

North Dakota Foster Care Provider Handbook



*“There is always a moment in childhood
when the door opens and lets the future in.”*

-Graham Green



North Dakota Department of Health and Human Services

600 E. Boulevard Avenue
Bismarck, ND 58505

Visit our North Dakota website at:

<https://www.hhs.nd.gov/>

For information on becoming a foster care provider, call:

1-833-FST-HOME

1-833-378-4663

Inquiry line is also available to answer questions about adoption in ND.

To Contact the CFS Licensing Unit

701-328-2322

1-888-334-1330

cfslicensing@nd.gov

For information on child abuse and neglect:

Visit the Prevent Child Abuse North Dakota website

<http://www.pcand.org/>

To report child abuse and neglect:

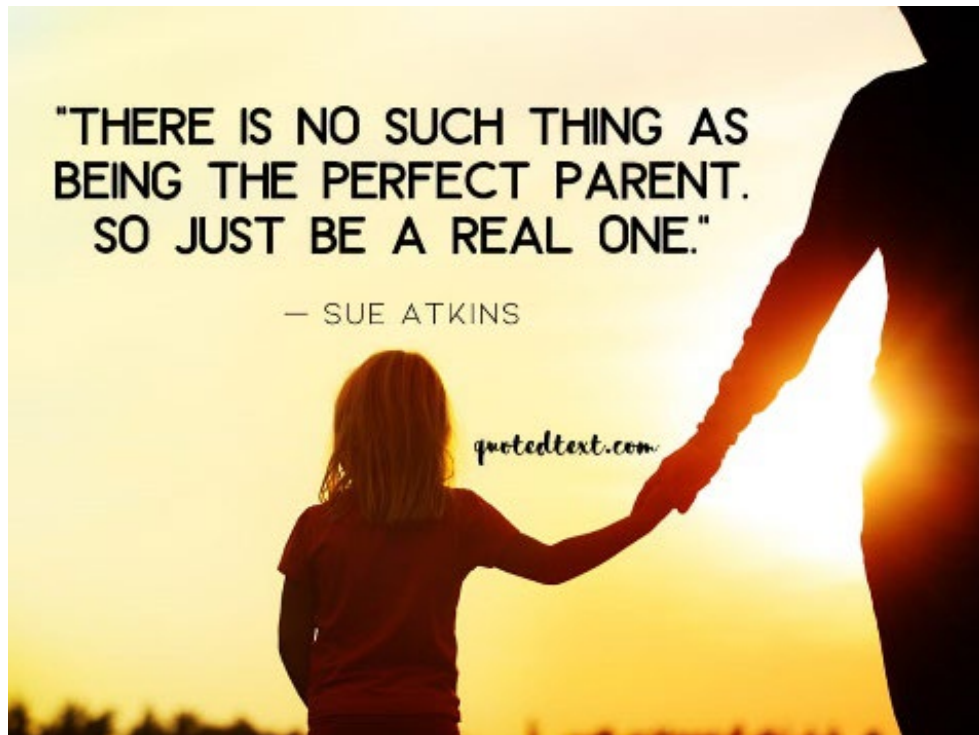
Contact the ND Department of Health and Human Services

CPS Intake at 1-833-958-3500

To the Foster Care Provider

This manual is intended to be used as a reference as you care for children in foster care. It gives you practical information on topics like medical care, reimbursements, and the role of the court. It also provides guidance on areas like welcoming a child, discipline, and visitation. Throughout the manual, we emphasize the role of foster care providers working together with the agency, case worker and supporting biological family/parents, as members of a professional team.

Each chapter contains information on state policies related to being a foster care provider. Where relevant, you are encouraged to check with your authorized licensing agent and/or child's case worker for local policies on specific issues. You provide a valuable service in helping families through temporary difficulties and meeting the needs of children in a time of crisis and change. We offer this manual as an aid to your role as a North Dakota foster care provider.



Handbook Acknowledgements

Children and Family Services (CFS) of the North Dakota Department of Health and Human Services wishes to thank the many individuals who contributed to this manual. A workgroup, which was convened to research and develop a manual in 2002 borrowing ideas from the state of New York. In January 2017, a new issue of the Handbook was created for ND foster care providers. CFS will continue to update the handbook online, as needed.

What is Foster Care?

(NDCC 50-11)

Foster care for children is temporary and state law references it to mean: the provision of substitute parental child care for those children who are in need of care for which the child's parent, guardian, or custodian is unable, neglects, or refuses to provide, and includes the provision of food, shelter, security and safety, guidance, and comfort on a twenty-four-hour basis, to one or more children under twenty-one years of age to safeguard the child's growth and development and to minimize and counteract hazards to the child's emotional health inherent in the separation from the child's family. Foster care may be provided in a family foster home, supervised independent living program, or qualified residential treatment program.



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Chapter 1

Being a Foster Care Provider



“If a child is to keep his inborn sense of wonder, he needs the companionship of at least one adult who can share it, rediscovering with him the joy, excitement and mystery of the world we live in.”

-Rachel Carson

Chapter 1. Being a Foster Care Provider

This first chapter covers topics related to being a foster care provider. What is your role? What training is needed and what type of training is available to foster care providers? This basic information may have been covered in orientation, but it can serve as reminders for both new and current foster care providers.

Topics Include:

1. Licensing Agency
 - a. Licensure Levels
2. Your Role as a Foster Care Provider is Based on Specific Competencies
3. PRIDE Training
4. UNITY Training
5. Other Training for Foster Care Providers
6. Guidelines for Foster Care Provider Training Reimbursement
 - a. Reimbursement Procedure
7. Foster Care Provider's Licensing File
8. Foster Care Provider Immunity
9. Foster Care Provider Rights



Licensing Agency

Foster care providers are licensed by the ND Department of Health and Human Services. Some foster care providers may choose to be licensed by an authorized licensing agent; Nexus PATH, Tribal Nation, or the Unaccompanied Refugee Minor Program managed by Agassiz Valley Human Service Zone. In the past, prospective foster care providers worked with Human Service Zones and were licensed by the Department as “Zone” homes. In April 2022, the ND Department of Health and Human Services, Children and Family Services (CFS) Division created the CFS Licensing Unit, after being given legislative authority to transition Zone employees to State employment resulting in “Zone homes” becoming “State homes”. The CFS Licensing Unit is responsible for creating and updating statewide policy and procedures with an overall goal to implement standardized procedures, which offer consistency and efficiencies for licensing specialists, providers and case workers. The unit will provide training and technical assistance, as well as collaborate closely with other department divisions to best meet the needs of children in placement, licensed foster care providers, and authorized agents (Tribal Nations, Nexus PATH, URM) statewide.

CFS Licensing Unit will manage:

1. Licensing decision/determination for applicants seeking to provide foster care for children across the state.
2. Licensing decision/determination for applicants presented by an authorized agent (Tribal Nation, Nexus PATH, etc.) approved by the department to complete home studies and assessment of foster care providers.
3. Level of Care decisions specific to children in foster care.
4. Licensing of Qualified Residential Treatment Programs, Licensed Child Placing Agencies, Maternity homes, and certified shelter care programs.
5. Oversight of the ND Recruitment and Retention State Plan.

Contact Information

Children and Family Services
CFS Licensing Unit
600 E. Boulevard Ave #325
Bismarck ND 58503

Email: cfslicensing@nd.gov

Phone: 701-328-2322 or 1-888-334-1330

If you choose to become a treatment foster home, unaccompanied refugee minor home, or would prefer to work with a Tribal Nation, please contact the Recruitment and Retention Specialist for a referral.

Call 1-833-FST-HOME

Licensure Levels:

There are 3 levels of family home licensure in North Dakota:

