs of the children placed in my care and to develop and/or enhance my skills.
3. To be informed as to how to contact the appropriate full case management agency staff in order to receive information and assistance to access supportive services for the children placed in my home.
4. To be provided clear and written underereating of the full case management agency's plan concerning the placement of the children in my home.
5. To be provided a fair, timely and impartial investigation of complaints or foster parent referrals concerning my license; to be provided due process during investigation and to be provided the opportunity to request an administrative review of decisions that affect licensing parameters; and the right to have decisions concerning licensing corrective action plans specifically tied to licensing standards and clearly explained.
6. To be provided information about the children accepted for placement to include a Child Resource Record within 72 hours of placement; the right to additional or necessary information that is relevant to my providing continued quality care to the child.
7. To receive timely financial reimbursement – that has been approved by PSF – commensurate with the care needs of the child placed in my home.
8. To be notified in timely manner of scheduled meetings and staffings concerning the foster child in order to actively participate in the case planning and decision-making process regarding the child placed in my care, including individual services planning meetings, administrative case reviews, multidisciplinary staffings, and individual educational planning meetings; the right to provide input concerning the plan of services for a child and to have that input given full consideration in the same manner as information presented by any other professional on the team; and, the right to communicate with other professionals who work with the child within the context of the team, including therapists, physician and teachers.
9. To be given reasonable written notice of any changes in the child's case plan and plans to terminate the placement of the child with me, or the reason for the change or termination in placement. (Notice shall be waived only in cases of a court order or when the child is determine not be at imminent risk of harm.)
10. To be notified in a timely manner of all court hearings, including notice of the date and time of the court hearing and the location of the hearing.
11. To be considered as a placement option when a foster child who was formerly placed with me re-enters into foster care when such placement would be consistent with he best interest of the child and other children in my home.
12. To have access to the agency's appeal process and be free from acts of harassment and retaliation by any party when exercising the right to appeal.
13. To be provided with telephone numbers that are crucial to ensuring a child's safety, permanency and well-being.

Confidentiality

Foster parents are entrusted with confidential information about children in their care and learn additional confidential information about children and their families as a result of their work as foster parents. It is the client's right and expectation that confidential information will be respected and safeguarded by the agency. As partners in the provision of children's services, foster parents are bound by the same expectations of protecting confidential information as are agency social work staff members. This means that no information learned as a result of their work as foster parents is to be shared outside of that professional service, even if identities are "disguised." Casual conversations about client information with friends, other foster parents, and others not involved with direct services to the client are prohibited.

To successfully care for, protect and promote the well-being of children in foster care, Partner Families need information. Partner Families will need to share information with others involved with the child's care, but it can be confusing as to what can be shared and to whom it may be shared.

Legal and Policy Requirements:

- The general rule is that foster parents must receive records and information that relate to or assist in appropriately parenting their foster child except when expressly prohibited by law.
- Full disclosure or comprehensive sharing of information with foster parents is required by Florida Law and Administrative Code.
- Partner Families must be invited to staffings regarding children in their care. Caregivers are encouraged to participate as they are a valuable member of the professional team. Partner Families not only provide valuable information and input in decisions but staffings are often a means for caregivers to gain additional information about the case.

Child Resource Record:

- When a child is placed in your home, a Child Resource Record must be provided to the Partner Family. The Child Resource Record should contain child records such as:
 - Medical, dental, psychological, psychiatric, behavior history, treatment progress reports
 - All court reports and orders (shelter, adjudication, disposition, judicial review/permanency hearing)
 - Visitation and case plan
 - Comprehensive behavioral health assessment (CBHA)
 - School records
 - Copy of the child's birth certificate

What CANNOT be shared with Foster Families:

- Reporter information to the Florida Abuse Hotline.
- Financial records of the biological parents or any other party or participant.
- HIPAA (Health Insurance Portability and Accountability Act) protected documents of the biological parents (medical reports, psychological or psychiatric reports) unless the foster parent is a participating in the treatment team/staffing regarding the case plan.
- Records of domestic violence centers.

When can Foster Families Share with Others:

- With other Foster Families only when that family will be providing respite or in a placement transition.
- With medical professionals working with the child.
- With school personnel working with the child.
- With other providers and professionals working with the child.

Share only information that is necessary to assist professionals in providing the best care possible. Refrain from sharing information that isn't necessary for quality care as it is important to protect the privacy of children involved in the child welfare system.

Partner families may not share confidential information with family or friends. Breaking confidentiality is a violation of your licensing agreement and may be a violation of the child's HIPAA rights to confidentiality.

Multidisciplinary Team Staffings

Multi-Disciplinary Team (MDT) staffings allow for better engagement with families and a shared commitment and accountability from the family and their circle of support. Caregivers have valuable information that is critical to help make informed decisions regarding staffing goals.

Multi-Disciplinary Team Staffings must be held when an important decision is required to be made about a child's life to include:

- Initial placement decisions for a child who is placed in out-of-home care.
- Ongoing placement changes and transitions for a child who is in out-of-home care.
- Changes in physical custody after the child is placed in out-of-home care by a court.
- Changes in a child's educational placement.
- Placement decisions which involve sibling groups.
- Case goals

Any other important decisions in the child's life which are so complex that the department or appropriate community-based care lead agency determines convening a multidisciplinary team.

Senate Bill 80 MDTs vs. traditional Staffings:

- Senate Bill 80 MDTs include placement changes, transitions, education transitions, sibling separation, reunification, and reinstatement of parental rights.
- Senate Bill 80 MDTs require certain participants be invited to attend a staffing by the MDT Facilitator. The MDT Facilitator will reach out by phone and/or email.
- Senate Bill 80 MDTs require a staffing be held in advance of a planned placement change and a Transition Plan developed. Written notice and the Transition Plan should be sent to the court 14 days prior to a planned move. For emergency moves a Placement/Transition MDT must be held within 72 hours of the change.
- If participants do not come to an agreement in a Senate Bill 80 MDT the Facilitator will follow an escalation process with the Regional Manager and notify CLS/court for further direction once the recommendation is received from the escalation process.
- Traditional Staffings do not require specific participants be invited and there is not an escalation process.
- Traditional Staffings would include any staffing that brings participants together from different agencies, clients, and caregiver to talk about a case need.
- Traditional Staffings are not required to be held by an MDT Facilitator and could be held by community-based care lead agency or case management agency.

Participation in Staffings

Caregivers have valuable information that is critical to help inform decisions by the staffing teams and the court. It is important to provide the written Caregiver Input forms for court hearings even if you plan to attend the judicial hearing in person. Partner families are the experts on children living in their homes.

Partner Family Team Member Role:

- Provide input into the development of the child's case plan and other decisions made by the team.
- Share perspectives with members and the courts with respect to the best interest of children in their care.
- Provide children opportunities in the home and through other activities to learn and practice skills needed for independent living. Life skills topics include: food preparation, money management, consumer awareness, personal

hygiene, housekeeping, accessing health care services, transportation, job seeking, education, study skills and interpersonal relationship building.

Judicial Review Requirements:

- A statement from the foster parent or legal custodian providing any material evidence concerning the return of the child to the parent or parents.
- If the child has reached 13 years of age but is not yet 18 years of age, a statement from the caregiver on the progress the child has made in acquiring independent living skills.

Tips for foster parents:

- Stick with the facts and try to keep emotion out of the written Caregiver Input documentation.
- When possible, take a balanced approach by acknowledging positives as well as the challenges.
- Be aware that copies of Caregiver Input forms filed with the court are provided to all parties to the case.
- Provide the completed Caregiver Input form to the Family Care Counselor at least a week prior to the scheduled hearing date. You can provide a copy to the Partner Family Advocate and the assigned CLS attorney in addition to the Family Care Counselor.

○

Foster parents also have the right, in addition to providing a written statement, to address the court with any information relevant to the best interest of the child.

Dependency Court Hearings and Process

Dependency Action

The dependency court process begins with a report to the child abuse hotline alleging child abuse, neglect, or abandonment. As a result of the report, a child protective investigator or county sheriff visits the child's home to determine whether or not the child's living environment is unsafe. If the living environment is considered unsafe, and the child is in need of court protection, the child may be removed from the home or a petition filed for dependency or shelter without prior removal. If a child is removed, a shelter petition must be filed immediately thereafter.

The Court Room

There may be numerous people in the dependency court room. It is the judge's responsibility to listen to all parties and make informed and unbiased decisions based on the information presented in court. The following people are typically present:

- Child Protective Investigator (CPI): The person responsible for investigating the abuse report.
- Children's Legal Services: An attorney representing the State of Florida, by and through the Department of Children and Families (DCF), to ensure the health and safety of children and the integrity of families.
- Family Care Counselor/Case Manager: The person who coordinates services for the family and prepares most reports for the court.
- Guardian ad Litem (GAL): An attorney or case coordinator who represents the best interest of the child and works independently of the courts and the DCF.
- Parent's Attorney: The attorney who represents the views and interest of the parents.
- Parents
- Caregivers
- Child(ren)

Tips for Attending Court

- Arrive early at the courthouse; parking can be limited.
- Be on time for all court proceedings.
- There may be numerous people in the dependency courtroom, which can be overwhelming. The judge will call cases in an orderly fashion. Be patient.

- Court proceedings can happen very fast and can be hard to follow. Ask someone if something happens that you do not understand.
- The judge may hold more than one hearing on the same day for a single case—such as the adjudicatory and disposition hearings.
- If you are given a notice to attend a subsequent hearing, remember the date, time, and place, and keep the notice in an easily accessible place.
- The case managers can recommend numerous resources to assist you and the children in your care.
- Contact the case manager or a court representative if you do not receive notices to attend hearings or receive copies of pertinent court documents such as the case plan or judicial review social study report.

Shelter Hearing

The shelter hearing is held before or within 24 hours after removal of a child from the home. At the shelter hearing, the court will hear testimony about the alleged child abuse, neglect, and/or abandonment. During the hearing, the judge determines whether probable cause exists to place or keep a child in shelter status pending further investigation of the case. Visitation and other concerns are also addressed during this hearing.

Arrestment Hearing

The arrestment hearing occurs within 28 days of the shelter hearing. During the hearing, the parents or legal custodians enter a plea of “admit,” “consent,” or “deny” in response to the dependency petition. If the parents/legal custodians deny the allegations in the dependency petition, the judge will set an adjudicatory hearing within 30 days of the arrestment hearing. However, if the parents/legal custodian admit or consent to the allegations in the petition, the judge will set a disposition hearing within 15 days of the arrestment hearing unless a continuance is necessary. Rule 8.225(c)(1) requires that all parties and participants whose identity and address are known, including the child’s foster parents and relative caregivers, must be notified of the arrestment hearing.

Adjudicatory Hearing (Trial)

If the parents or legal custodians deny any of the allegations in the petition, an adjudicatory hearing occurs within 30 days of the arrestment hearing. During this hearing, the judge listens to the facts of the case and determines if the child is dependent (found to be abused, abandoned, or neglected, or at imminent risk of abuse, abandonment, or neglect). Adjudicatory hearings are conducted without a jury and a “preponderance of evidence” (it is more likely than not that the allegations in the petition are true) is required to establish dependency. If the court determines that the child is dependent, then the case is scheduled for a disposition hearing.

Disposition Hearing

The disposition hearing should occur within 15 days of the arrestment hearing or within 30 days of the adjudicatory hearing. During this hearing, the judge makes decisions regarding the most appropriate placement for the child, and determines the necessary protections and services.

Case Plan Approval

During the disposition hearing or within 30 days of the disposition hearing a judge will review the case plan and may accept it or suggest changes. A case plan contains specific goals and steps the parents or legal custodians need to accomplish to address the behavior that created the risk for the child. In addition, the case plan lists the services to be provided to the child, foster parents, and legal custodians.

Judicial Reviews

The first judicial review occurs within 90 days of the disposition hearing or the date of the case plan approval, whichever comes first, but no later than six months from the date of removal. Additional reviews occur every six months and within 90 days after the child’s 17th birthday. During judicial review hearings, the court receives updates on the parents/legal custodians’ case plan progress. Under §39.701(5), Florida Statutes (2009), the following people, among others, are required to be noticed of judicial review hearings: the foster parent or legal custodian in whose home the child resides, any pre-adoptive parent, the attorney for the child, and the child (13 years of age or older).

Permanency Hearing

A permanency hearing must be held no later than 12 months after the date the child was removed from the home or no later than 30 days after a court determines that reasonable efforts to return a child are not required, whichever occurs

first. At the permanency hearing, the court considers the permanency options of reunification, adoption, permanent guardianship, permanent placement with a fit and willing relative, and placement in another planned permanent living arrangement.

Termination of Parental Rights

Termination of Parental Rights (TPR) begins with a TPR petition. This petition alleges that the child's parents have met at least one ground for TPR. (See §39.806, Florida Statutes, (2009) for a detailed explanation of TPR grounds.) A TPR adjudicatory hearing will be held within 21 days of the court receiving the TPR petition if the parents voluntarily surrender parental rights. If the child's parents deny the charges in the TPR petition, a TPR adjudicatory hearing must be held within 45 days following advisory, unless all necessary parties agree to a different date.

Caregiver Input

PSF has an automated email system that will provide notice to the caregiver of record of upcoming court hearings. The notice will provide the date, time and location of the child's court hearing to the email in the placement provider record. PSF strongly encourages caregivers to participate in court hearings. You can talk with your Caregiver Support Specialist about what to expect.

Caregivers have valuable information that is critical to help inform decisions by the staffing teams and the court. It is important to provide the written *Caregiver Input* forms for court hearings even if you plan to attend the judicial hearing in person. Caregiver Input forms can be emailed to CaregiverInput@pfsf.org and a designee will ensure the document is provided to Children's Legal Services to be filed with the court. Partner families are the experts on children living in their homes.

Partner Family Team Member Role:

- Provide input into the development of the child's case plan and other decisions made by the team.
- Share perspectives with members and the courts with respect to the best interest of children in their care.
- Provide children opportunities in the home and through other activities to learn and practice skills needed for independent living. Life skills topics include: food preparation, money management, consumer awareness, personal hygiene, housekeeping, accessing health care services, transportation, job seeking, education, study skills and interpersonal relationship building.