1. License – Full
2. License – Relative
3. Certification

Family Foster Care Provider – Levels of Licensure		
* CERTIFICATION *	** FULL LICENSE **	* IDENTIFIED RELATIVE LICENSE*
State Homes Only	State, Nexus PATH, and Tribal Homes	State, Nexus PATH, and Tribal Homes
<p>Seeking to Provide Service:</p> <ul style="list-style-type: none"> • An early intervention, prevention and safety support for children in need of out of home care due to a present danger plan or foster care entry. • A short-term placement resource for: <ul style="list-style-type: none"> ○ Foster care (30 days or less) ○ Emergency shelter care (14 days or less) ○ Respite care (4 days or less) 	<p>Seeking to Provide Service:</p> <ul style="list-style-type: none"> • An early intervention, prevention and safety support for children in need of out of home care due to a present danger plan or foster care entry. • A short and long-term placement resource for: <ul style="list-style-type: none"> ○ Foster care ○ Specialized foster care ○ Emergency shelter care (14 days or less) ○ Respite care (4 days or less) 	<p>Seeking to Provide Service:</p> <ul style="list-style-type: none"> • A safety support for <u>relative</u> children in need of out of home care due to foster care entry. • Short and long-term placement resource: <ul style="list-style-type: none"> ○ Foster care for <u>relative</u> children
<p>Level Highlights:</p> <ul style="list-style-type: none"> • Approved Criminal Background Check • Serve up to 3 children at one time • Bed Space/Sleeping Arrangements <ul style="list-style-type: none"> ✓ Must have at least 1 permanent bed ✓ Temporary beds = 14 day max • Placement maximum = 30 days • Certification Timeline <ul style="list-style-type: none"> ✓ 2-year certification ✓ Annual Onsite visit ✓ Quarterly Check ins • Physical exam is not required • Initial Training Requirements <ul style="list-style-type: none"> ✓ Orientation = 90 min overview ✓ Pre-Service = Abbreviated Training (3 hrs) ✓ Initial Fire = 2 hours • Ongoing Training Requirements <ul style="list-style-type: none"> ✓ Minimum of 8 hours per two-year renewal period, inclusive of 1 hour of required fire safety. Essentially 4 hours per year. 	<p>Level Highlights:</p> <ul style="list-style-type: none"> • Approved Criminal Background Check • Serve up to 6 children at one time • Bed Space/Sleeping Arrangements <ul style="list-style-type: none"> ✓ Must have at least 1 permanent bed ✓ Temporary beds = 14 day max • Placement Maximums: <ul style="list-style-type: none"> ✓ State/Tribal = No placement maximum ✓ Nexus PATH = 6 mo. (ETFC) and 12 mo. (TFC) ✓ Respite = 4-day max ✓ Shelter/Emergency On-Call = 14 day • Licensure Timeline <ul style="list-style-type: none"> ✓ 2-year licensing maximum ✓ Annual Onsite visit ✓ Quarterly Check ins • Physical exam is required • Initial Training Requirements <ul style="list-style-type: none"> ✓ Orientation = 90 min overview ✓ Pre-Service Training = 27 hours ✓ Initial Fire = 2 hours • Ongoing Training Requirements <ul style="list-style-type: none"> ✓ Minimum of 16 hours every two-year renewal period, inclusive of 1 hour of required fire safety. Essentially 8 hours per year. 	<p>Level Highlights:</p> <ul style="list-style-type: none"> • Approved Criminal Background Check • Serve up to 6 <u>relative</u> children at one time • Cannot provide foster care to <u>unrelated</u> children • Cannot provide shelter/respite to <u>unrelated</u> children • Bed Space/Sleeping Arrangements <ul style="list-style-type: none"> ✓ Must have at least 1 permanent bed ✓ Temporary beds = 14 day max • Placement Length of Stay: <ul style="list-style-type: none"> ✓ State/Tribal = No placement maximum ✓ Nexus PATH = 6 mo. (ETFC) and 12 mo. (TFC) • Licensure Timeline <ul style="list-style-type: none"> ✓ 2-year licensing maximum ✓ Annual Onsite visit ✓ Quarterly Check ins • Physical exam is not required • Relative License/Waiver (SFN 844) • Initial Training Requirements <ul style="list-style-type: none"> ✓ Orientation = 90 min overview ✓ Pre-Service = Abbreviated Training (3 hrs) ✓ Initial Fire = 2 hours • Ongoing Training Requirements <ul style="list-style-type: none"> ✓ Minimum of 8 hours per two-year renewal period, inclusive of 1 hour of required fire safety. Essentially 4 hours per year.

Level of Licensure Examples							
Example of Applicant	Community member wants to provide a safe space to children in need of foster care placement.	Grandma wants to care for her 3 grandchildren only.	A community member wants to provide respite to support providers and children.	Uncle and Aunt are caring for two relative children but are willing to care for <u>unrelated</u> children.	Aunt is caring for three relatives but would like to offer respite/shelter to <u>unrelated</u> children.	Grandparents are caring for two grandchildren + two <u>unrelated</u> children.	Coach is identified as a placement option for a specific child. They have a long-standing relationship.
Length of Stay	Short and long-term	Long-term	Short-term	Short and long-term	Short and long-term	Long-term	Long-term
Licensing Level	Fully Licensed	License - Identified Relative	Certified	Fully Licensed Cannot care for <u>unrelated</u> children unless fully licensed.	Fully Licensed Cannot care for <u>unrelated</u> children unless fully licensed.	Fully Licensed Cannot care for <u>unrelated</u> children unless fully licensed.	License - Identified Relative

Your Role as a Foster Care Provider is based on specific competencies:

Foster and Adopt PRIDE is the model of practice adopted in the mid-90's by the State of North Dakota for the development and support of resource families. PRIDE is an acronym for Parents Resource for Information Development and Education. It is designed to strengthen the quality of family foster care and adoption services by providing a standardized, structured framework for recruiting, preparing, and selecting foster care providers and adoptive parents. Foster care providers should be qualified, prepared, developed, selected, and licensed to work as members of a professional team.

a. Competency-Based Approach:

PRIDE is based on specific competencies (knowledge and skills) needed to successfully perform the tasks of foster and adoptive care. Specific activities needed to complete tasks are identified in a written "role description." The role description establishes the expectations for foster and adoptive parents. The competencies drive the entire mutual assessment, selection, preparation, support, and development process for foster and adoptive parents.

(See Appendix for Pre-Service Competencies for Foster Care Providers and Adoptive Parents)

b. PRIDE Model of Practice:

The philosophy of PRIDE is that the selection process is mutual. The family always has the right to decline the invitation based on its own self-assessed strengths and needs. The agency has the right to extend (or not) the invitation, based on its legal mandate to protect and nurture children, and strengthen families.

Mutual assessment is an ongoing process that extends throughout the working relationship between the family and agency. For example, decisions regarding the types of supports the foster family may need are based on a mutual assessment process.

PRIDE Training

Requirements:

Agencies have a long history of providing services to families and their children. They could not do so without the important contribution of foster care providers. PRIDE pre-service training is a way of preparing and supporting families for success in family foster and adoptive care.

The pre-service training component of PRIDE consists of nine modules. Either PRIDE pre-service or full UNITY training is required for all foster care providers! The PRIDE pre-service training is offered virtually on an on-going basis via training cohorts. The classes are led by the CFS Licensing Team, regardless of the agency you are working with to license or adopt; by participating in the PRIDE training, you and the child's custodial team will have common language to talk about your thoughts and ideas on foster or adoptive care, and the agency's needs and expectations. The result is a mutual assessment of our willingness and ability to work as a team for the benefit of children and families.

a. **Abbreviated PRIDE:** Abbreviated PRIDE focuses on the five core competencies covered in North Dakota PRIDE pre-service training. This abbreviated version details how North Dakota foster care law, rule, policy and practice uniquely fit into the competencies. In addition to competencies, Abbreviated PRIDE highlights trauma informed parenting, cultural awareness and other relevant topics to provide high-level education. The training is self-driven; it can start, stop and save progress until completed. This training was created for licensed relatives and certified foster care providers. The training can also be utilized by currently licensed providers needing a refresher or individuals arriving to North Dakota from another state who previously completed a different pre-service training curriculum.

UNITY Training

a. Full Unity Training: Native American children have many unique issues and challenges. This training will educate current and potential foster care providers for their critical role as caregivers for these children. In Native cultures, children are considered sacred beings. The underlying philosophy of this training is to help children grow to meet their potential in mind, body, spirit, and emotions.

This 4-day training will include take a deep dive in the following areas:

- Foster care provider Orientation
- Human Growth and Development
- Attachment and Loss
- Protecting, Nurturing, and Meeting Needs Through Discipline
- Historical Trauma and Intergenerational Grief
- Effects of Addiction on Children
- Child Abuse/Neglect and Sexual Abuse
- Promoting Permanency Outcomes

b. Intro to UNITY: Intro to UNITY is a 3-hour training that touches on all the above pieces of full UNITY in a more surface-level version. This is a great opportunity for foster care providers to get an overview of the issues that Native American children and families face!



Other Training for Foster Care Providers

Other training opportunities are available to support you in your role as a foster or adoptive parent. The Children and Family Services Training Center (CFSTC) maintains a lending library of materials foster and adoptive parents may access by contacting your agency or CFSTC directly. You can visit [UND CFSTC Archived Webinars](#) to view upcoming live and pre-recorded online webinar trainings. Contact your licensing agency worker or CFSTC if you need additional training opportunities.



Foster care providers are required by licensing law, rule, and policy to engage in initial and ongoing training to best meet the needs of children in placement. Training is an opportunity to remain educated on relevant topics and learn new techniques to manage child behavior or engagement strategies.

	Licensed - Full	Licensed - Relative	Certified
Initial Training	<ul style="list-style-type: none"> • Orientation (90 minutes) training details the North Dakota child welfare system and licensing process. • Pre-Service Training Options: <ul style="list-style-type: none"> ✓ PRIDE (27 hr.) = online + pre/post meetings ✓ UNITY (30 hr.) = in person • Fire Safety Training (2 Hours) 	<ul style="list-style-type: none"> • Orientation (90 minutes) training detailing the North Dakota child welfare system and licensing process. • Pre-Service Training Options: <ul style="list-style-type: none"> ○ Abbreviated PRIDE (3 hrs) + pre/post meeting or ○ UNITY 101 (3 hours) • Fire Safety Training (2 hours) 	<ul style="list-style-type: none"> • Orientation (90 minutes) training detailing the North Dakota child welfare system and licensing process. • Pre-Service Training Options: <ul style="list-style-type: none"> ○ Abbreviated PRIDE (3 hrs) + pre/post meeting or ○ UNITY 101 (3 hours) • Fire Safety Training (2 hours)
Renewal Training	<ul style="list-style-type: none"> • 16 hours, which must include one hour of fire safety training. 	<ul style="list-style-type: none"> • 8 hours, which must include one hour of fire safety training. 	<ul style="list-style-type: none"> • 8 hours, which must include one hour of fire safety training.

Who is responsible to complete the required training hours?

Applicants (foster care provider/s) named on the license. If a dual-applicant license; both individuals named must complete the training requirements.

How do I complete the Pre-Service training?

Applicants must work with the licensing agency to get enrolled into one of the pre-service trainings.

- **Abbreviated PRIDE:** An online curriculum managed by CFS Training Center (CFSTC).
- **UNITY 101:** An online training facilitated by the Native American Training Institute (NATI).
- **PRIDE:** An online curriculum including nine self-directed sessions and two virtual meetings managed by CFS Training Center (CFSTC).
- **UNITY:** A face-to-face weekend facilitated by the Native American Training Institute (NATI).

Can I take a child placement if I am not done with pre-service training?

Not typically. However, identified relatives often times already have the child/ren placed in their home. A review of training requirements will be discussed with the licensing specialist.

Can pre-service training be counted toward the first renewal period training requirements?

Yes. CFS will allow for ten hours of pre-service to be counted toward the required renewal period training hours for fully licensed providers. Relative or certified providers can use 3 hours toward renewal.

Can I seek a training waiver/exemption for initial or ongoing training?

Not typically. However, foster care providers may be exempt if deployed as active military or if an already licensed provider is suffering from a health diagnosis and needs more time. This request must be made, in writing, and submitted to the CFS Licensing Unit.

How do I complete the renewal training hours?

Foster care providers may choose training topics of interest and topics that best meet a child’s needs. Topics may include but are not limited to child and adolescent development, communication skills, community services for children, methods of discipline, family engagement, legal, first aid and CPR, home safety, traumas of separation, grief and loss, human sexuality, child abuse and neglect, sexual abuse, or acting out behaviors. Foster care providers can identify and choose trainings in various ways:

- Local conference or trainings (offered by a church, school, work, NDSU Ext, Safe Kids, etc.)
- CFSTC or NATI sponsored training festivals and online webinars
- Foster parent college online topics (<https://www.fosterparentcollege.com>)
- Monthly foster care support group if training is offered (no more than 1 hour per session)

Who are the approved ND Training Providers?

Approved training providers include, but are not limited to:

- ND Department of Health and Human Services <https://www.hhs.nd.gov/>
- UND Child and Family Services Training Center (CFSTC) <https://und.edu/cfstc/>
- Native American Training Institute(NATI) <https://nativeinstitute.org/>
- Nexus-PATH Family Healing <https://www.nexusfamilyhealing.org/nexus-path-family-healing>
- Adults Adopting Special Kids (AASK) <https://www.aasknd.org/>
- ND Post-Adopt Network <http://www.ndpostadopt.org/>
- NDSU Extension <https://www.ndsu.edu/>
- National Child Traumatic Stress Network (NCTSN) Learning Center
- Foster Parent College <https://www.fosterparentcollege.com/>
- Safe Kids <https://safekidsgf.com/index.html>

How do I get approval if the training is not already on the approved list?

Contact your assigned licensing specialist or cfslicensing@nd.gov. Explain the training, attach the training details, share why you believe this training is valuable for you in your role as a foster care provider. Through email, you are requesting permission (in writing) in efforts to count the training toward your renewal training hours. If the training costs money or requires reasonable travel, please contact CFSTC at und.cfstc@UND.edu to provide information regarding the training and seek pre-approval for reimbursement from CFSTC Director.

Do I have to track my hours, or will the assigned licensing specialist do it on my behalf?

Yes. Foster care providers are responsible to track their own training. Emails are sent to foster care providers when licensors hear of trainings. Please let us know if you become aware of any meaningful trainings or if you have ideas for training hours. Each foster care provider will track their training on the SFN 1037, training transcript. If you are a licensed provider through Nexus PATH, their agency manages all training through an agency transcript created for you!

Do I need certificates or verification for each training I complete?

Yes. CFS Licensing does ask that you collect verifying information of the training, which may include a brochure, handout, agenda, certificate of attendance, etc. If you attend an online training, save a copy of the email verification of attendance, take a screenshot of the online training date/time, etc.

All North Dakota Foster care providers are required to meet the following licensing competencies:

Protecting and nurturing children.	Meeting children's developmental needs and addressing developmental delays.	Supporting relationships between children and their families.	Connecting children to safe, nurturing relationships intended to last a lifetime.	Working as a member of a professional team.
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Guidelines for Foster Care Provider Training Reimbursement

Through state and federal funding, the Children and Family Services Training Center (CFSTC) at the University of North Dakota (UND) can reimburse foster care providers for expenses incurred while attending foster care provider training sessions. The following guidelines will apply:

- Pre-approval is required
- Reimbursement can be sought for costs associated with attending trainings such as:
 - ✓ Mileage
 - ✓ Meals

- ✓ Lodging
- ✓ Childcare
- ✓ Registration Fees

a. Reimbursement Procedure:

At CFSTC sponsored in-person trainings, the training forms will be available and completed at the end of the training. The room monitor for the training will then send them to CFSTC to be processed. A copy of the record will be sent to your licensing agency via email.

Foster care providers may contact their licensing agency on the availability of reimbursement to attend other training events outside of their region. The licensing agency should request approval from the Director of CFSTC.

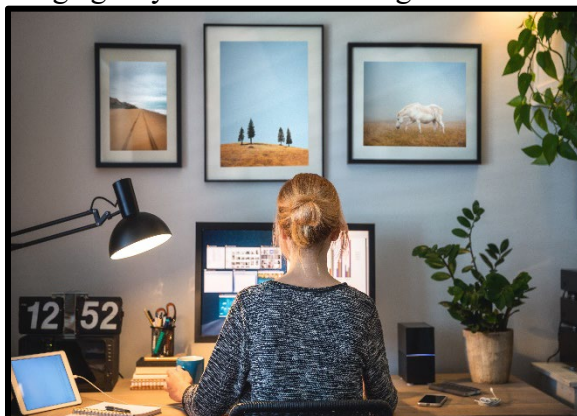
NOTE: Incomplete information or missing receipts will delay reimbursement.

For details on how to receive reimbursement for training costs, please contact CFSTC at: und.cfstc@und.edu or (701)777-3442

Foster Care Providers’ Licensing File

Each licensed foster home has a file maintained by the licensing agency with the following information:

- Foster care provider application
- Initial family home assessment
- Compliance with fire and safety requirements
- Medical information
- Personal references
- Background check/s
- Training hours
- Annual review/evaluation of the home
- Correspondence
- Physical description of the foster home, including allocation of # of beds.



Access to files are pursuant to NDCC § 44-04-18.1 or 44-04-18.4. This provides for open records. However, note that certain information in the licensing file is considered confidential and is not part of an open record; i.e. social security numbers, bank information, protected medical information, psychological evaluation, etc.

Foster Care Provider Immunity

Foster care federal legislation has been passed to incorporate strengthening families and offering normalcy to the child in foster care placement. In addition to incorporating the reasonable and prudent parenting law and policy for normalcy, ND implemented immunity law for licensed providers.

50-11-03.4. Immunity for a Person Providing Foster Care

A person providing foster care for children in a licensed or approved facility is immune from civil liability for any act or omission resulting in damage or injury to or by a child in foster care if, at the time of the act or omission, the person providing foster care for children applied the reasonable and prudent parent standard in a manner that protects child safety, while also allowing the child in foster care to experience age or developmentally appropriate activities.

Foster Care Provider Rights

- A. The right to be treated with dignity, respect, and consideration as a primary provider of foster care and a member of the Child and Family Team.
- B. The right not to be discriminated against on the basis of religion, race, color, creed, gender, marital status, national origin, age, sexual orientation, or physical handicap, as required by law.
- C. The right to receive clear expectations of their role as a foster care provider.
- D. The right to receive training and support to enable them to provide quality services in meeting the needs of the children in their care.
- E. The right to receive pertinent information at placement and throughout the life of the placement.
- F. The right to be notified of any issues relative to the child that may jeopardize the health and safety of the foster family or child.
- G. The right to be informed as to how to contact the appropriate agencies in order to receive information, assistance and access supportive services.
- H. The right to refuse placement of a child in the foster home or to request, within reasonable notice (14 days), the transition of a child from their home.
- I. The right to receive advanced notice of team meetings and court hearings.
- J. The right to participate in the Child and Family Team meeting, to provide input concerning case planning, services and permanency goals for the child and have that input be given consideration in the same manner as information presented by any other professional on the team.
- K. The right to participate in the planning of visitation with the child and the child's family.
- L. The right to communicate (with appropriate releases) with other professionals working with the child in foster care within the context of the team, for purposes of participating in service planning for the child.
- M. The right to be reimbursed in a timely manner for the care of the children placed in their home and in accordance with the child placing agency's policy.
- N. The right to be provided a fair and timely assessment of issues concerning the foster care providers and their operation of the foster home.
- O. The right to be notified of court hearings and present per policy.

Chapter 2

When a Child Comes into Foster Care



*“Nobody can go back and start a new beginning.
But anyone can start today and make a new ending.”*
- Maria Robinson

Chapter 2: When a Child Comes into Foster Care

The information in this chapter should help you better understand why children are placed in foster care and how you can be prepared to have a child in foster care in your home. If you are a new foster care provider, you will learn how to manage tasks that need to be accomplished soon after placement and will become more familiar with the impact and effect out-of-home placement has on children.

Topics Include:

1. Why Children are Placed in Foster Care
2. Safety Framework Practice Model
3. Trauma Informed Care
4. How Placements Affect Children
5. Matching the Child and the Foster Home
6. Being Prepared when a Child is Placed
 - a. Suggested Items to Have on Hand
7. Welcoming a Child into your Home
 - a. Do's and Don'ts When Welcoming a New Child
 - b. Adapting and Shifting Family Routines
 - c. Family Rules
8. Creating a Scrapbook vs. a Life Book



Why Children are Placed in Foster Care

Foster care placements are initiated when it is determined the home is not safe for the child and removal would be in the child’s best interest. The local court will determine if out of home placement (foster care) is required and the custodial agency will establish a case plan with parents to assist with reunification once a home environment is determined to be “safe” again. The court orders the child removed from the home and determines the duration of time via a public custody order.

Safety Framework Practice Model

Child safety is the primary focus of the Safety Framework Practice Model (SFPM) and attention is provided to children who may be unsafe based on the presence of uncontrolled danger threats.

A “**safe child**” is one in which no threats of danger exist within the family, OR parents/caregivers possess sufficient protective capacity to manage any threats, OR the child is not vulnerable to the existing danger.