Judicial Review Requirements:

- A statement from the foster parent or legal custodian providing any material evidence concerning the return of the child to the parent or parents.
- If the child has reached 13 years of age but is not yet 18 years of age, a statement from the caregiver on the progress the child has made in acquiring independent living skills.

Tips for foster parents:

- Stick with the facts and try to keep emotion out of the written Caregiver Input documentation.
- When possible, take a balanced approach by acknowledging positives as well as the challenges.
- Be aware that copies of Caregiver Input forms filed with the court are provided to all parties to the case.
- Provide the completed Caregiver Input form to the Family Care Counselor at least a week prior to the scheduled hearing date. You can provide a copy to the Partner Family Advocate and the assigned CLS attorney in addition to the Family Care Counselor.

Resources:

- Links to the Caregiver Input form:
 - Electronic version
<http://www.pfsf.org/wp-content/uploads/Caregiver-Input-187-E101216-On-screen.pdf>

- Paper version
<http://www.pfsf.org/wp-content/uploads/Caregiver-Input-187-E101216-By-Hand.pdf>
- PSF's Partner Family Advocate is available to assist.
- Children's Legal Services assigned attorney is available to assist.
- Family Care Counselor and Supervisor are available to assist.
- The completed Caregiver Input form can be emailed to CaregiverInput@pfsf.org and the recipient will ensure the document is provided to Children's Legal Services to be file with the clerk. Documents provided with less than a week may not be available in time for the scheduled hearing.

Foster parents also have the right, in addition to providing a written statement, to address the court with any information relevant to the best interest of the child.

Decision Making in Child Welfare

Allegations of abuse, abandonment, and/or neglect come in through calls to the Florida Abuse Hotline (866)96ABUSE. The allegations fall within the matrix of maltreatments.

Abandonment	Internal Injuries
Asphyxiation	Intimate Partner Violence Threatens Child
Bizarre Punishment	Medical Neglect
Bone Fracture	Mental Injury
Burns	Physical Injury
Death	Sexual Abuse: Sexual Battery
Environmental Hazards	Sexual Abuse: Sexual Exploitation
Failure to Protect	Sexual Abuse: Sexual Molestation
Failure to Thrive/Malnutrition/Dehydration	Substance-Exposed Newborn
Household Violence Threatens Child	Substance Misuse
Human Trafficking – CSEC	Substance Misuse – Alcohol
Human Trafficking – Labor	Substance Misuse – Illicit Drugs
Inadequate Supervision	Substance Misuse – Prescription Drugs
Threatened Harm	

The Department of Children and Families Child Protective Investigations (CPI) team conducts an assessment to determine if a danger threat exists. Present Danger exists as an immediate, significant, and clearly observable family condition, child condition, individual behavior or action or family circumstances which are in the process of occurring and which obviously endanger or threaten to endanger a child and require immediate action to protect a child.

When a danger threat is determined to exist, the CPI determines the necessary level of intervention to control the danger threat. When an in-home safety plan is not able to control the threat, the safety action is that the children are placed in out of home care.

Conditions of Return is the criteria assessed to determine when the children can safely return/reunify with an in-home safety plan.

1. The parents/legal guardians are willing for an in-home safety plan to be developed and implemented and have demonstrated that they will cooperate with all identified safety service providers. Willing to accept and cooperate refers to the most basic level of agreement to allow a Safety Plan to be implemented in the home and to participate according to agreed assignments. Caregivers do not have to agree that a Safety Plan is the right thing nor are they required liking the plan; plans are not negotiable in regards to the effectuation of the plan
2. The home environment is calm and consistent enough for an in-home safety plan to be implemented and for safety service providers to be in the home safely. Calm and consistent refers to the environment, it's routine,

how constant and consistent it is, its predictability to be the same from day-to-day. The environment must accommodate plans, schedules, and services and be non-threatening to those participating in the Safety Plan.

3. Safety services are available at a sufficient level and to the degree necessary in order to manage the way in which impending danger is manifested in the home. Safety Management Services are dependent upon the identified impending danger threat. Available refers to services that exist in sufficient amount. Access refers to time and location. Accessible services are those that are close enough to the family to be applied and can be implemented immediately.
4. An in-home safety plan and the use of in-home safety management services can sufficiently manage impending danger without the results of scheduled professional evaluations. This question is concerned with specific knowledge that is needed to understand Impending Danger Threats, caregiver capacity or behavior or family functioning specifically related to Impending Danger Threats. The point here is the absence of such information obviates DCF's ability to know what is required to manage threats. Evaluations that are concerned with treatment or general information gathering (not specific to Impending Danger Threats) can occur in tandem with In-Home Safety Plans.
5. The parents/legal guardians have a physical location in which to implement an in-home safety plan. Physical location refers to (1) a home/shelter exists and can be expected to be occupied for as long as the Safety Plan is needed, and (2) caregivers live there full time. Home refers to an identifiable domicile. DV or other shelter, or friend or relative's homes qualify as an identifiable domicile if other criteria are met (e.g., expected to be occupied for as long as the safety plan is needed, caregivers live there full time, etc.).

Concurrent Planning

"Concurrent Case Planning" means working toward a primary permanency goal while at the same time establishing an alternative permanency goal for the child to be utilized in the event reunification does not occur within a time period that is reasonable with the child's sense of time. To be effective, concurrent planning requires not only the identification of an alternative plan, but also the implementation of active efforts toward both plans simultaneously with the full knowledge of all participants. Concurrent planning can assist in earlier permanency for children in out of home care.

Florida Statute and Administrative Code on Concurrent Planning:

- 65C-30 Requires evaluation to determine if concurrent case planning is appropriate in every case involving a child in an out-of-home placement.
- 65C-28 Requires the appropriateness of concurrent goals shall be evaluated at each permanency staffing.
- Ch 39.01 Defines "Concurrent planning" as establishing a permanency goal in a case plan that uses reasonable efforts to reunify the child with the parent, while at the same time establishing another goal that must be one of the following options: Adoption; Permanent Guardianship; Placement with a Fit and Willing Relative; or, placement in Another Planned Permanent Living Arrangement.
- CH 39.6013 Provides that the case plan may be amended by the court or upon motion of any party at any hearing to change the goal of the plan, employ the use of concurrent planning, or add or remove tasks the parent must complete in order to substantially comply with the plan if there is a preponderance of evidence demonstrating the need for the amendment.
- CH 39.701 Requires a Judicial Review hearing be held within 6 months after the date that the child was placed in shelter care. At the hearing the court shall make findings regarding the likelihood of the child's reunification within 12 months after the removal of the child from the home. If the court makes a written finding that it is not likely that the child will be reunified within 12 months after the child was removed from the home, the department must file a motion to amend the case plan and declare that it will use concurrent planning for the case plan. If concurrent

planning is already being used, the case plan must document the efforts the department is taking to complete the concurrent goal.

“Are you willing to adopt?” – What does this question really mean?

- When the question is asked at the onset of a case or placement, most often the Family Care Counselor is assessing the potential for this placement to be a permanent one IF reunification is not achieved.
- They are asking if you are open to adoption or willing to make a commitment to the child BEFORE the child is available for adoption.
- They are NOT indicating you will be able to adopt the child being placed in your care.
- There are many factors that will influence the permanency outcome for the child such as whether reunification is achievable; whether other placement resources are identified, such as relatives or non-relatives; and, whether the child is free for adoption or not.

Concurrent planning requires active steps be taken toward achieving two different goals at the same time. A foster parents' role often includes teaching and modeling skills for birth parents and other family members while at the same time being asked to commit as a permanency option for children if reunification is not able to be achieved.

Child Resource Record

The Child Resource Record (CRR) is a standardized record developed and maintained for every child entering out-of-home care that contains copies of the basic legal, demographic, educational, medical, and psychological information (as records are available and accessible) pertaining to a specific child, as well as any documents necessary for a child to receive medical treatment and educational services.

The CRR is a work in partnership between the child's Family Care Counselor and caregiver, along with other stakeholders, to obtain and maintain records that are important to the child's well-being such as medical records, school records, photographs, and records of special events and achievements. The CRR should expand as events and milestones in a case occur. The Family Care Counselor will provide some documents to be included in the record and the caregiver will acquire documents that will be added to the collection as well. The CRR should be maintained by the child's caregiver and follow the child to any subsequent placement.

At Placement:

- Placement Letter
- Authorization for consent to treat
- Emergency Intake/Child Information Form
- Child Placement Agreement (*as appropriate*)

Items your Family Care Counselor will provide:

- Shelter Order (*usually available within 24-72 hours after initial removal*)
- Court Orders (*Adjudication, Disposition – usually available within 1-2 weeks of the hearing*)
- Family Functioning Assessment (*available at time of Case Transfer Staffing*)
- Case Plan (*usually available between 30-60 days from removal or when ordered by the court*)
- Judicial Review Report (*available within 72 hours prior to a Judicial Review Hearing*)
- Judicial Review / Permanency Orders (*usually available within 1-2 weeks following the hearing*)
- Comprehensive Behavioral Health Assessment (*usually available within 30-45 days of removal*)

Records from Other Sources:

- School/Education Records – testing, Individualized Education Plan, 504 Plan, Report Cards, other school records
- Medical Records – Well Care Check-ups, ongoing health care, specialist records
- Emotional and Behavioral Health Records – evaluations, psychiatric care, progress evaluations

- Dental Records

Other items:

- Recent color photo of the child
- Copy of the child's Birth Certificate
- Copy of the child's Social Security Card
- Medical Insurance Card

Copies of available documents can be requested from your Family Care Counselor or Caregiver Support Specialist. The Child Resource Record is a collection of documents that both foster parents and FCCs should be adding to ongoing.

Child Abuse in Foster Care

Any person who knows or has reasonable cause to suspect that a child has been abused, neglected, or abandoned by a parent, legal custodian, caregiver or other person responsible for the child's safety and well-being shall immediately report such knowledge or suspicion to the Florida Abuse Hotline of the Department of Children and Families.

Call 1-800-96ABUSE or 1-800-962-2873 or 1-800-453-5145 for TDD (Telephone Device for Deaf) services. A reporting form is also available online at <http://www.dcf.state.fl.us/abuse.howtoreport.shtml> that can be faxed to 1-800-914-0004.

Telephone reporters will always be told prior to concluding the conversation whether the information has been accepted as a report or not. ALL reports are confidential. Knowingly and willfully making a false report is a 3rd degree felony. This can result in a fine or imprisonment if convicted.

Incident Reporting

Critical incidents with the children or the foster homes must be reported to the agency immediately. Some incidents may merely need documentation and other will require follow up actions. Your Family Care Counselor will be able to give you information on actions necessary.

The following are incidents or events that must be reported to PSF:

1. Adult Death of a Child Welfare system client or caregiver.
2. Child Death of a child under supervision of the agency.
3. The arrest of a child in the custody of the Department.
4. The arrest of a primary caregiver for a civil or criminal offense or when there is a media news article/video about the caregiver arrest (excluding local arrest records, i.e. Mug Shots).
5. Employee Event to include, but is not limited to, misuse of position or state property; falsification of records; failure to report suspected abuse or neglect; contract mismanagement; or improper commitment or expenditure of state funds.
6. Missing Child. When the whereabouts of a child in the custody of the Department are unknown and attempts to locate the child have been unsuccessful.
7. Mental Health Hospitalization: A Baker Act/Marchman Act
8. Illness/Injury to Client: A medical condition of a client requiring medical treatment by a licensed health care professional sustained or allegedly sustained due to an accident, act of abuse, neglect or other incident.
9. Abuse/Neglect/Abandonment/Threat of Harm: Allegations of abuse/neglect/ abandonment/threat of harm that justifies and requires a report to the Florida Abuse Hotline.
10. Vehicular accident: When a vehicle collides with another vehicle, pedestrian, animal, road debris, or other stationary obstruction.
11. Distribution of photos: The unauthorized release of any child photos involved with an open service case.
12. Media Attention: Any incident that gains the interest of reporters, editors or other decision makers within the media.

13. Altercation: A physical confrontation occurring between a child and parent, child or parent and employee or two or more children when a client is in the physical custody and/or supervision of PSF or contract provider, which results in one or more clients or employees receiving medical treatment by a licensed health care professional.

Incidents must be reported to the Family Care Counselor within one hour of the event. Use the chain of command if you are unable to reach the FCC. You may also contact the on-call number to report incidents.

Water Safety

Florida loses more children under the age of five to drowning than any other state in the nation. While enjoying water activities is great fun, it is important to emphasize supervision and swim safety while spending time around bodies of water.

Supervision is the first line of defense. Someone should always be actively watching children when they are in a pool or other body of water. Close attention is required, this means putting down your cell phone, not letting conversation distract you and keeping a watchful eye on the kids at all times. Drowning can happen in just a few minutes. Designate a "Water Watcher" to keep an eye on swimmers.

Barriers is the next line of defense. A child should never be able to enter a pool area unaccompanied by an adult. Barriers should effectively physically block a child from access to the water. Barriers include: child-proof locks on all doors, a fence with self-latching and self-closing gates, as well as door and pool alarms. Pool covers may also be used but make sure it is a professional cover fitted for your pool. A simple canvas covering can be a drowning hazard and entrap a child in the water. Florida law requires barriers for home pools.

The following guidelines are provided to help caregivers provide safety around bodies of water:

1. No matter what the child's age or skill level, direct adult supervision is required at all times when children are in the area of or using a swimming pool, spa, or hot tub. There should always be at least one non-swimming adult available for direct supervision.
2. The pool must have a barrier on all four sides of at least four feet in height. The barrier can be in the form of a chain link, wooden or ornamental fence.
3. All access through the barrier must have one of the following safety features: Alarm, key lock, self-locking doors, or a bolt lock that is not accessible to children. Alarm triggers are recommended as they trigger loud sounds to warn the caregiver.
4. When the swimming pool is not in use, make sure that all the entry points are securely locked.
5. Steps or ladders leading to above ground pools must be secured, locked, or removed when the pool is not in use.
6. Hot tubs and spas are required to have a non-penetrating safety cover that is locked when not in use.
7. Swimming pools must be equipped with one of the following life-saving devices such as a ring buoy or a Sheppard's hook. All rescue equipment should be placed near the pool in a clearly marked and readily assessable spot. Periodically inspect to ensure equipment is in good condition.
8. A rope or float line is recommended and should be placed across the pool to alert swimmers of the separation of the deep end from the shallow end of the pool.
9. Children who are not proficient in swimming must wear a life jacket or approved flotation device when in the pool area.
10. All caregivers who have a swimming pool must complete a basic water safety and CPR course.