An “**unsafe child**” is one in which threats of danger exist in the family, AND the child is vulnerable to such threats, AND parents/caregivers have insufficient protective capacities to manage or control the threats.

SFPM uses standardized tools and decision-making criteria to assess family behaviors, conditions, and circumstances, including individual child vulnerabilities and parent/caregiver protective capacities, to make well-founded child safety decisions. The practice model’s approach to safety assessment and management recognizes that issues concerned with child safety change as the child welfare’s intervention proceeds.



The model involves multiple assessments of child safety throughout the life of the child welfare case, moving seamlessly from intake into the child protective services (CPS) assessment, and then into case management (ongoing services). SFPM supports change-focused case planning, ongoing safety

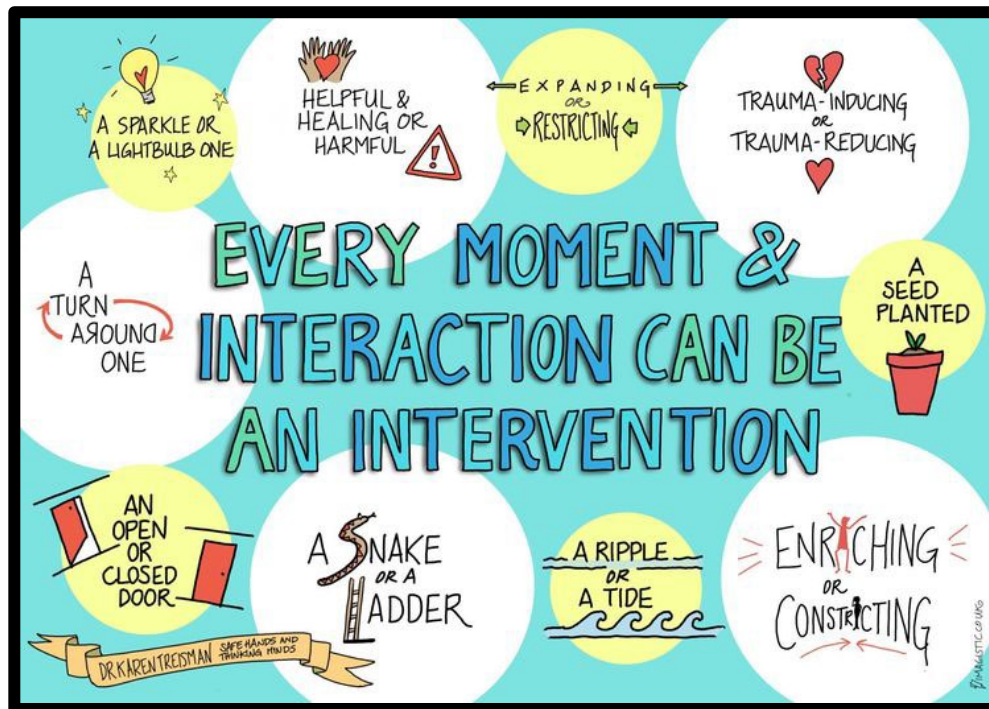
management, and timely reunification and/or case closure when children are in safe, permanent homes. As the child welfare intervention proceeds, SFPM’s focus shifts to more fully support a reduction in safety threats and bolstering parent/caregiver protective capacities through intervention assessment and strategies.

Trauma Informed Care

The word “trauma” is used to describe experiences or situations that are emotionally painful and distressing, and that may overwhelm people’s ability to cope, leaving them feeling powerless. Exposure to “complex trauma” is particularly concerning for the children in foster care. Complex trauma is a type of trauma exposure that is common in the child welfare system and puts children at significant risk for long-term negative consequences. Complex trauma involves chronic child maltreatment, including psychological maltreatment, neglect, physical and sexual abuse, and exposure to domestic violence. Children exposed to complex trauma are often left feeling unsafe and powerless.

Childhood trauma is not new to foster care. However, the growing scientific knowledge base about how trauma affects children is new. Trauma-informed care is a shift in practice for organizations that incorporate a deep understanding of how trauma impacts children’s development into all aspects of its organizational culture, practices, and policies. The hallmark of a trauma-informed organization is one that seeks to create living environments and programs that focus on helping children feel safe and empowered and developing an understanding of the impact on children’s behavior.

Supporting children with complex trauma is a challenge that foster care case workers and foster care providers courageously face every day and trauma-informed understanding is often at the root of their empathetic and creative responses. An example of being a trauma-informed foster care provider is asking yourself, **"What has happened to this child?"** versus "What is wrong with this child?"



How Placements Affect Children

Children can feel significant personal loss when separated from their families. They have lost the most important people in their lives – their parents, possibly siblings, and extended family. They have lost their familiar pattern of living, their homes, and the places that make up their own world. They are fearful of what is to come. They lose self-esteem, a sense of identity, and ability to control the events around them.

Children’s reactions to separation vary. Their reactions are influenced by several factors:

- Nature of the loss
- Age at the time of the loss
- Degree of attachment to the persons from whom the child is being separated
- Ability to understand why the separation took place
- Emotional strength or resilience
- Cultural influences
- Circumstances causing the loss
- Number of previous separations
- Help given before, during and after the separation

The child’s emotional development is interrupted and may show signs of grief including: coping/understanding, shock/denial, bargaining, anger (acting out), depression, and regression of behaviors. Physical reactions to placement may also occur such as upper respiratory infection, stomachaches, or headaches. Children often feel abandoned, helpless, worthless, and often responsible for the family’s breakup. There will be a period of adjustment for children placed in your care. Understandably, there may be times of regression or struggles for the child during the course of the foster care placement.

Tips for Dealing with Separation of Child from Parent(s):

- Let the child grieve or mourn for his or her parents. At the time of being placed in foster care, a child may feel a great sense of loss regardless of the parents’ past behavior or the circumstances that led to placement. Help the child move through the grieving process.
- Recognize that it is common for children to view foster care placement as a punishment for some real or imagined bad deed such as the breakup of their families. Listen to children when they express such thoughts and feelings.
- Allow children to share memories about their family. Let them openly express their feelings.
- Help the child feel safe and cared for.
- If you have questions or concerns, share them with the child’s case worker or therapist.
- Understand your own loss and grief issues.

Matching the Child and the Foster Home

In placing a child in a foster home, case workers will try to find a home that best suits the child’s needs. A successful match between the child and the foster home will make a significant difference in a child’s life during an extremely difficult period. It may be helpful for you as a foster care provider to know what factors are considered when a child is placed into foster care.



Placement Factors:

- **Fit and Willing Relatives:** Agencies are to first consider if there are viable kinship or relative placement options before placing a child in a foster home.
- **Placing Siblings Together:** Agencies are to make reasonable efforts to place siblings in the same foster care, adoption or guardianship placement, or facilitate visitation or ongoing contacts with those that cannot be placed together, unless it is contrary to the safety or well-being of any of the siblings to do so. (Fostering Connections of 2008)
- **Previous Foster Home:** If the child was previously placed in foster care, the former provider should be considered before looking for another foster home unknown to the child.
- **Native American Identity:** Indian Child Welfare Act (ICWA) placement preference applies. (See Appendix)
- **Religious Background:** If religion is a factor in the child's life, the preference of the child's parent must be recognized.
- **Neighborhood and School:** Children in foster care should remain in their school of origin whenever possible to ensure educational stability. Preference is to identify a foster home where the child does not have to change schools. If there are no foster care providers available in the child's school boundaries; transportation assistance can be explored for the child to remain in their school of origin.
- **Special Needs:** Children with special physical, emotional or medical concerns will be placed in a foster home that is able to meet their needs.
- **Other Children in the Home:** If the foster home already has other children, those children's needs will be considered prior to placing another child into the home.

Cultural, ethnic, or racial background should be considered when determining the best interests of the child, but placement in a foster home cannot be delayed or denied based on these factors.

Being Prepared when a Child is Placed

The agency must provide basic information to the foster care providers about each child, when the information is known to the agency. Topics may include:

- Child's full name and date of birth
- Anticipated length of stay
- Health of child and medical history
- Physical and/or behavior problems
- Relationship of the child to his/her parents
- School and educational background
- Visitation plan
- Placement and discharge goals

If the child is placed on an emergency basis, some of this information will not be available until a later date. As the case worker obtains or learns about any information noted above, it is in the best interest of the child that such details are shared with the child's foster care providers.

Reminder: Information you receive about the child's or the family's social history is **confidential**. It is a requirement that **you do NOT discuss information** about a child in foster care or their family with any of your extended family, neighbors, or friends.

Suggested Items to Have on Hand:

- ✓ Toothbrush
- ✓ Hairbrush
- ✓ Plastic mattress protector
- ✓ Night light
- ✓ T-shirt (oversized for sleeping)
- ✓ A small toy bin
- ✓ Simple household rules/routine
- ✓ Blanket/Stuffed animal to snuggle
- ✓ Child care (daycare) plan



Materials and Forms:

At the time of placement or shortly thereafter, you should receive the following materials:

- ✓ Medical information
- ✓ Medicaid card or insurance information
- ✓ Clothing or approved clothing allowance
- ✓ Relevant case information and forms

If any of this information is missing, ask the foster care case worker when you will receive it.

Welcoming a Child into your Home

The most important first step of the process is to help the child feel **SAFE!** If a child feels safe, they will be much more likely to acclimate to their new environment and adjust to the changes more quickly. A child who comes into your home will need to adjust to many new things. At the same time the foster family will need to make some adjustments and accommodations. Everything is new for all individuals involved, new parents, maybe new siblings, a new house, bedroom, foods, rules, new expectations, a new neighborhood, and possibly a new school. If a child feels SAFE, it will help make the other adjustments easier.

It is hard for children to leave their homes and find themselves in strange new surroundings. To deal with this, children may fantasize about the positive qualities of their own parents, their own home, and their neighborhood. They may not want to get involved in a foster family's routine and activities out of a sense of loyalty to their own family. Outbursts of angry, aggressive language or behavior may occur, such as cursing or slamming doors. Even if they show no emotion, many questions, fears, and anxieties about the future may fill their thoughts and dreams. The child needs your understanding, patience, and support when settling into your home:



a. Do's and Don'ts When Welcoming the New Child:

Experienced foster care providers and case workers have several suggestions for new foster care providers preparing to welcome children into their homes. Suggestions include:

- ✓ Welcome the child with a family activity. (Ex: board game, movie night, park, etc.)
- ✓ Children must have their own bed.
- ✓ Children must have a place to keep personal possessions. (Ex: dresser, night stand, space in a closet etc.)
- ✓ Let children unpack in their own time. Offer to help or just let them know where to put their

things whenever they are ready to unpack.

- ✓ Let children know it is allowed and OK to put a picture of their mom, dad, brothers, sisters, or previous foster care providers up in their bedroom and that you understand how important these people are to them.
- ✓ Be sensitive to their feelings. Ask permission before hugging or touching children. Some families have implemented the **3 H's**- asking children if they would prefer a **H**andshake, **H**igh five, or a **H**ug as their form of greeting!
- ✓ Do not try to change things like their hair, clothing, or anything that tells a child, "You're not OK the way you are."
- ✓ Depending on the age of the children, foster care providers should discuss with the child what foster care is and what they expect from you as a foster care provider.
- ✓ Help them settle down to a regular routine as quickly as possible, but do not be disappointed if they do not respond right away.
- ✓ Provide opportunities for the child to talk to you, but do not pry into their past or criticize their parents.
- ✓ Do not make children answer questions if they choose not to respond. Give them time!
- ✓ Respect their right to privacy. Never talk about them when they are present or able to overhear you, unless it is appropriate to include them in the conversation, for example, "Ms. Wilson, Andrew is doing so well in his new school."
- ✓ Help children develop a sense of pride and accomplishment by giving them tasks within their abilities. Let them know regularly how much you appreciate their help.
- ✓ Catch them being good by noticing the little things! Reflect back to the child specifically what you see to celebrate their great choices. This will assist in growing self-esteem and encourage more successes.
- ✓ Things like bed-wetting and soiling may be a reaction to being placed into foster care or the unfamiliarity/fear of a new environment. Shaming or punishing them will make the problem worse. Rather than using punishment, use positive techniques to help.
- ✓ Discipline must be constructive or educational in nature. No child in foster care may be kicked, bitten, punched, spanked, shaken, pinched, roughly handled or struck with an inanimate object by foster care providers or any other person living in the family foster home for children. Physical discipline is **NOT ALLOWED** and can be very damaging to children. (NDAC 75-03-14-05(7))
- ✓ **NEVER threaten a child** who misbehaves with removal from your home.
- ✓ Contact the foster care case worker when questions or concerns arise.

b. Adapting and Shifting Family Routines:

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

The kinds of routine a child brings to your family will depend on where and with whom the child has been living. It is important to incorporate some of the child's routine into your family, when appropriate. Some children may come to your family from shelter care, other foster care providers, or group homes where there may have been many rules and a planned daily schedule. Other children may come to you from families where there were few rules and no set schedule.

Most children will need some time alone to become comfortable with their space. They will need time to watch the family's routine before they can actively participate. Think about some of your

family's routines that might take a child some time to learn. For example:

- ✓ Who typically gets up first, and who usually goes to bed last?
- ✓ Is there a morning routine or schedule for getting ready, using the bathroom, etc.?
- ✓ Is it acceptable to have phones present at meal time?
- ✓ Do children get a snack after school?
- ✓ Do they get a snack before going to bed?
- ✓ Can people help themselves to things in the refrigerator or cupboard?

To help a child adjust to your family, remember to spend “fun time” with the children. Ideas include, but are not limited to:

- ✓ Bake cookies/bars
- ✓ Cook supper
- ✓ Go for walks in favorite places (in park, by the lake)
- ✓ Paint fingernails
- ✓ Color in a new coloring book
- ✓ Go rollerblading or for a bike ride
- ✓ Play games such as Monopoly, Guess Who, UNO, etc.
- ✓ Go swimming or sledding



Going to sleep and waking up can be very scary times for children placed in a new home. Many foster care providers have developed routines to help children go to sleep and wake up. It is important to give children permission to get up and use the bathroom, come and get you if needed and to have access to nightlights and a clock to ensure security of space and time.

c. Family Rules:

Children who have been mistreated and have experienced out-of-home care need limits and boundaries, just as all children do. All children need to know what is and is not allowed. Your child in foster care will need to know that the rules in your home are consistent and predictable. Over time, knowing this helps children feel more secure. They will come to trust the home and the other family members. Remember, you, your family dynamics, routine, and house rules are all new to a child placed in your home. You can help ease the adjustment by being consistent, keeping rules simple, and by offering age-appropriate explanations.

A family's “rules” are often informal and unspoken. A new person entering your family's world, however, needs to be oriented and helped to learn and practice these rules. Before the child enters your home, your family should sit down together to discuss what you feel is most important in your family. You should discuss the way you live together on a daily basis, and ask yourselves what a new person would need to know to become a part of your family.

There is a fine line between routines and rules, especially some of the routines that set the pattern

for your informal rules. Informal rules may be things such as who sits where at the dinner table; not wearing shoes in the house; telling foster care providers if you use the last of something (toilet paper, toothpaste). Many children enter foster care without healthy boundaries. You may need to teach the child things such as respecting another person's personal property, closing the bathroom door or not walking into someone else's bedroom without their permission. Other rules are important to help maintain health and safety. Be sure to explain the rules to the child in foster care.

Creating a Scrapbook or Lifebook

Foster care providers are encouraged to **document special events, homework achievements, activities, birthday parties, etc. that occur during a child's time in your home.** A scrapbook of the day-to-day activities and successes the child has is appropriate and helpful in highlighting the child's time when placed out of their home. It is important to have a discussion with the foster care case worker about what to track and who to include. As the majority of children in foster care are reunified with their biological families, it is helpful to share those memorable moments via a scrapbook with their family; the child's first day of school photo, loss of their first tooth, science fair project, or prom photo. The purpose of scrapbooking the moments when the child is placed with you is to document events that can be added to their full story as a chapter in their Life Book if it is determined necessary for the child's permanency plan.



Chapter 3

Communication: Ongoing and Emergency



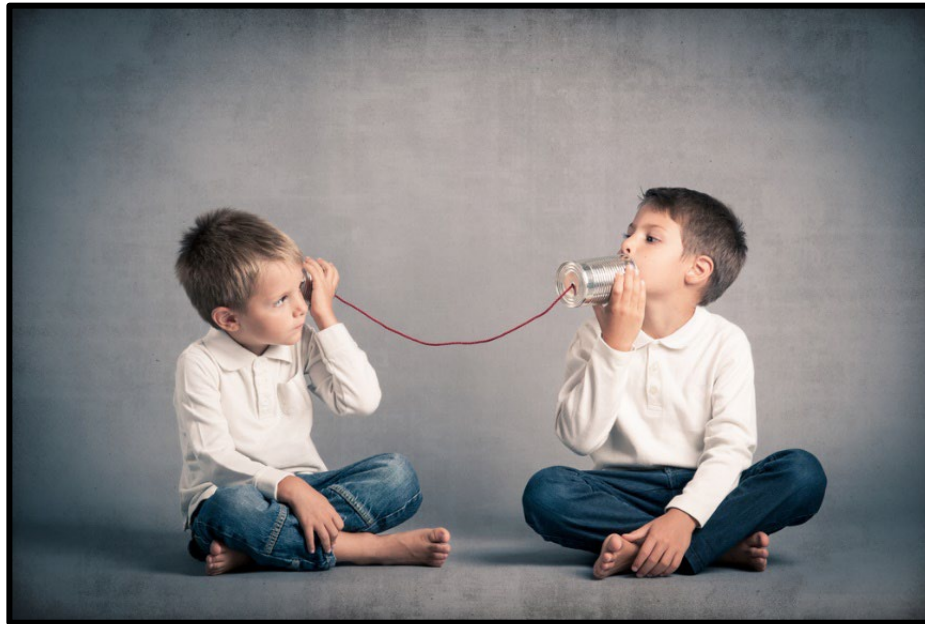
“With kids, the days are long, but the years are short”
- John Leguizamo

Chapter 3. Communication, Ongoing and Emergency

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

Topics Include:

1. Ongoing Communication
2. Questions to Ask When Called for a New Potential Placement
3. Roles and Responsibilities
4. Calling the Foster Care Case Worker
5. Events in the Child's Life
6. Foster Care Provider Changes
7. Emergencies
8. Foster Care Providers as Mentors
9. Recruitment and Retention Coalition



Ongoing Communication

As members of a professional team, foster care case worker and adoptive parents need to communicate regularly with the child’s case worker. You and the case worker should:

- Communicate often – at a minimum, weekly
- Communicate effectively
- Respect each other’s roles
- Make decisions together when possible
- Solve problems together
- Resolve conflicts

All team members have a common goal – to provide a safe, nurturing environment for children in care.



Open communication will help accomplish this goal. Foster care providers should be given a list of agency workers, emails, and phone numbers as a means to communicate ongoing and in the event of an emergency. If you are not given a list of agency contacts, simply ask the foster care case worker or their supervisor if you can receive such a list. Another avenue to receive agency contacts is during licensing. Ask the authorized agent licensing worker about who to contact, when, and how.