In addition to these guidelines, it is always good to have a first aid kit in a safe and convenient location. Periodically check to make sure that your kit is well-stocked with all the needed essentials. A cordless phone is also convenient and a good idea especially if you need to call for help or information quickly and without leaving the pool area. As we live in an area wherein there are many sunny days, remember to use the needed level of sunscreen protection that is right for you and the children. Even on cooler, cloudy days, the sun's ultraviolet rays can burn and damage skin cells.

Human Trafficking and Sexual Exploitation

When we hear terms like “human trafficking”, what comes to mind is often the young girl in a faraway place, kidnapped on vacation or scooped from the slums of her native country or young children working in sweat shops. The unfortunate truth is that these widely held notions of the human trafficking problem “problem” do not accurately reflect reality. Human trafficking is a real and growing problem and it exists within every community that PSF serves. Many parents have a limited understanding of the issue of sex trafficking and sexual exploitation and how it might show up within your family.

Sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act when a commercial act is induced by force, fraud, or coercion. The commercial aspect of sexual exploitation differentiates the crime of trafficking from those of sexual assault, molestation, or rape. Under the federal definition of sex trafficking, anyone under the age of 18 who is induced to perform a commercial sex act is automatically regarded as a trafficking victim, regardless of the surrounding circumstances. There is no need to prove force, fraud or coercion for minor victims of sex trafficking.

For sex trafficking to occur, there are two primary actors- the victim and the abuser. The abuser can be a traditional sex trafficker or a pimp. Or the abuser can be someone who has traded anything of value for sexual favors from an underage minor. Youth may trade sexual favors for a place to stay, clothing, cellphones, electronics, accessories and even food in exchange for sex acts.

While there is no commonly accepted profile of a sex trafficking victim, certain populations are more vulnerable than others:

- **Runaway:** Pimps/traffickers target runaway or “throwaway” (A throwaway teen is one who has been forced out of the home by the parent or guardian) teens or those who are having trouble at home. These youth are at an increased risk for predators as they have few resources, may not be old enough to legally get a job, and are often running away from difficult situations.
- **Foster Care:** Youth in foster care may move around a lot, and are prone to victimization because they may not have someone looking out for them or making sure they are safe. They may crave the attention and consistency a pimp can provide.
- **Gangs:** Increasingly, gangs are using prostitution as a means of income, much like selling drugs or guns. While drugs or guns can be sold just once, a human body can be sold over and over. Some girls are told they must sell their bodies as part of gang membership or initiation, for protection, or as their contribution to the gang.
- **Juvenile Justice System:** Youth who have been arrested or are currently on probation may be at a higher risk for trafficking. Juveniles are most commonly arrested for related crimes such as loitering, curfew, runaway or minor in possession of drugs or alcohol.

How can you help protect your children from becoming a sex trafficking victim?

As the parent of a teen, you are constantly required to navigate your child’s behavior, progress at school and keep a watchful eye for warning signs that could indicate your child is headed down a dangerous or destructive path or in trouble.

1. Listen and be proactive: Talk to your teen and ask questions about how they feel about their peers and other people around them.
2. Encourage extracurricular activities and hobbies: These help your child build their self-esteem, self-worth and to develop empathy.
3. Teach media literacy: Teach your teen how to identify, analyze and evaluate media messages and TV shows, movies, song lyrics, apps, slogans or social media posts.
4. Know who is reaching out to your child: Knowing who your teen is talking to regularly or spending time with will help protect them and allow you to give them guidance about negative influences.

5. Know it's OK to say "NO": Teach your teen that it is always ok to say "no" and there is no situation that is so terrible that you would not be there to help them.
6. Teach your child about sex: By reinforcing and supplementing what your teen learns in school, you can help your teen develop important attitudes and information about healthy sexuality.
7. Spend time with your teen: Teens require quality time with your parents (without distractions) so they can talk about what is going on in their daily lives and so you can assure them you are there.
8. Know where and how your teen gets new things: Sex traffickers will use the things that your teen wants to lure them. Take notice and regular inventory and ask questions when you see expensive electronics, clothes, makeup, nails, etc. that you did not pay for.
9. Teach your teen about sex trafficking and sexual exploitation: What it is, how it happens and what could potentially happen down the road.
10. Get counseling if it's needed: If your child's symptoms of depression or anger are disrupting school or home life, get professional help.
11. Monitor all of the child's social media. Monitor internet usage and website/data history.

For parents who think their child might have been a victim of human trafficking:

1. **Call the police.** Report your suspicions with as much supporting evidence as possible.
2. **Report Human Trafficking to the Florida Abuse Hotline.** 1-800-96ABUSE or 1-800- 962 -2873. Reporting human trafficking is one of the very few maltreatments that can be reported to the Abuse Hotline when the perpetrator is someone other than a parent or legal guardian.
3. **Contact your assigned Family Care Counselor** to share any concerns of possible human trafficking.

Disaster Response Protocol

It is important to be prepared in the event of disaster. Storms, flooding and wildfires are some of the most common reasons the Disaster Response Protocol is required to be initiated. The agency is required to account for all children under supervision.

PSF Pre-Event Response:

- Calls are made to caregivers for all children under supervision of the agency (when the nature of the disaster allows) to:
 - Make sure the caregiver is aware of the pending event.
 - Review the family's evacuation plan.
 - Provide all phone numbers you can be reached at, including alternate numbers.
 - Assess and plan for any needs or safety concerns.

PSF Post-Event Response:

- Calls are made to caregivers for all children under supervision of the agency to:
 - Make sure the children and caregivers are safe.
 - Learn of any injury or damage sustained and assess how that impacts the safety of the family.
 - Offer support to families impacted by the event.

Preparedness Tips for Caregivers:

- Keep important papers and on-call numbers handy.
- Have a family plan for evacuation in place (including pets).
- Be ready to put your disaster response/evacuation plan into action.
- Pay attention to local weather reports on radio, television, or the internet.
- Be prepared to secure your home in the event it is necessary.
- Have plenty of food, water, medications, and fuel on hand.
- Make sure your tools, supplies and first aid kit are available for use.

- If called to evacuate, do so immediately.
- Remain indoors until all danger of the storm has passed.
- Report downed power lines and stay away from them as down lines may still be or become live.
- Never drive through flood areas.

Financial Information & Benefits

Board Rate

Basic board rates are set by the state annually based on the level of license. Each level of licensure has different criteria that must be met. DCF typically issues a Cost of Living Allowance memo the beginning of each year setting minimum board rates. 2025 Board Rates and training requirements by License Type*:

*2026 Board rates and training requirements subject to change.

Level 1 Kinship License

- Child Specific License
- Requires 4 Hours Training and must meet Level 1 licensing standards
- Board Rates :
 - Ages 0-5 \$602.75/month; Ages 6-12 \$618.19/month; Ages 13-17 \$723.58/month + 10% IL \$72.36

Level 2 Traditional Foster Care License/Partner Family

- Not Child Specific
- Requires Foster Parent Preparation training, Water Safety (1 hour), Human Trafficking (2 hours),
- Board Rates:
 - Ages 0-5 \$602.75/month; Ages 6-12 \$618.19/month; Ages 13-17 \$723.58/month + 10% IL \$72.36
 - Enhanced Level 2 license requires completion of Trust Based Relational Intervention or CORE Teen training and licensing update *Enhanced Rates are based on Child characteristics and needs

Level 3 Safe Home

- Not Child Specific (limit of 2 beds)
- Meets Level 2 foster licensing standards plus 24 hours of Human Trafficking Training
- Safe Home requirements
- Child must meet program requirements for admission

Level 4 Therapeutic Foster Care

- Not Child Specific
- Meets Level 2 foster licensing plus 30 hours of Therapeutic training
- Child must meet medical necessity criteria for admission
- Board Rates:
 - Ages 0-17 \$723.58/month Ages 13-17 also receive the IL Stipend of 10% \$72.36
- Medicaid Reimbursement for determined Level of Care

Level 5 Medical Foster Care

- Not Child Specific
- Meets Level 2 foster licensing standards
- Medical Foster Care training
- Child must meet medical necessity criteria for admission
- Board Rates:
 - Ages 0-17 \$723.58/month Ages 13-17 also receive the IL Stipend of 10% \$72.36
- Medicaid Reimbursement for determined Level of Care

Overpayment of Benefits for Children in Care

It is a violation of Florida Law for any person to knowingly accept or cash a check for state funds for payment of services, which were not rendered. The following is a section from Florida Statute section 409.323 on fraud, which states:

Any person who knowingly cashes, attempts to cash or aids in the cashing of an unearned payment is guilty of a crime and will be prosecuted to the fullest extent of the law.

In the event you receive a payment on behalf of a child for whom services were not rendered during the covered period, you should immediately contact Partnership for Strong Families to resolve any problems with the payment. The invoice form, which accompanies your reimbursement check, will provide information regarding the children and dates for which payment is being made. Please review this information to verify that the payment covers children who were in your home during the date for which you are being reimbursed. If the problem is a result of inaccurate placement information, please contact the agency.

Overpayments are normally recovered through a reduction in the amount of your next reimbursement check. If there are no children in your home, you will be asked to make a check payable to the agency in the amount of the overpayment. A negotiated payment schedule for a period not to exceed twelve months can be arranged if the overpayment amount is large and would result in a significant financial hardship.

Restitution Claims

Licensed caregivers providing care and supervision for children in out-of-home care may seek restitution for direct medical expenses and/or property damage caused by a child. The licensed caregiver may also seek restitution on behalf of a child in licensed out-of-home care whose medical expenses and/or property damages were caused by another child in licensed out-of-home care.

State Institutional Claims for Damage

- Payment is dependent upon availability of funds and the legal status of the foster child:
 - Claims for children in Shelter status may be paid up to \$1,000.00
 - Claims for Dependent children may be paid up to \$1,500.00

Making a Restitution Claim:

- Claimant must be a Licensed Caregiver.
- Must be able to show that the injury or property damage was caused by the foster child.
- Must be able to show the monetary amounts of damages and/or expenses by means of a receipt or a quote for repair (two quotes are required).
- Provide photos of the damage.
- Only one claim can be submitted per incident.
- Claim must be submitted within 90 days of the occurrence of the incident upon which the claim is based.
- Claims that received compensation through another means such as worker's compensation, homeowner's insurance, private insurance or any other compensation can only be provided restitution funds for any deductible or repair of damage other compensation did not pay for. Documentation of other compensation must be included with the restitution request.
- Restitution will NOT be paid for a child purchasing entertainment through the internet using the caregiver's account or credit card or damages resulting from circumstances where the biological or adoptive child and foster child are equally responsible.

Submitting a Restitution Claim:

- Claim must be filed using the Restitution Claim Form, CF-FSP 5459 which is available on the Department of Children and Families website in eForms at [DCF Forms - Search \(myflfamilies.com\)](#)
- Take photos of the damage caused by the child and document the circumstances of the damage.

- Obtain at least two (2) estimates for repair.
- Provide the Restitution Claim form, photos and estimates to your Family Care Counselor.
- Your PSF Caregiver Support Specialist will sign and forward the Restitution Claim form and accompanying documents to the Department Designee. PSF will forward completed request to the Department Designee/DCF Contract Manager.

Restitution Claim Decisions

- Notice will be provided within 10 days of the determination.
- Denials may be appealed through a F. S. 120 hearing at the request of the claimant.

Childcare Subsidy

Children in Out-of-Home Care who are ages 0-5 and placed in relative, nonrelative, Level 1-5 licensed foster care are eligible for \$200/month to assist with out of pocket childcare expenses. Childcare subsidy ends when the child reaches age 6 or enters a school setting, whichever comes first. Enrollment requests can be made to the Kinship@pfsf.org email. Payments are made the first part of the month following the month of service.

Childcare Subsidy Request

Child's Name: _____ DOB: _____ Date: _____

Childcare Name: _____ Registered Licensed Exempt

Date of Childcare Enrollment _____ Monthly Cost of Childcare \$ _____

Childcare Address _____ Phone _____

Child is not in daycare because _____

Name of Placement Caregiver _____ Provider ID _____

Caregiver Address _____ Phone _____

Placement Setting: Relative / Nonrelative Foster Home Level 1 Foster Home Level 2-5

Is the primary caregiver of the child employed? Yes, employed No, unemployed

If direct deposit is already in place, stop here and e-mail to kinship@pfsf.org, if not, then please continue.

AUTHORIZATION FOR DIRECT DEPOSIT - I (we) hereby authorize PSF and its duly authorized agent, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) checking/savings account indicated below and the financial institution named below, to deposit and/or credit the same to said account.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

9-digit Transit/ABA# _____ Account Number _____

Account Type: Savings Checking PLEASE ATTACH A COPY OF A BLANK VOIDED CHECK

This is to remain in full force until PSF and its duly authorized agent has received written notification from me (or either of us) of its termination in such time and in such manner as to afford PSF or its duly authorized agent and the financial institution named above a reasonable opportunity to act on it. Please notify the PSF Finance Department immediately when closing your account. JOINT ACCOUNTS REQUIRE BOTH NAMES AND SIGNATURES

Name listed on the account (print type) _____ Signature _____ Date _____

Name listed on the account (print type) _____ Signature _____ Date _____

Once the authorization form is received, the information will be verified before the program is initiated. After enrollment, it may take up to two check cycles for PSF and its duly authorized agent to verify and process the information to begin providing childcare subsidy via direct deposit. Any changes in banking information (account numbers, financial institutes, etc.) made to your direct deposit will result in the changes being treated as a new enrollment.

Submit this completed form to: kinship@pfsf.org

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Eligibility Requirements:

- Child is in out of home care
- Child is age 0-5
- Child is in Relative, Non-Relative, Level 1 or Level 2-5 foster care

Program Information

Each eligible child will receive \$200 monthly to assist with the out of pocket expense of childcare.