Here are a few examples of **who to contact** in the agency:

Reason	Who to Contact
Child in foster care needs clothes	Foster care case worker
Foster family is moving	Foster care case worker + Foster care licensing specialist
Child in foster care fell at school and broke his leg	Foster care case worker + Medical attention
Cannot get ahold of the foster care case worker	Agency supervisor or director Agency on Call #
I am not getting any reimbursement for foster care expenses	Foster care case worker + agency supervisor
I am going to start working full time and need to locate a licensed child care provider	Foster care case worker
We are going to Florida and want to bring our child in foster care with us!	Foster care case worker
We need respite, “a break”, but would like to continue providing care for the child in foster care!	Foster care case worker
Can our child in foster care attend church with us?	Foster care case worker
Child in foster care has a school meeting or an unexpected medical appointment.	Foster care caseworker
We have a complaint and cannot get through to our case worker.	Agency supervisor or director Each agency has a Client Complaint Process

Questions to ask when a placement call occurs:

These are questions providers may consider asking for a initial placement. Case workers will do their best to provide preliminary information and answer questions, but they may not have answers to your questions, especially if it is a new entry into foster care. Typically, the case worker will be giving you the age and gender of the child/ren needing placement.

Initial Placement

- Can you share with me the reason for the child's entry into foster care?
- If age appropriate; does the child understand this reason?
- Are you aware if the child has any allergies?
- Are you aware of any medical or behavioral health concerns I need to be prepared for?
 - Is the child taking any medications? If yes, are they arriving with medication?
- Are there any appointments scheduled for the next couple of days I need to be prepared for?
 - School, medical or therapy appointment, visitation
- I work during the day and need assistance with daycare, are you aware of providers in the area?
- If school aged, what grade are they in and what school do they go to?
 - If they need to change schools, who will be handling enrollment?
- Is the child coming with clothing, diapers, wipe or formula?
 - Any idea what size they wear or what kind of formula should I get?
 - *Reminder do not buy clothing or items you want to be reimbursed for until AFTER the arrival of the child as CFS can reimburse for days the child is not in your care.*

Additional - Transfer of placement from one provider to your home:

- Questions from above!
- Can you share why the child is in need of a new placement?
- How long has the child been in care?
- What is the permanency plan (*reunification, guardianship, adoption, etc*)?
- How long will you be looking to secure this placement?
- What services and supports is the child current participating in?
 - Individual Therapy, Medication Management, Skill Building etc.
 - How often do the child/ren appointment take place?
- What are the child/ren strengths?
- What are the child/ren interests and hobbies?
- Who are important connections to the child/ren that I need to help maintain?
 - Family, Friends, relatives, teachers, coaches, church, etc.?
 - Can I facilitate connection with these individuals via phone calls, text messaging etc? If so, please bring the numbers and contact information for the parent/relatives, etc.

Upon Placement

Once a child is placed and the custodial case worker arrives at your home:

- Who is the emergency contact should something arise?
- Can I have the child's MA number?
- Do you prefer to schedule appointments, or would you like me to do it?
- Let's establish a plan related to ongoing communication; do you prefer text, phone call, email?

Roles and Responsibilities

There are many people and agencies involved in meeting the needs of children in foster care including:

- Custodial Agency (Human Service Zone, Tribal Nations, Division of Juvenile Services (DJS))
- Agency Workers (Case Workers, Agency Supervisors, Agency Directors, and Other Pertinent Staff)
- Caregivers (Foster Care Providers, Relative Caregivers, and Biological Parents)
- ND Health and Human Services: Children and Family Services Foster Care and Sun Adopt Eligibility Unit, Licensing Unit, Medical Services and Economic Assistance
- Training Providers (UND Child and Family Services Training Center and the Native American Training Institute)
- Court Personnel (Juvenile Court, Judges / Referees, States Attorneys, Defense Attorneys, Guardian Ad Litem, Qualified Expert Witness)

Provider/Caregiver Roles include, but are not limited to:

- Provide safe care and basic needs to children in placement.
- Engage as a professional team member participating in the quarterly Child and Family Team.
- Provide input concerning case planning goals and tasks, services, and permanency achievement for the child.
- Communicate (with appropriate releases of information) with professionals to ensure services are delivered.
- Receive support and training to provide quality care and services to children in placement.
- Request services or assistance from the child's case manager as needed throughout the placement.
- Notify the case manager of any issues the child may be experiencing.
- Transport children to appointments, school, events, and visitation.
- Participate in the planning of family visitation (parents, relative, siblings), as appropriate.
- Participate in therapeutic interventions and appointments, as determined appropriate.
- Participate in and identify culturally appropriate events and activities to maintain connections for the child.
- Foster care providers submit reimbursement receipts timely to the custodial case manager for agency approval and submission to the CFS Foster Care Sub Adopt Eligibility Unit.
- Foster care providers sign acknowledgment of child placement options, recognizing foster care is intended to be temporary and all members of the child's team is working to achieve timely permanency.

Custodial Case Worker Role/ Responsibilities include, but are not limited to:

- Manage the overall case activities as the primary point of contact for the child, parents, and foster care provider.
- Complete initial and ongoing relative search for potential placement options.
- Manage the day-to-day needs of a child in foster care including but not limited to placement, court hearings, family visitation, medical, education, and arrange for and assist with transportation as determined necessary.
- Arrange for and reassess for the least restrictive, most appropriate placement setting.
- Engage in ongoing communications with child's parents and foster care providers.
- Assess and address the ongoing needs of the child, child's parents, and foster care providers.
- Facilitate monthly face-to-face visitation with the child; majority of visits must occur in the child's placement location (foster home, residential facility, trial home, etc.).
- Transport and introduce the child to the foster care provider and help settle the child into the new placement.

- Collect and bring the child’s belongings to placements, complete an initial inventory and track the child’s items. Anything purchased for the child in foster care remains with the child and must be added to the inventory. If a placement change occurs, all personal items must accompany the child.
- Resolve concerns that may arise in the child’s placement setting.
- Educate the foster care provider on reasonable and prudent parenting “normalcy policy” and what circumstances the custodial agency grants the provider decision making authority versus when the foster care provider must ask for custodial permission. (Ex: Participation in rec activities, family events, cultural activities, religious ceremonies, out of state travel, etc.)
- Provide support and services to the foster home to best meet the child’s needs.
- Submit timely receipts to the CFS Foster Care and Sub-Adopt Eligibility Unit for foster care provider reimbursement.
- Educate the foster family on the permanency plan for the child. Recognizing foster care is intended to be temporary however if a child does become free for adoption, foster care providers may be considered as a potential adoptive placement, if they choose, but are not guaranteed.

For details regarding the individual roles of agency partners, courts, HHS and more; ask the case worker for the full “Foster Care Placement Roles and Responsibilities” document.

Calling the Case Worker

The foster care case worker is responsible for assessing the care of the child. Foster care providers and adoptive parents are responsible for keeping the agency informed about the child’s situation. If you need help with handling a problem, or you are concerned about a child’s behavior, or you need information about services, contact the foster care case worker. You are also encouraged to share positive information about the child.

Situations when it is appropriate for foster care providers to call the case worker:

- To share information or success story of the child or their family.
- To ask for advice on how to handle a problem or crisis situation.
- To express concern about a change in the child’s behavior, development, or social functioning (Ex: family, school, peer relationships, attitudes, habits, conduct, symptoms).
- To discuss plans affecting the child.
- To make the agency aware of changes in the foster family’s circumstances that may affect the child’s placement or planning.
- To obtain information about community resources that might be useful to the child.
- To keep the agency informed about a parent-child visit.
- If child is ill for more than a few days (running a fever, flu, etc.).
- If you have a change in your employment status.
- If your family has a serious illness or is experiencing personal problems.
- When there is an error in your foster care reimbursement.

Foster care providers are ***required*** to inform the foster care case worker, when, but not limited to:

1. When there are personal changes in:
 - a. Relationship/marital status
 - b. Family composition or number of persons living in the home
 - c. Physical changes in the foster home
 - d. Moving or relocating
 - e. Telephone number/contact information****Make sure you also notify your licensing specialist of any changes in this category****
2. When you need to be away overnight and the children in foster care need a substitute caregiver.
3. When you will be going on vacation **or** want to take the child out of North Dakota.
 - a. Children in foster care cannot be taken across state lines without prior permission.
4. When the child needs surgery, hospitalization or medical care.
5. When a child discloses to you they were previously abused or neglected.

If you question an agency decision or do not agree with the case worker's actions, first have an open discussion with the case worker. When an issue is not resolved through such discussions, your next step should be to request a meeting with the supervisor or director of the custodial agency. Each agency has a complaint process that can be followed if needed/desired.

Events in the Child's Life



Foster care providers are encouraged to discuss with the case worker concerns or issues around key events in the child's life. Certain events can have a powerful impact, resulting in changes in behavior or conduct, sleeping and eating patterns, and temperament. Dealing with issues that often arise around these events may require additional contact and support from biological family.

Examples of Important Life Events:

- First day of school
- Birthdays, holidays, Mother's Day, Father's Day, Grandparent's Day
- Visits with parents, siblings, or other family members
- Meetings with school staff, medical staff, or police officers
- Court hearings
- Child and Family Team meetings and other conferences
- Anniversaries of significant events



Foster Care Provider Changes

ND family foster homes can experience various changes in their family setting while licensed to provide foster care for children. Foster care providers **must notify** their authorized licensing agency worker of the changes **as soon as they are aware the change is coming or has occurred**. If you move without a licensing worker coming to view your new property within seven days, your license will be out of compliance and you will not be reimbursed for care rendered until your license is back in compliance.

Below are examples of changes a foster family may encounter throughout their licensure.

- a. Change in “family composition”.
 - i. A parental marriage/divorce/separation occurs
 - ii. A child or adult moves in, etc.
- b. Family moves to a new address
 - i. The new location must be visited and assessed by the authorized licensing agent **within seven (7) days**.
 - ii. If the new property is not viewed within seven days, the foster care license is out of compliance (non-reimbursable) and depending on timeliness could result in having to start over to complete a fingerprint-based criminal background check.
 - iii. **PLEASE contact the licensing agency ASAP if you are moving!**
- c. Transition from a State foster home to a NEXUS PATH or vice versa.
- d. Foster care providers move from ND to another state.
 - i. The ND license must be closed the day the family leaves the state of ND.
 - ii. Once the family vacates the ND home and ND boundaries, foster care reimbursements cannot be made until a valid license is granted from the state of residence.
 - iii. A former ND provider can choose to be licensed in their new state of residence. Ask for help in getting in contact with the out-of- state licensing agency.



Emergencies

An emergency is a situation that occurs outside the normal responsibilities of the foster care provider. An emergency demands immediate advice or assistance. For example, you **must** call the child’s foster care case worker, supervisor, or on-call agency worker if any of the following events occur:

- The child attempts suicide
- A medical emergency
- The child runs away
- You find alcohol, tobacco, or drugs in the child’s room
- An unauthorized visitor arrives to your home to see the child
- The child is kidnapped or taken by his or her parents/family without consent
- The child is in trouble with the law
- The child is expelled or dismissed from school
- You need to relocate due to a natural disaster (Family Evacuation Plan SFN 1037)

Note: These are not the only times to call your child’s foster care caseworker. When in doubt, call. Also, it is helpful to keep a record of contacts and attempts to contact the foster care case worker. Email is another great way to document your communication efforts and contact the foster care case worker!



Help Is Available – Call 988

Suicidal Ideation/Threats:

Talk of suicide or suicidal gestures should be taken very seriously. Because of the impulsiveness of children, an action that starts out as attention-seeking could result in serious injury or death. Whenever you hear talk of suicide or see suicidal behavior, including letters, notes, or drawings, provide close adult supervision and notify the foster care case worker immediately.

1. If there has been a *suicide attempt*, do not leave the child unattended.
2. If the child’s condition warrants it, get *immediate* medical attention and then notify the child’s foster care caseworker or emergency contact.
3. If the child’s physical condition does not warrant medical attention, notify the child’s foster care case worker or emergency contact *immediately* to develop a safety plan.

Suicide Warning Signs:

What to look for when concerned that a person may be suicidal?

A change in behavior or the presence of entirely new behaviors is a possible indicator. This is a concern if the behaviors are related to a painful event, a loss, or change in the child’s life. Most individuals who take their own life exhibit one or more warning signs, either through what they say or what they do.

<p>TALK</p> <p>If a person talks about:</p> <ul style="list-style-type: none"> ● Being a burden to others ● Feeling trapped ● Experiencing unbearable pain ● Having no reason to live ● Killing themselves 	<p>MOOD</p> <p>People who are considering suicide often display one or more of the following moods:</p> <ul style="list-style-type: none"> ● Depression ● Loss of interest ● Rage ● Irritability ● Humiliation ● Anxiety
<p>BEHAVIOR</p> <p>Specific behaviors to look for include:</p> <ul style="list-style-type: none"> ● Increased use of alcohol or drugs ● Looking for a way to kill themselves, such as searching online for materials or a means ● Acting recklessly ● Withdrawing from activities ● Isolating from family and friends ● Sleeping too much or too little ● Visiting or calling people to say goodbye ● Giving away prized possessions 	

Sentinel Events and Incidents Policy:

Please contact the case worker IMMEDIATELY if the youth was involved in a ‘Sentinel Event’ or ‘Incident’.

- Sentinel Event:

An example of a sentinel event would be if a foster youth is seriously injured, is a victim or perpetrator of inappropriate sexual contact, dies unexpectedly, or attempts suicide.

- Incident:

An example of an incident that is not a sentinel event would be if a foster youth runs away.

Foster Care Providers as Mentors

An additional resource for foster care providers can be other foster care providers. If you have a simple question and do not feel that it is necessary to call the child’s foster care case worker, you may wish to call another foster care provider. Sometimes you may also want to check ideas with another parent.

Remember that calling another licensed foster care provider does not alleviate your responsibility to call your child’s foster care case worker or maintain appropriate confidentiality.

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

- ✓ How to fill out paperwork
- ✓ How to prevent/treat head lice (See Appendix)
- ✓ Needed reassurance and support when you are having a rough day
- Advice on specific child behaviors or managing/preparing for specific family event


Foster Care Provider Mentor Program:

The foster care provider mentor program is offered through the Recruitment & Retention contract and is available to licensed providers who would benefit from additional support. Mentors will have a minimum of one contact each month (more as needed) with providers they are matched with.

Mentors will build relationships and support fellow providers to help them learn, grow, or get through challenging times.

Who is eligible to be a mentee in the Foster Care Provider Mentorship Program?

Any licensed provider with the CFS Licensing Unit who is showing a need for additional support can access the program. To initiate the service, their Licensing Specialist will need to make a referral to CFSTC. The mentorship support will remain in place for a minimum of 6 months to a maximum of 12 months, based on need. Inquire with your Licensing Specialist for more information.



WHAT IS THE FOSTER PARENT MENTOR PROGRAM?

The foster parent mentor program is a supportive service available to new foster parents that can be accessed after 3 months of licensure up until 18 months of licensure. Foster parent mentors will provide support to new foster parents as they continue to learn about the foster care system, build connections in the foster care community, and become familiar with other supports available to them.

TO BE A FOSTER PARENT MENTOR YOU MUST:

- ✓ Have one year of fostering experience
- ✓ Be in good standing with licensing agency
- ✓ Support reunification and family engagement
- ✓ Have no MOU's or corrective action plans
- ✓ Be in compliance with training requirements
- ✓ Have good communication skills
- ✓ Be referred by your licensor


FOSTER PARENT MENTORS

Compensation
\$50 per month
*This is a set payment regardless of the number of families mentored.

Responsibilities
Minimum 1 contact per month with mentees (more as needed), complete monthly contact log, participate in scheduled Foster Parent Mentor Program meetings

Commitment
Minimum 6 month, maximum 12 month commitment to each mentee.

*A cap will not be placed on the number of mentees assigned to each mentor. This will be assessed based on need and time/availability of mentors.



Recruitment and Retention Coalition

North Dakota has established recruitment and retention coalitions statewide. The goal is to increase the number of foster and adoptive homes as well as retain current homes. Each coalition is inclusive of all agencies identified as a Human Service Zone, Tribal Social Service office, Licensed Child Placing Agency (LCPA), AASK Program or Division of Juvenile Services (DJS). These agencies should have at least two participants at each meeting including the agency licensing worker and a supervisor/case worker. In addition, coalitions should secure local business leaders with an interest in advertising, faith-based and volunteer organizations (Churches, Lions Club, Kiwanis, etc.) driven to engage as supports, as well as foster care providers and adoptive families who have a passion for child welfare.

As a foster care provider, your thoughts and ideas on recruiting new homes and/or retaining currently licensed homes are valuable! Please reach out to your licensing worker if you would like to attend a coalition meeting or share ideas with a local coalition.

ND Recruitment/Inquiry Toll Free Line

NORTH DAKOTA

FOSTER OR ADOPT

1-833-FST-HOME or 1-833-378-4663

Chapter 4

Getting Started – The Basics



“A hundred years from now it will not matter what your bank account was, or the kind of car you drove...but the world may be different because you were important in the life of a child.”

– Kathy Davis

Chapter 4. Getting Started – The Basics

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

1. Confidentiality and Right to Privacy
 - a. The Child’s Rights
 - b. Personal Property
 - c. Media
2. Discipline
3. Health and Medical Care
 - a. Consent and Medical Treatment
 - b. Health Tracks
 - c. Prescriptions
 - d. Administration of Medication
 - e. Child Immunizations
 - f. Family Planning Services/ Sexual Responsibility Counseling
 - g. Medical Transportation
4. Developmental and Behavioral Factors
5. School
 - a. Educational Support
 - b. Head Start
 - c. Educational Related Special Reimbursement
6. Religion
7. Cultural Factors
8. Shelter vs Respite vs Substitute Care
9. Babysitting
10. Safety
 - a. Fire Safety
 - b. Car Safety Restraints
 - c. Firearms in the Home
 - d. Day-to-Day Safety
11. Social Security
12. Property Damage

Confidentiality and Right to Privacy

All foster family members are responsible to observe the confidentiality policies of the State of North Dakota and the child’s placing agency. Foster care providers must be particularly careful to ensure that private information about children and their family placed in their home or the children’s family is kept confidential and that information is not released improperly.

NDCC 50-06-01 states:

“It is a Class A misdemeanor for any person to disclose, authorize or knowingly permit, participate in, or acquiesce in the disclosure of any records or information concerning the persons applying for or receiving services under any program administered by or under the supervision and direction of the department when such information is derived directly or indirectly from records, papers, files, or communications received in the course of the administration of any such program.”

In order to share confidential information, you must be given permission explicitly from the custodian (the agency, if the child is in foster care) before sharing outside the foster care team. Sharing without permission will constitute a violation, or breach of confidentiality. To avoid breaching confidentiality, the custodian will need to sign a “release of information”. This document then becomes evidence of permission to release information to others on a “**need-to-know**” basis. If you receive related information from another community source, sharing with the foster care case worker is important, in turn, because it may hold value to the case planning process.



If you are not sure, you should not talk about it!!

Sharing information that is not yours is not ok. Children in foster care have rights too; their situation is their story, so if they choose to open up to one of your family members or friends, it is their story to tell, not yours!

What if a child discloses personal information to me, is that confidential?