Childcare subsidy ends when the child turns age 6 or enters a school setting, whichever comes first.

Enrollment form is required to begin receiving funds. Form should be sent to Kinship@pfsf.org

Direct deposit enrollment is strongly recommended and will expedite payment.

Payments provided the month following the service eligibility period.

Subsidized Childcare through Early Learning Coalition Referral

Children in the child welfare system are eligible to receive a subsidized childcare referral through the Early Learning Coalitions serving the various counties within PSF's catchment area. Foster parents are encouraged to explore the cost of childcare when they are choosing a childcare center as some are more expensive than others and the referral through ELC will not cover the entire amount of childcare costs.

ELC Alachua <ul style="list-style-type: none"> Alachua 	ELC of the Big Bend Region <ul style="list-style-type: none"> Madison Taylor 	ELC of Florida's Gateway <ul style="list-style-type: none"> Columbia Suwannee Lafayette Hamilton Union 	ELC of North Florida <ul style="list-style-type: none"> Baker Bradford 	ELC of Nature Coast <ul style="list-style-type: none"> Dixie Gilchrist Levy
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Early Learning Coalitions by Service area within PSF

Each Early Learning Coalition sets their own process for enrollment. Partner Families will need to register with their local ELC for the referral to be processed. Contact your Caregiver Support Specialist or your Family Care Counselor for assistance with ELC referrals.

At Risk Childcare Referral form

CF-FSP 5002
available on DCF eForms

At-Risk Child Care Application and Authorization																																																	
Authorization: <input type="checkbox"/> INITIAL AUTHORIZATION <input type="checkbox"/> REDETERMINATION <input type="checkbox"/> UPDATE <input type="checkbox"/> If update, change yr: <input type="checkbox"/> Hours <input type="checkbox"/> Children <input type="checkbox"/> Address <input type="checkbox"/> Custody <input type="checkbox"/> Eligibility Extension <input type="checkbox"/> Termination of Care <input type="checkbox"/> Worker/Unit																																																	
TC:		F. Child (Print Worker Name)			ADULT ADDRESS																																												
		Last, First & Address																																															
		City, St, Zip																																															
SECTION A: CLIENT/FAMILY INFORMATION If address for parent/guardian is a P.O. Box, enter street address in "Comments" below.																																																	
State Security No. (SSN)	Last Name	First Name	MI (Print)	DOB (MM/DD)	Gender	Race	State Security No. (SSN)	Last Name	First Name	MI (Print)																																							
Address		City	State	Zip	DOB (MM/DD)	Print Address																																											
SECTION B: ELIGIBILITY																																																	
I. Status: <input type="checkbox"/> Assistance <input type="checkbox"/> Non-Assistance <input type="checkbox"/> Relya Wilson Act: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> At Risk: <input type="checkbox"/> PI <input type="checkbox"/> PS <input type="checkbox"/> FC <input type="checkbox"/> Diversion <input type="checkbox"/> Placement Location: <input type="checkbox"/> In Home <input type="checkbox"/> Out of Home: Relative/Non-Relative <input type="checkbox"/> Foster Care <input type="checkbox"/> Custody: <input type="checkbox"/> DCF Placement & Care/Custody <input type="checkbox"/> Medicaid Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Under DCF Placement & Care/Custody																																																	
II. FOR COALITION USE ONLY <input type="checkbox"/> Income Eligible <100% <input type="checkbox"/> Income Eligible 150% - 200% <input type="checkbox"/> TANF "Child Only" <input type="checkbox"/> Income Eligible 100% <=150% <input type="checkbox"/> OTHER <input type="checkbox"/> TANF (Relative Caregiver)																																																	
III. Primary Purpose of Care: <input checked="" type="checkbox"/> PROTECTION Secondary Purpose of Care: <input type="checkbox"/> Emergency <input type="checkbox"/> Therapeutic Plan <input type="checkbox"/> TANF At Risk (RCG) <input type="checkbox"/> Employment <input type="checkbox"/> Work Activity <input type="checkbox"/> Education Activity (TED)																																																	
IV. Parent/Agency Consent: The completion of a developmental screening or child assessment is authorized for the child(ren) in care. Consent is given for results to be shared with the child care provider and state or local agencies for developing an intervention plan. Developmental screening: <input type="checkbox"/> Yes <input type="checkbox"/> No Child Assessment: <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Legal Guardian Signature: _____																																																	
SECTION C: AUTHORIZATION - Child care services are authorized for this client for approved activity(ies). The minimum hours of care per child includes hours per week for reasonable transportation time. Children authorized to receive care:																																																	
<table border="1"> <thead> <tr> <th>Name</th> <th>SSN</th> <th>Birth Date</th> <th>State Security No. (SSN)</th> <th>DOB (MM/DD)</th> <th>DOB (MM/DD)</th> <th>DOB (MM/DD)</th> <th>DOB (MM/DD)</th> <th>DOB (MM/DD)</th> <th>DOB (MM/DD)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>										Name	SSN	Birth Date	State Security No. (SSN)	DOB (MM/DD)	DOB (MM/DD)	DOB (MM/DD)	DOB (MM/DD)	DOB (MM/DD)	DOB (MM/DD)																														
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Care Authorization from _____ through _____ (N/A to exceed a 6 month period) Comments: _____																																																	
SECTION D: AUTHORIZING SIGNATURE(S): I hereby certify that the information provided above is correct.																																																	
Authorizing Worker: _____					Date: _____																																												
Supervisory Approval: _____					Tel: _____ Date: _____																																												
Coalition: _____					Date: _____																																												
THIS FORM IS VOID AFTER 10 CALENDAR DAYS FROM AUTHORIZATION DATE																																																	

Florida's Gateway ELC

386-752-9770

Ages 0-12

Forms required in addition to the CF-FSP 5002 At-Risk Childcare referral form:

Fee waiver form

Email referrals to familyservices@elcgateway.org

<https://www.elcgateway.org>

Request for Reduction or Waiver of Fees

To be considered and acted on, please authorize reduction. Check all appropriate boxes:
Fee waivers and reductions must comply with the Office of Early Learning's policies and will only be in effect as long as the circumstances necessitate the reduction or waiver. Fee waivers and reductions may only be granted for **Provisional Services, In Home Placement, or Out-of-State Placement.**

It is requested that the fee payment be **Waived** Reduced to the minimum fee Waived

This request will be in effect until _____ because of the event or circumstances marked below which limits the parent's ability to pay. If the child is not able to pay in charge during the minimum, the request remains in effect. Fees may not be waived or reduced past the request expiration date.

Child's parent/guardian are in prison
 Child's parent/guardian are in residential treatment
 Child's parent/guardian because hospitalized
 Death of child's parent/guardian
 Eviction during housing emergency
 Child's parent/guardian have experienced a natural disaster (flood, storm, earthquake, etc.)
 Child's parent/guardian have experienced an emergency situation such as a fire or robbery
 Child's parent/guardian are unemployed
 Child's parent/guardian's relationship are subject to the child's caregiver

After reviewing the parent/guardian's financial situation, I verify that the requested reduction or waiver is necessary for the reason indicated above.

Signature of ELC Caregiver: _____ Date: _____

FOR ANY COORDINATOR

Nature Coast ELC

352-490-5855

Ages 0-12

Forms required in addition to the CF-FSP 5002 At-Risk Childcare referral form:

Fee waiver form

Email referral to cprodey@elc-naturecoast.org

<https://www.elc-naturecoast.org>

Early Learning Coalition
BROWARD COUNTY
AUTHORIZED REFERRAL AGENCY WAIVER REQUEST

This form is intended to document the waiver of other State Reimbursement rules and regulations that are authorized by the Department of Children and Families in the appropriate region. This waiver applies to the fee and fee reduction for the Early Learning Coalition of Broward County (ELC) for the number of the child care application or referral on the Child Care Application and Referral Form.

Please fill in the appropriate ELC office: Boca, Dade & Levy Counties Palm Beach County Broward County

Where Request Submitted By: _____ Phone Number: _____
Date of Request: _____ Supervisor Name: _____

This waiver request is valid for the following children who are included on the Child Care Application and Referral Form:

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

The coordinator certifies the items indicated below:
 This is the appropriate waiver for this child.
 The fee reduction conditions meet the BROWARD COUNTY P.A.C. FOSTER CARE REFERRALS ONLY.

Coordinator Signature: _____ Date: _____

FOR ELC USE ONLY:
APPROVED FOR WAIVER
 I have the most appropriate fee waiver for the appropriate child.

ELC COORDINATOR SIGNATURE:
 I have reviewed the waiver form, it is appropriate.

Child Name	Parent Name	Child Age	Child Gender	Child Ethnicity
Child Name	Parent Name	Child Age	Child Gender	Child Ethnicity
Child Name	Parent Name	Child Age	Child Gender	Child Ethnicity
Child Name	Parent Name	Child Age	Child Gender	Child Ethnicity
Child Name	Parent Name	Child Age	Child Gender	Child Ethnicity

Region: _____ Supervisor Signature: _____ Date: _____

Forms required in addition to the CF-FSP 5002 At-Risk Childcare referral form:

Fee waiver form

Email referral to
Baker.ref@ecs4kids.org or
Bradford.ref@ecs4kids.org

<https://www.ecs4kids.org/>

Request for Waiver of Fees - Fee Reduction

To be completed and signed by parent authorizing referral.

The request must comply with the Office of Early Learning guidelines and will only be in effect as long as the circumstances necessitate the waiver.

The waiver may only be granted for Protective Services (In-Care Placements) or Out-of-Home Placements.

Request for Waiver of Fees - Fee Reduction

To be completed and signed by parent authorizing referral.

The request must comply with the Office of Early Learning guidelines and will only be in effect as long as the circumstances necessitate the waiver.

The waiver may only be granted for Protective Services (In-Care Placements) or Out-of-Home Placements.

(Name of Parent/ Guardian)

I am requesting for the employment to be waived or reduced.

It is requested that the employment be REDUCED due to one of the following reasons:

It is requested that the employment be REDUCED due to one of the following reasons:

This request will be in effect until _____ because of the event or circumstances marked below which limits the parent's ability to pay. (Check one or all that apply for the reason requested below.)

Child's parent/guardians are in prison Child's parent/guardians have experienced a natural disaster (flood, hurricane, etc.)

Child's parent/guardians are in medical treatment Child's parent/guardians have experienced an emergency situation such as a fire or robbery.

Child's parent/guardians become incapacitated Child's parent/guardians are unemployed

Death of child's parent/guardians Child's parent/guardians are financially unable to pay the parent fee as determined by the child's parent/guardian and in the best interest of the child's health and welfare.

Child's parent/guardians are involuntarily unable to pay the parent fee as determined by the child's parent/guardian and in the best interest of the child's health and welfare.

After receiving the parish/welfare financial situation, I verify that the requested fee reduction or waiver is necessary for the reason indicated above.

Yes _____ No _____

Signature _____ Date _____

Supplemental Food Programs for Women, Infants and Children (WIC)

Children in out of home placement in the child welfare system ages 5 and under are eligible for services from the WIC program for certain foods and infant formula. PSF encourage Partner Families to enroll eligible children in the WIC program. To apply for WIC, contact a local WIC office. Find the local phone number in the list or call **1-800-342-3556** and ask for the phone number of your local WIC office.

Free Lunch program through Public Schools

Children placed in out of home care in the child welfare system are eligible for the free lunch program in the public schools. When you complete the free lunch program form, use the child's social security number – not your own. The child's income should be listed as \$0. You may need to emphasize with the school that the child in your care in is foster care.

Medical & Dental Information

Medical care and Insurance Coverage

All children placed in out-of-home care are covered by the State of Florida Medicaid program, which provides medical payment for preventative, well-child and emergency medical care, as well as for dental care and behavioral health services.

Each Florida Medicaid member is assigned to a Managed Medical Assistance (MMA) plan (i.e. Sunshine Health, United Healthcare, CMS, Prestige, etc.) The majority of children in care are assigned to the Child Welfare Specialty Plan (CWSP) with Sunshine Health. A child is also assigned a primary physician who will provide the child's ordinary medical care and make referrals to specialists as needed. If the assigned doctor is not convenient, you may make a request to your child's Family Care Counselor to change to an in-network provider who is more conveniently located.

For children who just came into care: If a child was on Medicaid before being removed from their home, you should receive the Medicaid number when the child is placed with you. If the child was not previously Medicaid-eligible, PSF will apply immediately for coverage. It may take a few days or up to a few weeks for the new Medicaid number to

register in the system. Because Medicaid coverage will be retroactive to the date of the application, most providers will work with you to provide care even if the Medicaid number has not yet been activated.

If you do not receive a Medicaid number or plan information (including approved physicians and prescription information) for the child, email pcpchange@pfsf.org or nurse@pfsf.org or contact your child's assigned Family Care Counselor for assistance. It is important to note that no physical card is required at most doctor's offices to receive services; the Medicaid number will typically suffice.

MMA plans will cover transportation to and from a child's medical appointment through a contracted transportation company. Typically, these need to be scheduled at least 24 hours in advance. Information on this benefit can be found on the back of the child's insurance card, or on the plan's website.

If you need a change in the child's assigned Primary Care Physician, contact your Family Care Counselor to discuss the need for the change and email the change request to PCPCHange@pfsf.org.

Children who are in the Child Welfare Specialty Plan with Medicaid are eligible for a number of additional benefits. Please contact PSF's Nurse Care Coordinator at nurse@pfsf.org for additional information.

Dental/Orthodontic Care

A few dentists in your area may be Medicaid providers. If you do not know the Medicaid Providers in your area, ask your child's assigned Family Care Counselor for assistance. Your child's dentist will advise you of the schedule for cleanings and other appointments. If your foster child has a medical need for orthodontic treatment, your Family Care Counselor can refer you to an orthodontist who accepts Medicaid. Every Medicaid recipient will be assigned to a dental plan. If you need help with a dental provider or have questions, please contact your Family Care Counselor.

Authorization for Medical Care/Consent for Treatment

As a Partner Family, you must consult with your child's assigned Family Care Counselor prior to authorizing any medical treatment for a child. It is the child's counselor's responsibility to obtain consent from the child's birth parents for any medical treatment needed for their child. When it is not possible to contact the child's parents, the Family Care Counselor may provide consent for ordinary medical treatment, such as well-child checkups and immunizations, or you may be allowed to provide the consent. A Court Order is required for any extraordinary care, which includes surgery, general anesthesia, or blood testing for HIV.

Additionally, only the child's legal parents or the court can consent to psychotropic medications (any prescription medication used for the treatment of mental disorders and includes, without limitation, anti-hypnotics, antipsychotics, antidepressants, anxiety agents, sedatives, psychomotor stimulants, and mood stabilizers). Due to statutory timelines and additional paperwork that needs to be completed by the prescribing physician, the child's Family Care Counselor must be notified immediately if there is a plan to start or change a child's psychotropic medications.

Medical Emergencies and Urgent Care

If there is a medical emergency with your child, dial 911. The emergency personnel who respond have the right to authorize medical care in the event of a life-threatening situation or provide emergency transport to a hospital for care. Be sure to advise the emergency and medical personnel of the child's foster care status. Accompany the child to the hospital if the child is transported, contact your child's assigned Family Care Counselor immediately. If you are not able to reach the assigned counselor after hours, please contact the on-call number.

Psychotropic medications

A psychotropic medication is any medication prescribed by a licensed practitioner for the purpose of controlling or changing behavior. When a child(ren) is prescribed a psychotropic medication, state law requires that a parent is informed about the medication, its purpose, side effects, risks and treatment alternatives.

It is important to understand neither foster parents or Family Care Counselors can provide consent for a child to take psychotropic medications. Even if a doctor prescribes a psychotropic medication, the medication cannot be administered until the parent signs informed consent or a court order is issued.

When a child is being prescribed a psychotropic medication, the parent is required to speak directly with the person prescribing the medicine to the child(ren) and get the information needed to make an informed decision about consenting for their child(ren) to receive the medication. If a parent does not give their consent and the prescribing professional believes the child(ren) is at risk, a court order may be requested, and a hearing scheduled. The parent will be notified of the hearing date and given an opportunity to present his or her objections to the judge. Consent can be withdrawn at any time. However, if the prescribing professional believes this may place the child(ren) at risk, a court order may be requested.

Child(ren) in care will be referred to a psychiatrist to receive medication management. The case manager will take care of this referral. The provider will then contact you as the caregiver to set up the appointment. It is a legal parent's right to attend medical appointments. The case manager will make every attempt to ensure the parent is in attendance. This is very beneficial to the child(ren) as the parent can provide important historical information to the doctor. We as an agency and you as the caregiver are NOT permitted to administer psychotropic medication to a child without prior consent by the legal parent or court order (if the parent's rights have been terminated). The only exception to this rule is if the prescribing physician deems it medically necessary or if the child is in a Crisis Stabilization Unit. The prescribing physician will complete a Physician's Report indicating the medication, dosage, dosage range and any tests or lab work ordered (EKG, CBC, Urinalysis). The legal parent will sign off, if they consent. A copy of the Physician's Report should be kept in the child's Blue Folder. Once a psychotropic medication is authorized and prescribed, you as a caregiver will be responsible for ensuring the child(ren) receives his or her medication as prescribed, and you will be responsible for completing a "Medication Log." This log will be collected on a monthly basis by the case manager and filed in the child(ren)'s record.

During home visits you will be asked specific questions regarding the child(ren)'s medication and how the child is responding to it. Types of questions you may be asked include: what are the child(ren)'s behaviors on the medication, and have you noticed any side effects? The child(ren) will also be asked these questions. The case manager will also ask to observe the medication container to complete a pill count.

Whether a child(ren) is coming into your home or leaving your home, the case manager will review with you what medications the child is entering/leaving with. This will include a pill count. If the child(ren) is entering your home, the case manager will review contact information for the prescribing physician, the reason the child is on medication, the next appointment and possible side effects.

If you have concerns for the child(ren) due to medication, call the prescribing physician for advice on how to proceed. As a caregiver, you should not make the decision to discontinue a medication without medical opinion. Also follow up with your case manager.

If the child(ren) is taken to a Crisis Stabilization Unit, call your case manager immediately. Each Case Management Agency (CMA) has an on-call number designated for after hours and weekend emergencies.

Required Logs & Documents for Prescribed Medications

As a Partner family, there is a possibility you will have a child placed with you that is prescribed medications. If the child is placed with you and is already prescribed medications or if the child is prescribed medications while in your care, it is the responsibility of the Partner family to administer the medication to the child as prescribed. When doing so, it is also your responsibility to complete a medication log. This should be done at the time the child takes the medication and should include the name of the medication, time given, dosage and name of the person administering the medication. Medication logs should be kept monthly and be provided to the child welfare team when requested. If a child is prescribed multiple medications, a separate medication log should be kept for each one. If a child starts a new medication, it is important to note any side effects the child experiences. If the prescribed medication is considered a psychotropic medicine, it is important to note that a court order and or parental consent must be obtained prior to administering the medication.

Practice & Policy Information

Prudent Parenting/ Normalcy in Foster Care

The “Let Kids be Kids” law went into effect July 1, 2013. This law recognizes the importance of allowing children in foster care the ability to take part in everyday activities, without the unnecessary involvement of case managers, provider agencies or the court system.

The “Reasonable and Prudent Parent” standard incorporated in the law allows foster parents to give foster children permission to do daily, age appropriate, activities such as joining a school athletic team, getting a driver’s license or going to the beach with friends.

Key points for foster parents:

- promote normalcy for each child to the fullest extent possible.
- encourage and give permission to the child, dependent on his or her age and maturity level, to engage and participate in appropriate social and extracurricular activities in order to promote social development, obtain employment, have contact with family members, have access to phone usage, have reasonable curfews, and travel with other youth or adults.
- allow the child to participate in social media without supervision as long as permission has been given from the caregiver.
- permit the child to take part in overnight or planned outings which support recreation and normal life experiences, as long as the licensed caregiver has determined the outing to be safe and appropriate.
- notify the case manager of overnight stays exceeding one night, prior to the event occurring
- be sensitive to the input of the child’s parent as to the types of activities they would like their child to participate in, and whenever possible, include them in the decision making.

Background screening is not necessary for a child to participate in normal school or community activities and outings, such as school field trips, dating, scout campouts, and activities with friends, families, school, and church groups.

Participation in Childhood Activities

Participation in these types of activities is important to the child's well-being, not only emotionally, but in developing valuable life-coping skills. The caregivers, rather than caseworkers, DCF or the Court, can now make decisions regarding activities in which foster children may participate - removing obstacles and red tape.

Caregiver Making the Decisions

A caregiver can now make the same decisions regarding a foster child's participation in childhood activities as any other "reasonably prudent parents" would make for their own child. Although caregivers may consult with case managers and others prior to making decisions regarding activities in which their foster children participate, it is ultimately the caregiver's decision. The Department, therapists, CBC staff, the GAL, other caregivers, and case managers may offer advice to support the caregiver in making decisions as a reasonable prudent parent; however, they may not make the decisions for caregivers.

Neither the case worker or DCF may require prior approval of the caregiver's own assessment using a reasonable and prudent parent standard.

A caregiver's decisions regarding normalcy activities cannot be contrary to a pre-existing court order. For example, if there is court ordered visitation with the child's parents on Saturdays, a normalcy activity planned or approved by the caregiver would not trump or take precedence over an existing court order for Saturday visitation.

Multiethnic Placement Act

The Multiethnic Placement Act (MEPA) is a federal law in the United States aimed at promoting the adoption and foster care placement of children regardless of their race, color, or national origin. Enacted in 1994, MEPA addresses issues of discrimination and bias within the child welfare system, particularly in the placement of children in adoptive or foster care homes. MEPA prohibits the delay in a child's placement on the basis of race, color, or national origin. MEPA is aimed at moving children through the foster care system by eliminating biases in foster care and adoptive parents from every race, color and national origin.

The ultimate goal of MEPA is to decrease the length of time that children wait to be adopted and to ensure that children are expeditiously placed in permanent and safe homes. Consequently, DCF and Partnership for Strong Families cannot deny any person the opportunity to become an adoptive or foster parent on the basis of race, color, or national origin of the person or of the child involved. The agency cannot delay or deny the placement of a child for adoption or into foster care on the basis of race, color or national origin.

Key Provisions of MEPA

MEPA includes several key provisions designed to address and prevent discrimination in child placement:

1. **Non-Discrimination Principle** - MEPA establishes a non-discrimination principle, which prohibits agencies and entities that receive federal funding for child welfare services from delaying or denying the placement of a child into foster care or for adoption on the basis of race, color, or national origin. This provision aims to prevent racial or ethnic bias from affecting placement decisions.
2. **Reasonable Efforts Requirement** - MEPA requires child welfare agencies to make "reasonable efforts" to place a child with relatives or other individuals who reflect the child's racial and ethnic background when it is in the child's best interest. However, this requirement does not mean that a child must be placed with a family of the same racial or ethnic background if it is not in their best interest.
3. **Best Interest of the Child** - MEPA emphasizes that the primary consideration in placement decisions should be the best interest of the child. While the law discourages racial or ethnic discrimination, it also acknowledges that in some cases, placement with a family of a different background may be in the child's best interest.
4. **Data Collection and Reporting** - Agencies and entities receiving federal funding for child welfare services are required to collect and report data on the race, color, and national origin of children in foster care, adoptive placements, and prospective adoptive or foster parents. This data is used to monitor compliance with MEPA and identify disparities in placement decisions.

MEPA has played a crucial role in promoting fairness and equity in the child welfare system. By prohibiting discrimination based on race, color, or national origin, the law has helped ensure that children are not denied opportunities for adoption or foster care placement simply because of their background. MEPA has encouraged a more diverse range of families to consider adopting or providing foster care. It has helped reduce barriers that may have discouraged potential parents from different racial or ethnic backgrounds from pursuing adoption or foster care.

Normalcy and Social Media

Use of social media such as Facebook, Instagram, Twitter, Pinterest, and Snapchat, just to name a few, has become common place in today's culture. Social media provides a highly interactive means to connect with others near and far. While foster parents can post photos of children placed in their care, there are some restrictions on what can be shared.

Care and prudent parent standards should be applied in sharing on social media to ensure the safety and confidentiality of our foster youth.

Confidentiality requirements:

- All information as it relates to child abuse records and clientele is privileged and confidential.
- Protected Health Information (PHI) is health information that relates to a person's medical or behavioral health, healthcare received or its payment. If information identifies or provides a reasonable basis to believe it can be used to identify an individual, it is protected health information.
- PHI should not be used or disclosed when it is not necessary to carry out a specific function that is authorized by the Health Insurance Portability and Accountability Act (HIPAA).

Normalcy:

- Allows children (with permission of caregiver) to use social media unless it is otherwise prohibited by safety plan, child placement agreement or court order.
- Allows foster parents to post photos of children placed in their care without identifying their full name or identifying them as foster children.

Dangers of using social media:

- Once information is out there on social media, you have little control over who sees it. Photos and information can easily be shared beyond your intended audience. Location of photos are often easy for users to identify, placing foster children in potential danger.
- You may inadvertently share information that places the child at risk for harm.
 - The child's family members may be able to anticipate where you will be and show up unexpectedly.
 - Your personal information may be accessible to the child's family members
- Your social media timeline is like a scrapbook of your life and an invitation to be stalked.
 - "Checking in" shares your patterns and provides clues to your location, routines, and patterns.
 - "Friends" list lets others know who your family, friends and acquaintances are.
 - Anything you do on social media could be used against you in a court of law (this includes things you may have removed).
- Children using social media may have an unrestricted avenue for contact with parents or others, even when a court order has restricted contact.
- Children using social media may have access to adult content, be a target for predators, participate in sexting and be subject to bullying.

Tips for foster parents:

- Check and update your privacy settings often.
- Think about what you are posting, it may share more than you intended.
- Routinely monitor social media usage by children in your home.
- Teach children about use of privacy settings, to "block" bothersome users, to only accept "friend" requests from known and safe people, and refrain from sharing personal information.

Discipline Policy

Discipline is an educational process through which foster children develop the self-control, self-reliance, and orderly conduct necessary for them to assume responsibilities, make daily living decisions and live according to the acceptable standard of social behavior. Our goal is to work with them until they have the behavior and until they have self-discipline. Children learn these rules by experiencing the consequences of their behavior.

Acceptable Discipline Practices

- Partner Families will use positive methods of discipline, including reinforcing acceptable behavior, verbal disapproval of the child's behavior, loss of privileges, grounding/restriction, and redirection. Partner Families may also assign chores as discipline, but not such that it would impact the health or safety of the child.
- Children may be placed in their rooms for brief cooling off periods, known as time outs. Time outs are:
 - a. used for "cooling off" - no more than 10 minutes without contact from Partner Families for children age 6 and over; no more than 5 minutes for children 5 and under;
 - b. no more than two 10-minute periods, without attempting another type of redirection
 - c. not to deny children meals, clothing, sleep, health care, religious needs or Partner Families' assistance
 - d. monitored by Partner Families, with parents meeting with the child after the time out has elapsed to evaluate the appropriateness of the child to rejoin normal activity.
- Loss of privileges may also be an effective means of redirection when a child is exhibiting inappropriate behavior. Loss of privileges will occur according to the following:
 - a. the child is clearly told what behavior is inappropriate
 - b. the parents explain that continued inappropriate behavior will result in defined consequence
 - c. the child is given a brief period of time to take self-corrective action
 - d. the parents listen to any explanation the child has for the behavior and takes that into consideration before imposing the consequence.
- All discipline methods must be appropriate for the child based on the child's age and physical, emotional, developmental, and social capacity.

Prohibited forms of discipline:

- Partner Families must not allow children to be subjected to verbal abuse, derogatory remarks about themselves and family members, threats of removal from the home or the use of demeaning, shaming or degrading language or activities.
- Partner Families must not subject children to unwarranted use of invasive procedures and activities as disciplinary action including cruel, severe, humiliating, or unusual punishment; for example, using soap to wash out the mouth, eating hot sauces or pepper, placing in hot water, kneeling on stones, etc.
- Partner Families must not use corporal punishment of any kind.
- Partner Families must not use aversive stimuli as a discipline.
- Partner Families must not use any form of punishment that inflicts physical or psychological pain.
- Partner Families must not withhold meals or hydration, clothing, or shelter as a form of punishment.
- Partner Families must not punish children for bedwetting or errors which occur during the toilet training process.
- Partner Families must not deny a child contact or visits with his family as punishment.
- Partner Families must not use forced physical exercise or punitive work assignments to eliminate behaviors.
- Partner Families may not use or allow punishment by peers.
- Partner Families may not use group punishment for an individual behavior.
- Partner Families may not use interventions that involve withholding nutrition or hydration.
- Partner Families are required to report any known or suspected child abuse, child endangerment or child neglect.
- Partner Families may not use inappropriate restrictive behavior management interventions, punitive restriction, nor shall they use therapeutic holds/hold and release techniques (examples may include forced physical exercise; cancelling visits/family contact; punitive work assignments; or group consequences). Partner Families shall advocate for appropriate behavioral services to assist with managing behavioral challenges i.e., Behavioral Analyst, mental health counseling, rapid response team etc.
- Partner families may not withhold allowance as a form of discipline. Allowance is provided to foster parents for the children as a part of the monthly board rate. The monthly allowance funds are set at:
 \$10 Ages 0-5; \$10 Ages 6-12; \$12 Ages 12+

Runaway Response

When a child is determine to be missing or runaway, the caregiver should notify law enforcement and the child's Family Care Counselor immediately.

- Factors to consider when assessing when to make a report of a missing or runaway child to law enforcement:
 - Contact law enforcement immediately if the child is under the age of 12 has mental health or medical conditions that could result in danger to the child, if you suspect the child has been abducted, or if the child is a possible human trafficking victim.
 - If a child has an assigned curfew, wait four (4) hours after their curfew time to report the run episode. At the 4-hour mark, notify law enforcement to report the child missing. If more than one child runs at the same time, a separate report must be issued for each child.

- Immediate efforts to locate (as applicable):
 - Search the child's belongings for clues as to where the child may be
 - Calling/testing the child's cell phone
 - Checking the child's computer, social media accounts, or other online accounts
 - Contacting the child's friends, relatives, or known associates
 - Searching area the child is known to frequent
 - Contacting the child's school
 - Contacting the child's employer

- Once a child has been determined to be missing – call law enforcement and obtain a missing person's police report number. Note: Must be a missing person's report, not an information only report. Law Enforcement will need the following information:
 - Child's demographic information – name, age, dob
 - Information on what the child was last seen wearing
 - Information on previous missing episodes and where the child was found if known
 - Medications the child is prescribed
 - Medical and mental health conditions
 - Direction of travel

- After the CCR# is obtained, contact the child's Family Care Counselor and/or Supervisor. If unable to reach the FCC or supervisor, contact the case management agency on-call number to report that the child is missing. Provide the following information:
 - Date/time of the run/missing episode
 - CCR#
 - Description of the child's clothing, if known
 - Provide all known details of the circumstances surrounding the missing episode. IF the child left with someone, provide all available information.

- Once the child is recovered, immediately call law enforcement to cancel the CCR# and notify the Family Care Counselor of the recovery. The Family Care Counselor will need to complete a recovery debriefing form with the child.
- Work with your Family Care Counselor to determine if the child needs to be medically evaluated.

Car Seat Safety

It is important for the safety of children to be transported with the proper use of car seats and booster seats.

Florida Statutes section 316.613 requirements:

- Children 5 years of age and younger must be safely secured by the proper use of a crash-tested, federally approved child restraint device.
- Children birth through 2 years of age must be secured in a separate carrier or a vehicles manufacturer's integrated child seat.
- Children 4 through 5 years of age must be secured in a separate carrier, an integrated child seat, or a child booster seat.

Choosing the right Car Seat:

- Birth to 12 months – always ride in a rear-facing car seat. Should remain rear-facing as long as possible. Some models accommodate children up to 3 years old in a rear-facing position. Refer to the manufacturer weight/height limits for your car seat.
- 1-3 years – Once the child outgrows the rear-facing car seat, they can travel in a forward-facing seat with harness and tether. Children should be kept in a car seat until they outgrow the height and weight limits of the car seat. Many children can remain in a car seat until about 7 years old.
- 4-7 years – Once the child outgrows the forward-facing car seat, they should travel in a booster seat until the child is big enough to fit in a seat belt properly.

Used Car Seat Safety Considerations:

- Be aware that car seats have expiration dates. Expired car seats should not be used to transport children.
- Know your source with Hand-Me-Down car seats so you can be assured the car seat has not been involved in an accident. Even moderate fender benders can compromise the safety a car seat. Always replace car seats that have been involved in an accident.
- Check for recalls. If you do find a recall on the car seat, contact the manufacturer as some recall issues can be fixed.
- Check to be sure the car seat has all of its parts. If the car seat is missing a part, you may be able to order parts from the manufacturer.
- Do you have the manual/instruction book? Proper installation following manufacturer instructions is important. You may be able to get the instruction manual online or from the manufacturer.

Resources:

- The National Highway Transportation Safety Administration's website provides a wealth of resources
- <https://www.nhtsa.gov/equipment/car-seats-and-booster-seats#car-seat-types>
- <https://www-odi.nhtsa.dot.gov/recalls/childseat.cfm> - search for recalls on car seats.

Use of Cameras and baby monitors equipped with video

Youth in care have the right to privacy, including access to a private space where they can change clothing and store personal belongings safely and securely. Caregivers and providers must ensure that any use of surveillance equipment respects and protects this right at all times. It is reasonable to expect that youth can fully disrobe in private areas—such as bedrooms, bathrooms, or other designated private spaces—without concern of being recorded or observed. The use of cameras or surveillance equipment in bedrooms, bathrooms, or toileting areas is strictly prohibited.

All use of cameras and monitors with cameras must be documented in the licensing home study and approved by DCF. Prior to installing or using cameras, the Department must be informed of their location, purpose, times of use, responsible parties, and how any recorded footage will be stored and managed. If you wish to add a camera or monitor after licensing, please contact your Caregiver Support Specialist so that the assessment and home study can be updated and re-submitted for approval.

In cases where a child has a severe medical condition, a camera monitor may be approved for use in the bedroom; however, this requires a documented assessment and formal approval by the Lead Agency in collaboration with Department of Children and Families Licensing team. All approvals must be clearly documented in the foster home study. Cameras cannot be used prior to DCF approval of the home study with the description and assessment for use of cameras in the home. When approval is granted, camera monitors must never be positioned in a way that compromises the child's privacy. This includes, but is not limited to, any view that would capture the child during bathing, toileting, or diaper changes.

All surveillance equipment must be used transparently. Individuals affected must be made aware of the presence either through obvious placement or clearly posted written notice. Surveillance systems are not a substitute for direct supervision by a caregiver or staff member. Recorded footage must be securely stored, with systems capable of retaining recordings for a minimum of 14 days before deletion or overwrite. Any stored footage—whether digital or physical—must be kept locked and accessible only to authorized individuals. Additionally, any digital transmission of footage must be handled securely. Caregivers and licensing staff are required to work together to develop a written agreement outlining the appropriate and prudent use of surveillance equipment, including any use of baby monitors beyond standard recommendations. All CCTV or surveillance footage remains subject to review by the Department, and access must be provided within 24 hours upon request.

Medical Marijuana

As a licensed foster parent, you may legally use medical marijuana if you have a valid card under Florida Statute 381.986 medical marijuana law; however, you are held to the safety, supervision, and caregiving standards outlined in Florida Administrative Code 65C-45 foster care licensing. Foster parents MUST disclose to they have a Medical Marijuana card to the licensing staff.

Medical Marijuana use must be included in the foster home study assessment submitted to DCF for approval for licensing. Partnership For Strong Families require Foster parents to provide a valid copy of their medical marijuana card and disclose the medical reason for its use. Additionally, you may be asked to sign a release of information authorizing the agency to obtain further details from your prescribing physician to verify that your use is appropriate and does not impact your ability to safely care for children. The agency may assess your usage, storage practices, and overall functioning to ensure compliance with licensing standards. It is expected that foster parents demonstrate responsible use at all times, including ensuring that another approved and unimpaired caregiver is available if needed. Any concerns related to impairment, unsafe storage, lack of supervision, or child exposure may result in further review, corrective action, or potential licensing revocation. Ultimately, the safety and well-being of children in care must remain the top priority, and all use of medical marijuana must align with that standard.

If you obtain a Medical Marijuana Card after becoming licensed as a foster parent, you must immediately inform your Caregiver Support Specialist. The Caregiver Support Specialist will be required to update the foster home study assessment to include the new information, document storage an use plans and re-submit the study to DCF for approval.

While medical marijuana use is permitted under state law, it must never interfere with your ability to provide safe, consistent, and attentive care to children placed in your home. At no time should you be under the influence while responsible for supervising children, as this may impair judgment, reaction time, and overall caregiving ability.

All medical marijuana and related paraphernalia must be maintained in a locked, secure location that is completely inaccessible to children at all times. Foster parents must also ensure that children are never exposed to marijuana use in any form, including smoke, vapor, edibles, or associated materials. Use should not occur in the presence of children or in shared living spaces where exposure could occur, and precautions should be taken to eliminate any risk of secondhand exposure.

Education Information

School Stability

Federal law requires that children and youth entering foster care remain in the same school unless it is determined to be in the child's best interest to transfer to a different school. A school district, in collaboration with the child welfare agency, must consider all factors relating to a child's best interest, including appropriateness of the current educational setting and the proximity of the placement, when determining whether it is in a child's best interest to remain in the school of origin.

Every Student Succeeds Act (ESSA) Requirements Highlights:

- Ensure children remain in the school of origin unless a determination is made that it is not in a child's best interest for the child to remain in the school of origin.
- Ensure when it is necessary to change a child's school, the child can be enrolled immediately in the new school, even when the required records for enrollment may not be readily available.
- Requires designated contacts be established by the education and child welfare agencies.
- Requires school districts develop local transportation plans to assist in maintaining school stability and keeping children in their school or origin. If there are additional costs for transportation, one of three conditions must be met: (1) child welfare agency agrees to reimburse the local school district for the cost of transportation, (2) the local school district agrees to pay for transportation, or (3) the local school district and child welfare agency agree to share the costs of transportation.

Definitions:

- Enroll/Enrollment: attending classes and participating fully in school activities (s.725(1))
- School Stability: a principle that presumes that keeping a homeless child or youth in their school of origin is in the child's or youth's best interest (s.722(g)(3)(B)(i))
- School of Origin: the school that a child or youth attended when permanently housed or the school in which the homeless child or youth was last enrolled (s.722(g)(3)(I)(i))

Tips for Foster Parents:

- When contacted about a new placement, ask about school of origin, 504 Plans and IEPs.
- When children change placements, a collaborative decision should be made regarding the child's best interest. A staffing may be held to discuss the child's needs and best interest decision.
- The child should not be enrolled in a new school until an ESSA decision is made. Early communication between the child welfare agency and the school district point of contact is key.
- Provide input regarding transportation needs, feasibility of options available and afterschool needs.
- Participate in a staffing with the school district and child welfare agency, if necessary. Most staffings will be via telephone conference.

In order for a child to be performing at their best, it is important for primary caregivers to be involved in the child's education and support positive learning experiences at home. You can help by:

- Reading with the child and assisting with homework
- Turning off the TV or removing electronic devices to create a less distracting environment
- Setting expectation and affirming the importance of a good education
- Letting the child know you will help and support them to be the best they can be

Individual Education Plans (IEP)

Every child with a disability who is eligible for Exceptional Student Education (ESE) will have an Individual Education Plan (IEP). An IEP is a written plan for the special education of a child with a disability. The IEP is like a road map. It describes what the child can already do and what the child needs to learn in order to reach his/her goals. The IEP also identifies the kinds of support that the child needs in order to learn. Your child's IEP will be written by a team of people at an IEP meeting. The IEP team will decide which special services and supports your child needs in order to make progress.

You are an important member of the IEP team. The guide will help you know what to expect during the IEP meeting, so that you will feel more comfortable and be able to participate effectively in the process. Keep in mind: an IEP is written for your child only. There is only one IEP at a time for your child. An IEP is a plan for up to 12 months of your child's education.

Members of the IEP Team – Biological parents (if rights are still intact), caregiver/foster parent, child (as age appropriate), at least one ESE teacher who provides or may provide services to your child, child's general education teacher, someone who understands and can explain the evaluations that have been done for your child (this may be one of the people already on the list), a person from the school system who can make sure that your child gets the services listed on the IEP, the child's caseworker and other people invited by the agency or the school.

Preparing for an IEP meeting – Think about your goals for the child's long-term future. Make a list of what the child can do, likes to do, and needs to learn. Make a list of types of support the child needs. Ask to look over the child's school records and evaluations and read them carefully. Talk with you child about the IEP process and what he/she wants from it. Ask the school for a blank IEP form so you can become familiar with it. Let the school know in advance if you will need a translator during the meeting. Talk to other parents about their IEP experiences.

Participating in an IEP meeting – Bring paper, pen and any records or evaluations of your child. Share your vision for the child for this school year and years to come; talk about what the child can do and what the child needs help with; talk about any services the child has received in the past; listen and ask questions to make sure you completely understand; have a positive attitude – even when you disagree.

If the biological parents' rights are intact, the parent will review and sign the IEP. If rights have been terminated or the school has made three attempts to contact them without success AND the child has been in your home for a minimum of 2 months, you may review and sign the IEP. You may review the IEP at the end of the meeting before signing. If you wish let the team know you would like to take the IEP home to think about it before signing. If you think the IEP is not finished, ask for another meeting. Once the IEP is complete, the school will give you a copy to keep in your records. If the Family Care Counselor is not in attendance, please request an additional copy to provide for the child's record on the next home visit.

Suspensions from school

Anytime the school is calling to ask the child be picked up from school, the reason should be clarified with the school. If the student is ill and needs to be checked out of school a note must be turned in upon return to school for the absence to be excused.

When the school is calling to ask the child be picked up due to disruptive behavior, the caregiver should ask the school if the child is being SUSPENDED or if the school is just asking for the child to be picked up. Ask for a copy of the Discipline Referral for the incident. If the school is not suspending the child, ask the school what alternatives are available to having the child picked up. If the school is suspending the child, be sure request a copy of the paperwork. If the school reports they are working on the paperwork, then wait or ask what time later in the day the paperwork will be available (should be same day available). The Discipline Referral should have the date of the incident and the number of days of suspension. If you are picking the child up early in the morning, that day may be able to count as the first day of the suspension. Verify with the school the begin date for the suspension and what date the child may return to school. Keep a copy of all the paperwork, because if you student has an IEP there are steps that the school must follow concerning suspensions. Children with an IEP can only be suspended for 10 days. You may request a meeting to discuss additional measures being added to the IEP to accommodate the child's needs.

Schools do not have the authority to expel a student from school. They can refer a student to the hearing office if they have had multiple offenses. If that happens and your student has been out of school 7 days without notification of a hearing, please notify your Family Care Counselor.

Tuition and Fee Exemption Form

Youth and young adults are eligible for a Tuition and fee exemption form up to age 28, to be submitted to a Florida public state university, public Florida College System institution or public postsecondary career and technical program if they meet on of the following criteria:

1. He and she is, or was at the time of reaching 18 years of age, in out of home care.
2. He or she was adopted from the Department of Children and Families after May 5, 1997.
3. He or she is, or was at the time of reaching 18 years of age, placed in the custody of a relative or non-relative under s. 39.5085, s. 39.6221, or s. 39.6225, F.S.
4. He or she was reunified with his or her parents after spending at least 18 months in out of home care after reaching 14 years of age, including a reunification pursuant to s. 39.8155, F.S.

Independent Living

All youth and young adults age 13 years and older must begin acquiring essential life skills. Caregivers are required to take the lead role in ensuring youth and young adults in their home are provided the skills necessary to transition to adulthood and report on the progress of skills development. These skills include daily living activities and other essential independent living skills for enhanced wellbeing and self-sufficiency. Family Care Counselors (FCC) and/or Independent Living Counselors (ILC) shall support, train, and assist caregivers with their responsibilities. When no caregiver exists, or the caregiver lacks the ability and resources, the FCC and/or ILC must ensure children and young adults receive the necessary skills. Informal Needs Assessment shall be completed monthly at a minimum using a Life Skills Progress Documentation Log. The Life Skills Progress Documentation Log shall be completed by caregivers and FCC and/or ILC attesting to or assisting the youth or young adult in acquiring life skills. FCC and/or ILC is also required to assess life skill progress and incorporate assessment outcomes into relevant case management planning and reporting functions, including, but not limited to, case planning tasks and judicial review social study reports.

All youth and young adults age 16 years or older will be encouraged to participate in an Life Skills Assessment. The assessment will gauge the youth and young adult’s knowledge and/or ability of the identified essential life skills. The results of assessment should be discussed with the youth/young adult and caregiver. A Life Skills Plan should be created, and it will include goals for acquiring the skills that were assessed as deficient in the assessment process, activities, steps, or demonstrated behaviors for achieving the goals and resources to assist in completing the activities.

Independent Living Services

Caregivers receive an additional stipend for caring for youth ages 13-17 in licensed care. The stipend is 10% of the standard board rate and is included with the board payments. Partner Families have a crucial role in ensuring children and youth in their care are provided the skills necessary to transition into adulthood. These skills include daily living activities and other essential skills for enhanced well being and self-sufficiency. Information about the life skills activities occurring should be shared with the Family Care Counselor as this is a required element of the Judicial Review Social Study Report that is provided to the court for Judicial Review Hearings. Life skills categories include:

Career Planning	Daily Living	Education Planning
Emergency and Safety Skills	Food Management	Health
Housekeeping	Housing	Interpersonal Skills
Job Maintenance Skills	Job Seeking Skills	Knowledge of Community Resources
Legal Skills	Leisure Activities	Money Management
Personal Appearance	Religion	Self-Care
Social Relationships	Transportation	Work Life

There is a *Ready, Set, Fly!* document linked on the PSF website under foster resources that provides examples of how everyday activities can be used for life skills training.

Independent Living Programs (18 and older)

Extended Foster Care (Ages 18-21)

Youth and young adults have the option to remain in foster care until age 21 or 22 if the young adult has a documented disability if he or she age out in the legal custody of the department and meet all eligibility criteria outlined in Section 39.6251, F.S. This program provides financial assistance, case management and judicial oversight.

Postsecondary Education Services and Support (Ages 18-23)

Postsecondary Education Services and Support (PESS) is a program for eligible for young adults who meets criteria outlined in Section 409.451(2), F.S. to receive support while enrolled in college. Depending on certain statutory conditions, eligible young adults may receive a monthly financial payment of \$1,720; this may include applicable Education and Training Voucher (ETV) funding. The financial award is to secure housing, utilities, and assist with cost of living while attending a Florida Bright Futures-eligible postsecondary educational institution.

Aftercare Services (Ages 18-23)

Young adults are eligible for Aftercare Services if he or she aged out in the legal custody of the Department and not currently enrolled in EFC or PESS.

Services may include:

- Mentoring
- Tutoring
- Mental Health
- Substance Abuse
- Counseling
- Parenting
- Job and career skills training
- Temporary financial assistance for necessities

Credit Reports

All youth and young adults 14 years and older will have their check through the three credit bureaus annually. The FCC and/or ILC must discussed checks with youth and young adult and assist them with resolving any inaccuracies.

Non Age Disability

The court can remove the disability of non-age to ensure that a youth in foster care can: 1) secure financial services, such as a checking or savings account, (must be 16 years old), §743.044, Florida Statutes (2009); 2) execute a lease for residential property (must be 17 years old), §743.045, Florida Statutes (2009); and 3) secure utility services at a residential property (must be 17 years old), §743.046, Florida Statutes (2009).

Youth Learning to Drive

Foster parents are encouraged to assist responsible youth in learning to drive.

Florida Statutes 322.09(4) exempts licensed foster parents of a minor, an authorized representative of a residential group home at which the minor resides or the caseworker at the agency from assuming any obligation or liability for any damages by signing the application for driver's license.

The Florida Statutes 627.746 prohibit insurers from charging foster parents more for their car insurance for a foster child who has a learner's permit. Once the foster child gets a driver's license, then the insurance companies can and will charge. The Keys to Independence program was created to cover this increase in insurance cost for the foster parents.

All foster children in Florida who are planning to get a learners permit should enroll in the Keys to Independence program to ensure reimbursement can be processed if a foster parent decides to cover a youth on their insurance.

Please visit the Keys to Independence program website at:

<https://keystoindependencefl.com> for more information.

Keys to Independence

All youth and young adults 15 years and older are eligible to be enrolled in the Keys to Independence (K2I) program. This program is designed to break down the barriers for youth and young adults in care from obtaining their driver's licenses. The program provides guidance, resources, and financial support needed in this process. The financial support includes reimbursement for cost related to licensure, driver's education, and insurance. The K2I application can found at: <https://keystoindependencefl.com/apply/>

Transition Planning

All youth and young adult age 16 years and older will be assisted to begin transition planning using the My Pathway to Success Plan form. The Plan should be revised often and filed with the court. Regardless of how often the plan has been revised, an updated Transition Plan must be documented and filed with the court with 90 days of the youth turning 18 years old.

Creating a Life Book

A lifebook brings together a child's past, present, and future. It is a book to document a child's history, celebrate accomplishments, and allow his or her talents to shine. It is a record of a child's life in his or her own words using photos, artwork, and things picked up along the way. It allows a child to honor life, one day and one event at a time. Working together on a lifebook can bring a parent and child closer together. It creates a natural opportunity to talk about the circumstances of the foster care and/or adoptive placement. A lifebook is a useful tool in any stage of foster care or adoption.

- A lifebook is an easy tool to use to get to know a new child in your home. Working with the child to create pages that reflect his or her life will help you get to know the child better and build a relationship in the process.
- A lifebook can help a child prepare to return to their birth family. You can help a child document and celebrate accomplishments while in care and keep track of the important people in his or her life.
- A lifebook can help prepare a child for adoption. You can work with the child to build a bridge between the birth family and the adoptive family.
- A lifebook can help a child build self-awareness and self-esteem. When a child looks through his or her history, they can better understand what has happened to them, who to turn to for help, and the strengths they have which will allow them to move forward. A lifebook should include important milestones to remind a child how much they have accomplished and how many people they have cheering for them.
- A lifebook allows a child to express themselves creatively and dream about the future.
- A lifebook can be started at any age. If a child comes to your home without one, it is the perfect time to start working on it.

Some things a life book can include:

Birth Information

- birth certificate
- weight, height, special medical information
- picture of the hospital

Child's Family Information

- pictures of child's family
- names, birth dates of parents
- names, birth dates and location of siblings
- physical description of parents, especially pictures of parents and siblings

Medical Information

- list of clinics, hospitals, etc., where child received care; and care given (surgery, etc.)
- immunization record
- medical information that might be needed by the child when growing up, or as an adult
- when walked, talked, etc.

School Information

- names of schools and report cards
- pictures of schools, friends, and teachers

Religious Information

- places of worship child attended

- birth parents' occupational/educational info
- information about extended family members

Placement Information

- pictures of foster family/families
- list of foster homes (name, location)
- first names of other children in foster homes to whom child was close
- names of social workers; photos of social workers to whom the child was close

- confirmation, baptism, and other similar records
- papers and other materials from Sunday School

Other Information

- pictures of child at different ages
- stories about the child from parents, foster parents, and social workers awards, special skills, likes and dislikes, etc.

There is not right or wrong way to create a lifebook. You can be as creative or as simple as you like. The important part is to capture some of the child's story.

Foster and Adoptive Parent Association

Florida Foster Adoptive Parent Association (FAPA)

The mission of the Foster-Adoptive Parent Association, Inc. is to nurture children's safety, well-being and stability by supporting and training caregivers and by advocating for the families they represent.

FAPA's vision is to see children thrive and caregivers are fully empowered and recognized as expert partners in fostering healthy families. They are committed to caring for the love of a child, enhancing parents and partnerships, strengthening foster/adoptive families through support, training and advocacy with the aim of nurturing child safety, well-being and stability while enhancing teamwork and partnership with the entire community. Visit their website for more information at www.floridafapa.org or email them at info@floridafapa.org.

Local Foster Adoptive Parent Association Contact Information

The North Central Florida FAPA serves the 13 counties within the PSF catchment area. It is lead by local foster parents and provides education, social opportunities and advocacy. Join the Facebook group [North Florida FAPA](#) private facebook group to connect.

Foster Allegation Support Team (FAST)

The Florida State Foster Adoptive Parent Association has developed a resource for Partner Families to utilize when an abuse report has been called in on them. They can be reached at 1-800-327-8119 or fast@floridafapa.org. The purpose of FAST is to provide support to the Partner Family when allegations have been or might be brought against them. It is important to keep Partner Families informed of the procedures and the process through which an allegation will take them. We provide support without judgment and an environment that is as minimally destructive as possible for the Partner Families.

Kinship Foster - Level 1

PSF Kinship Support Network - Facebook group

The PSF's Kinship Support Network Facebook group is a closed group for non-licensed caregivers and Level 1 licensed foster homes either within the PSF catchment area or serving PSF children. The group is used to share information and provide an opportunity for foster parents to network with other foster parents. The group has "Guides" set up with

answers to common questions, tip sheets on various topics, resources and information. We encourage caregivers to join the group and browse the guides. Please remember, case specific information or questions should not be posted in the group. We do not allow solicitation in the group.

Traditional Foster -Levels 2-5

Making a Decision to Accept Placement

Accepting placement of a foster child is a big decision. It's always important to know as much information as possible about a potential new addition to your family. With emergency placements you may not be able to ask all of these, but here are some questions to ask when receiving the call to accept a foster placement:

1. The basics: age, gender, and the number of children to be placed?
2. Would I be their first placement?
 - o If not, how long have they been in foster care? What is their placement history? And why is the child changing placement?
3. What is their legal status? Will it be a short or long-term placement? What is the goal of the case?
4. What can you tell me about the circumstances that led to their removal or transition? Are there safety concerns / behavioral issues that I should be aware of?
 - o Does the child have a Child Placement Agreement (CPA)? If yes, what are the safety precautions in the CPA? Are they a runaway risk?
5. What can you share about the family situation, parents' information, and background?
 - o Do they have any siblings in or out of care? Where are the siblings placed?
 - o Do they have contact with their biological parents?
6. What county are they from? What will bio family visits look like and where do they live?
7. What are any upcoming important dates or appointments? Birthdays?
8. Do they attend school or daycare? Will they be changing schools or districts if placed with me?
9. What is their understanding of the reason that they are in foster care?
10. Do they have any dietary restrictions or specific medical needs?
 - o What is their medical history? Allergies? Are they up to date on medical/dental care?
11. Will they be bringing anything with them that you know of?
12. Any information on their likes and dislikes? What will make them feel most comfortable/at home?
13. What is the next step if I were to accept? Will there be pre-placement visits?
14. Is there anything else I should know?
15. For infants, what type of formula do they need? What size diapers do they wear? Was there prenatal substance exposure?

While you have many questions prepared, you may not be able to receive all of your desired answers. We are often still learning about the children and gathering information. You can ask to discuss the child with the Investigator or the Family Care Counselor or the former caregiver to gather more information. Make sure to know and stick to specific and predetermined limits and non-negotiables within your family. Finding the right fit for placement is in the child's best interest, and it's okay if that isn't you. Saying yes is so exciting, and saying no can still leave the door open to say yes later. Try to have a plan for ending the call, whether that is asking for time to discuss with your spouse or other members of your household or making an informed decision right then and there.

Welcoming a Child into Your Home

Placement into a stranger's home can be quite scary for children in care. Here are some things you can do to help ease the child's transition into your home:

1. Welcome your foster child quietly. Try not to overwhelm the child with attention or show of affection.
2. Help him settle down to a regular routine as quickly as possible.
3. Show the child where they will sleep and where they can keep their personal belongings.

4. Let him know what to call you. Since he may not be ready for another Mom or Dad, provide a choice, letting him know what is agreeable to you, too.
5. Let the child know the rules of your home and be consistent in enforcing them.
6. Do not be disappointed if the child does not respond to you immediately.
7. Give the child the opportunity to talk to you and respect his feelings for the past. Take his lead but do not probe into his past life or criticize his parents.
8. Encourage the child to trust and talk to his caseworker. Do not threaten a foster child with his caseworker as a means of dealing with his behavior.
9. Help the child develop a feeling of pride and confidence by giving him tasks within his ability.
10. When the child succeeds at something, express sincere pleasure and recognition of his abilities.
11. What a child says, or how a child outwardly acts is often not how he feels, in fact, it can often be just the opposite of the real feeling.
12. Refrain from ridiculous, severe or humiliating punishments. At all times corporal punishment is forbidden.

Respite and Overnight Care

There are occasions when licensed foster parents need to have foster children placed with them cared for temporarily by a Respite provider, a babysitter, or overnight by a substitute caregiver. Respite is care provided by another licensed foster parent. Foster parents can identify temporary unlicensed caregivers using “Reasonable and Prudent Parent Standards” in choosing a babysitter or substitute caregiver. “Reasonable and prudent standard” is the careful and sensible parental decisions that maintain the child’s health, safety, and best interest.

Respite Care:

- Level II -Level V licensed caregivers receive 12 days off for respite each fiscal year with continued board payment at standard rate. The respite provider must be a licensed foster parent who will also receive standard board rate for providing the respite care. *Respite is not available for Level I Kinship and Fictive Kin providers.
- All respite arrangements MUST be made via the PSF Placement Team. Contact your Family Care Counselor or Caregiver Support Specialist to request Respite Care.

Babysitter Care:

- A Babysitter is a non-licensed person, age 14 or older, willing to provide infrequent, short-term child care. Babysitting does NOT include overnight care or daily childcare.
- Babysitters do not have to be background screened *unless they provide frequent or routine care*. Caregivers providing frequent or routine care must be background screened.
- Babysitting does not have to occur in a licensed setting.
- Licensed foster parents must fully explain and review the following with the babysitter:
 - Water Safety precautions
 - Discipline and confidentiality policies.
 - Provide the phone numbers for the child’s Family Care Counselor, the On-Call number and Child’s Physician in the event an emergency arises.

Overnight Care with a Substitute Caregiver:

- Using the “Reasonable and Prudent Parenting Standards”, licensed foster parents may allow a non-licensed family member or person who is well known to them to provide care for children placed in their care overnight.
- Substitute caregivers chosen by the caregiver for overnight care are required to be background screened for all stays exceeding 72 hours and when providing care on a routine basis.
- When the substitute caregiver is utilized due to unexpected circumstances, background screening must be initiated within one (1) business day.
- Licensed foster parents must inform the child’s Family Care Counselor on each occasion the child is out of the home overnight including the name and contact information of the person the child will be with and the purpose of the overnight stay.
- Licensed foster parents must fully explain and review the following with the substitute caregiver:

- Water Safety precautions
- Discipline and confidentiality policies.
- Provide the phone numbers for the child's Family Care Counselor, the On-Call number and Child's Physician in the event an emergency arises.

PSF will provide standard board rate reimbursement to Level 2 licensed foster home for up to 12 days each fiscal year to the placement/sending foster home. The respite/receiving home may be eligible to receive enhanced board rate based on the child's needs.

Enhanced Level 2 Partner Families

Enhanced Level 2 Partner Families providing care and supervision for children in out-of-home care may request an enhanced board rate for children in their care. Enhanced board rate decisions are based on (1) the child's needs and circumstances and (2) the home's licensed status (Enhanced Rate Level 2 Licensed).

How do I become licensed as an Enhanced Rate Level 2 provider?

- Partner Families are required to take the Trust Based Relational Intervention Training or CORE Teen training.
- Once the training is complete, your Caregiver Support Specialist will update the home study and submit the provider file to the DCF Region Licensing Specialist for the license to be updated to include the Enhanced Rate Level 2 designation. Under Title IV-E of the Social Security Act, states, territories, and tribes are entitled to claim partial federal reimbursement for the cost of providing foster care assistance to children who meet federal eligibility criteria. Having the foster home licensed as Enhanced Rate Level 2 allows the state to claim reimbursement for board rate which provides funding for the state's child welfare system.

What are some things an enhanced board rate can be provided for?

- A sibling group of 3 or more
- Child's behavioral, educational, medical needs that require extraordinary level of care
- Developmental delay or deficits in basic living skills that require extraordinary level of care
- Child requires multiple ongoing services the foster parent attends
- Extraordinary safety planning precautions required for child safety
- Child's substance and/or alcohol use
- Pregnant or Parenting youth with child in the foster home

What is the process to request an enhanced board rate?

- Enhanced Level 2 Partner Families should contact the Placement team to complete the *Request for Enhanced Board Rate Review* form for the foster child. Some requests may require a staffing to review the circumstances. The child's information will be reviewed and a rate set based on the child's needs.

Are travel expenses a justification for an enhanced board rate?

- Travel expenses are NOT covered as a part of an enhanced board rate.
- Foster parents can receive mileage reimbursement for travel for medical, dental and mental health appointments as well as travel for the purpose of parent-child and sibling visitation through PSF's Travel Reimbursement procedure.

Clothing Allowances

Initial Clothing Funds for Children in Foster Care Levels 2-5:

- Each child will be eligible for one *Initial Clothing Allowance* in the amount of \$100 when entering licensed care in Levels 2-5.

- *Initial Clothing Allowance* will be issued by the Placement Specialist upon the child's first entry into licensed (Level 2-5) foster care.
- The funds may be used to purchase clothing and shoes only.
- Funds may NOT be used to purchase items such as accessories, school supplies, and diapers.

Annual Clothing Allowance for Children in Foster Care Levels 2-5:

- An *Annual Clothing Allowance* can be issued for children who have been in licensed (Level 2-5) foster care for a minimum of 6 months one time in each fiscal year (July 1 to June 30).
- An *Annual Clothing Allowance* funds are typically disbursed late summer, normally just prior to the Florida tax free back to school week.
- Children who have not met the 6 months in care requirement at the time the back to school disbursement is made, may have an *Annual Clothing Allowance* issued when they meet the requirement.
- If you receive funds for a child no longer in your care, the funds must be returned to PSF's Finance Department. You may not give the funds to the child or another foster parent to spend. PSF will reissue funds to the child's current placement. Any funds not used must be returned or will be recouped from your next board payment.
- The PSF Finance Department will send out an invoice when the *Annual Clothing Allowance* is issued with the names of the children for whom you are receiving a clothing allowance.
- Children age 0-4 receive \$200.00 and children age 5 and up receive \$300.00.

Travel Reimbursement

Level 2-5 foster home can be reimbursed for travel. Foster parents are expected to provide routine transportation for children in their care as they would their own children. Routine transportation includes medical/mental health appointments, dental visits, visitation with the child's parents and siblings and other routine destinations. In the event of an emergency or a conflict in which the foster parent is unable to transport foster parent can use their identified support system or make a plan with their Family Care Counselor. Partnership for Strong Families supports foster parents in meeting the many transportation needs of children in licensed care through travel reimbursement. Travel is reimbursed at the current rate set by the State of Florida.

- Travel that is eligible for reimbursement for children primary to Partnership for Strong Families:
- Transporting the child to medical and mental health appointments.
- Transporting the child to "special" education and vocational trainings (includes PT/OT).
- Transporting the child to visits with parents, siblings, or relatives.
- Travel to attend court proceedings and staffings.
- Travel to attend approved in-service training sessions (includes QPI and FAPA).
- Travel to maintain child's school of origin (outside of home's zoned school) with prior approval.

Travel that is NOT eligible for reimbursement:

- Routine travel is NOT eligible for reimbursement and includes travel to zoned school, daycare, church, child's place of employment, social activities, shopping, vacation, or picking up prescriptions.
- Travel for children who are not primary to Partnership for Strong Families. Check with the Community Based Care Agency that has primary case responsibilities for travel reimbursement procedures.

Completing Travel Reimbursement Request:

- All travel must be documented on PSF's Foster Parent Travel form.
- All travel must be separated by month (you cannot claim travel for more than one month on the same travel reimbursement form.)
- Travel must be submitted at the end of each month (travel should be submitted by the 20th of the following month).
- Travel submitted more than 60 days after it occurs will be reimbursed only on an exceptional basis.

- The travel reimbursement should include: Your name and signature, the child's name, the Family Care Counselor's name, travel date, travel to/from, purpose of travel, number of miles and start/end travel times.
- Travel should be submitted to the foster parent's assigned Caregiver Support Specialist.
 - 5950 NW 1st Place, Gainesville, FL 32607.

Client Master Trust

The Social Security Administration provides financial benefits for children who qualify. There are two programs:

1. Social Security: Insurance program based on parent's/legal guardian's account and because the parent or guardian has experienced one of the following life situations: Retirement; Disability; Death (Benefits called Survivor's Benefits)
2. Supplemental Security Income: Welfare program for children with disabilities. Receipt of SSI qualifies a beneficiary for SSI-based Medicaid. Clients receiving SSI funds cannot have more than \$2,000 in their account. Any amount above \$2,000 will cause them to forfeit their SSI benefit payment and SSI Medicaid until the balance is below the \$2,000 threshold.

Assessment to determine if a child may be eligible for Social Security benefits

- Does the child have a physical or mental impairment (or combination of impairments) causing marked and severe functional limitations; and has lasted or is expected to last for at least 12 consecutive months, or to result in death?
- Is the child blind?
- Is the child's parent disabled or retired and entitled to Social Security benefits?
- Does the child have a parent who died after having worked long enough in a job where they paid Social Security taxes?

A child who has a diagnosed disability, takes psychotropic medications, lives in a therapeutic or medical foster home, or has an IEP with the school may qualify. If you think a child in your care may qualify, discuss this with your Family Care Counselor.

Representative Payee Applications for children receiving Social Security Benefits

- Partnership for Strong Families will make an application to become the child's Representative Payee when the child is placed in LICENSED out of home care LEVEL 2 or greater.
- When a child is placed in Non-Licensed Relative or Non-Relative care or in Level 1 Kinship care, PSF will encourage and assist the child's caregiver in making an application to become the child's Representative Payee.
- Level 1 board rate will be off set by the amount of social security benefits the child receives.

Managing a Child's benefits (for children in Level 2+ Licensed care):

- PSF will establish a Master Trust account for the funds received on behalf of the child.
- Cost of Care will be deducted monthly and provided to Department of Children and Families
- A Fee Waiver for Cost of Care may be requested by the case worker, Guardian ad Litem, Caregiver, Parents, or the Child.
- The FCC is required to create a plan, within the rules for the type of income, to Manage a Child's Master Trust funds.
- The plan should be created with input from the Caregiver, GAL, Child, Parents and other involved in the child's case.
- When a child receives SSI or has a dual SSI and SSA benefits, the child's account must be managed to remain below \$2,000 or benefits eligibility can be negatively impacted.
 - Planning to save or spend to meet child's needs
 - Current and future needs of child (and child's family depending on reunification goal)
 - Ensuring asset/income maximums and placement rules not breached for SSI recipients

- Ensuring funds spent only when necessary
- Disability funds can be used to ameliorate the effects of the disability and all fund types can be used for the benefit of the child – needs, wants, one-time purchases or ongoing expenditures, goods or services.
- Expenditures should be approved in advance via the Request for Withdrawal form and in keeping with the Management Plan. Master Trust funds cannot be used for reimbursement for purchases without advance authorization. Receipts for purchases are required.

How do I get information about the Master Trust for a child in my care?

- You can email MasterTrust@pfsf.org with questions for the PSF Master Trust Specialist
- Your FCC should provide a copy of the child’s Master Trust accounting along with the Judicial Review Social Study Report for each Judicial Review Hearing.

Education and Development Fund

A total of \$100.00 is available per fiscal year for children in licensed Level 2+ out of home care for educational purposes. These funds may be used for educational events, field trips, yearbooks, class rings, and other related educational expenditures. Your Caregiver Support Specialist can assist with accessing the Education and Development funds for the child in your care. You will need to provide documentation and/or receipts for the educational expenses. Be sure to request funds before making expenditures to ensure funds are approved.

PSF’s Partner Family Network - Facebook Group

The PSF’s Partner Family Network Facebook group is a closed group for Level 2-5 foster home either within the PSF catchment area or serving PSF children. The group is used to share information and provide an opportunity for foster parents to network with other foster parents. The group has “Guides” set up with answers to common questions, tip sheets on various topics, resources and information. We encourage Partner Families to join the group and browse the guides. Please remember, case specific information or questions should not be posted in the group. We do not allow solicitation in the group.

Annual Licensing Renewal

Once licensed, each Out of Home Caregiver will be assigned a Caregiver Support Specialist who will work with the licensed provider through-out the year and will assist in ensuring that yearly requirements are met for re-licensure. Each Level of License will have to complete annual requirements to maintain their license.

Each licensed Out of Home Caregiver will be required to sign a new “Application for License to Provide Out-of-Home Care for Dependent Children”. Caregiver(s) will also have a face-to-face home visit with their assigned Caregiver Support Specialist. During this visit the Caregiver Support Specialist will gather information for the purpose of updating the home study, take new photos of the home and complete a walk through to ensure that safety measures have remained in place.

All Caregivers are required to complete Training throughout the year, training requirements are as follows:

- Level 1 (1 hour)
- Level II (8 hours)
- Level V(Medical) (12 hours)

All Out of Home Caregivers are required to complete Human Trafficking Training and Water Safety Training yearly.

Local Background screens will be completed yearly for each Out of Home Caregiver. Level I Caregivers will also complete fingerprints each year.

All other Levels will complete fingerprints every 5 years.

Caregivers are required to complete two fire drills throughout the year. Out of Home Caregivers are also responsible for ensuring that their Caregiver Support Specialist is aware of any changes that takes place throughout the year to include household composition changes, changes in contact information or if there is a plan to relocate. The Caregiver Support Specialist is available assist and provide support to the Out of Home Caregiver throughout the year.