If a child in foster care discloses information to you that was or may become a safety concern, you are required to tell the foster care case worker. For example, once a child in foster care becomes more comfortable with you, he/she may disclose something to you regarding their home visitation schedule, friendships, need for protection, past abuse, extra safety planning, etc. As a foster care provider, you are a “mandated reporter”, therefore you are required to report the information to the agency so the child’s best interests and safety can be maintained and/or assistance offered as needed for treatment.

a. The Child’s Rights:

Children in foster care have the right to participate in the development and revision of their individualized plan when it is determined age and developmentally appropriate. Some youth have voiced their opinion for their plan as young as age nine, where others do not participate until they are a teenager. When a child reaches the age of 14, they have the right to personally invite two additional members to join the Child and Family Team, who are not the child’s foster care providers or case worker.

The case plan for any youth age 14 or older must include a list of rights with respect to education, health, visitation, and court participation, the right to be provided with credit reporting documents,

and the right to stay safe and avoid exploitation. The custodial case worker must explain the list of rights (DN 402) to each youth in a developmentally and age-appropriate manner. The list of rights must be reviewed and signed annually by the custodian and the youth. A copy of the signed rights (DN 402) must also be given to the youth for their records.

Children In Foster Care Have the Right To:

1. Know why they are in foster care and plans for their future
2. Be treated with respect, along with their family members
3. Receive food, clothing, a bed, and items for personal hygiene
4. Live in a safe, clean place with a reasonable amount of privacy and safety for their personal property
5. Take personal items, clothing and any gifts or possessions that have been acquired when leaving a foster care placement
6. Receive medical, vision, and dental care
7. Be safe from exploitation, physical, sexual, and verbal abuse, or neglect
8. Be treated fairly and without discrimination related to race, gender, age, sexual orientation, disabilities, and religious beliefs
9. Practice cultural traditions and religious faith in reasonable ways
10. Receive education and help with emotional, physical, intellectual, social, and spiritual growth
11. Be given the opportunity to participate in school and community activities
12. Participate in the development of their case plan and attend Child and Family Team meetings
13. Contact and be granted visitation with family as approved by the legal custodian
14. Communicate with case worker
15. Express concerns about safety, permanency and well-being
16. Participate and be represented in judicial proceedings
17. Receive a copy of their annual credit report obtained by Children and Family Services.



b. Personal Property:

The personal belongings that children bring to the foster home are theirs and may be of particular importance to them. Every child should have a place to call his or her own. The personal area of your home, along with his/her possessions should be respected. Foster care case worker are required to document an inventory of child belongings. Foster care providers may be asked to help with this task to ensure each child’s belongings come and go as inventoried!



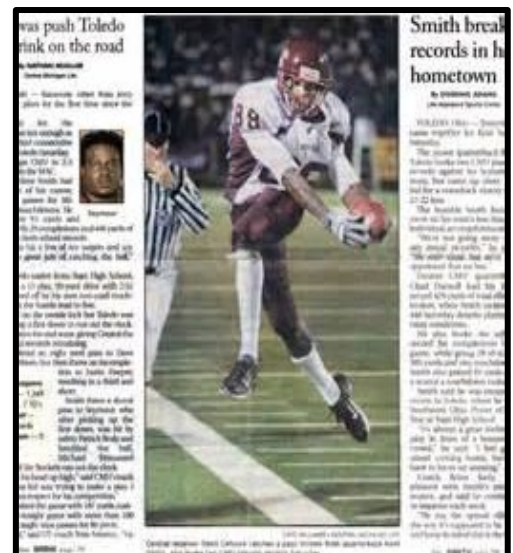
When children leave the foster home, they must be allowed to take their personal items with them, including clothing, gifts or possessions that have been acquired.

Clothing Costs

The standard reimbursement provided to foster care providers is to assist with the costs of the care for the child/ren in foster care in the home. A portion of the monthly maintenance payment is specific to the purchase of clothing; a specific value is embedded into the rate.

In addition, children in foster care placed in a licensed home are provided the opportunity to receive an initial clothing allowance. Each child is eligible for a limited amount of money for clothing; foster care providers must have **pre-approval** to ensure there is money available for the child’s clothing. Foster care providers must ask the child’s foster care case worker about purchasing clothing when a child is in need and see if the child is eligible for an irregular payment. Please keep your receipts for reimbursement processing. A special clothing allowance may be authorized to accommodate growth spurts, emergency clothing needs, etc.

- c. **Media:** Permission must be obtained from the child’s foster care case worker before a child in foster care can be identified in newspaper articles, photographs for the press, or TV and radio programs. If a story is done that would recognize the child as a “child in foster care,” permission must be granted by the custodian. However, if a child is photographed in the local paper, so long as the media does not identify the child as “Jane Doe, Child in Foster Care,” no permission would be necessary. It is normal for teens to be interviewed for a sport, musical, school event, 4H event, etc. Participation in extracurricular events and activities can be very helpful to overall growth and self-esteem for all children.



Discipline

Discipline must be constructive or educational in nature and may include diversion, separation from the problem situation, talking with the child about the situation, praising appropriate behavior, and if needed, holding the child in a gentle restraint as taught in nonviolent crisis intervention (CPI) classes. Children shall not be subjected to physical harm or humiliation. NDAC 75-03-14-05 sets forth the standard that no child may be kicked, bitten, punched, spanked, shaken, pinched, roughly handled, or struck with an inanimate object by foster care providers or any other adult living in the home.

Health and Medical Care

Once a child is placed in foster care, the responsibility for the child's medical care is shared by several people – the case worker, foster care providers, parents, and the child (if age appropriate). Each party has a role to play in the child's medical care and treatment. Everyone involved in the placement should be aware of the child's current health, medical problems, and need for medical examinations and immunizations. It is the case worker's responsibility to provide a Medicaid number to the foster care providers as soon as possible.



Tips for Going to the Emergency Room

1. Stay calm
2. Call the on-call agency worker
3. Bring the child's Medicaid card or assigned insurance number
4. Bring a list of the child's medications and allergies

Foster care providers should always be alert to any symptoms that indicate a child is ill; such as runny nose, sore throat, cough, headache, inflamed eyes, stomach ache, rash, etc. Such signs should not be ignored. Do not hesitate to consult the child's doctor and inform the child's case worker when a child in foster care is sick.

Medical Care Reminders:

a. Consent and Medical Treatment:

- ✓ For surgery scheduled in advance (e.g., tonsillectomy), contact the foster care case worker to obtain the birth parent's and/or the agency's written consent.

b. Health Tracks:

- ✓ Federal law specifies that all persons under 21 years of age who are eligible for medical services, including children in foster care, must be provided preventative services/care.
- ✓ Health Tracks is a program designed to detect health problems at an early stage.
- ✓ A Health Track screening or well-child exam must be completed within 30 days of entry into foster care and completed at least annually. The Health Tracks screening may determine the child will need a referral for services.

c. Prescriptions:

- ✓ Any prescribed medications used to treat a child must be ordered by a doctor.
- ✓ Over-the-counter medications should be used with caution because of possible allergic reactions. It is wise to consult the child’s doctor when giving any of these medications to a child. Also, be sure to notify the child’s case worker about the child’s illnesses and treatment.
- ✓ Safety surrounding the distribution, storage, and disposal of medications in the foster home must be ensured. Discuss “safety – medication in the foster home” with the child’s case worker.
- ✓ Prescriptions can only be paid for through the child’s private insurance plan, managed care benefits, or Medicaid. If you have any questions or problems in filling a prescription for a child in foster care, contact the child’s case worker or emergency on-call worker if after business hours.



\$ NO REIMBURSEMENT \$

If a foster care provider pays for a prescription/ medicine, you cannot be reimbursed for the medical purchase with foster care funding.



d. Administration of Medication:

- ✓ Foster care providers will be requested to dispense medication for children placed in their care. Throughout placement, a child in foster care may have an ear infection or strep throat, which will result in a temporary need for medication. In other instances, a child may be prescribed a psychotropic medication that will aid in the child’s ability to stabilize moods or behaviors; some of these medications can be addictive, misused, and could offer unforeseen side effects. Psychotropic medications have rules related to re-filling.
- ✓ Please administer medications with caution and care.

- ✓ If there is a medication administration error, please notify the child’s worker immediately.
- e. **Child Immunizations:**
 - ✓ The custodial agency is responsible for authorizing medical care, including immunizations.
- f. **Family Planning Services/Sexual Responsibility Counseling:**
 - ✓ If you feel that the child placed in your care could benefit from education related to these topics, contact the child’s case worker.
- g. **Medical Transportation:**
 - ✓ Foster care providers are expected to transport and accompany children in foster care to their routine medical or other appointments whenever possible. As the foster care provider, you know the child. You can be a comforting and familiar presence for the child especially during stressful appointments.
 - ✓ Case workers may ask birth parent(s) to also attend medical appointments.
 - ✓ Foster care providers have the option to be enrolled in the North Dakota Medicaid Program as a “Transportation Provider.” **ND Medical Services Provider Information:**
 - a. Application can be found online. The foster care provider would want to enroll as a Non-Emergent Medical Transportation (NEMT) provider.
 - b. Overview = [North Dakota Medicaid | Health and Human Services North Dakota](#)
 - c. Providers= <https://www.lhs.nd.gov/sites/www/files/documents/DHS%20Legacy/non-emergent-transportation-checklists-pe.pdf>
 - d. Help Center = 877-328-7098
 - e. General MA Information = 701-328-2321

Developmental and Behavioral Factors

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

School

Foster care providers are expected to actively participate in the education of any child in foster care that is placed in their home. Helping the child with homework and school projects, attending conferences, joining a parent/school organization, and participating in field trips are some of the important ways that you can get involved. You should also discuss the child’s educational progress with the child’s parents and if appropriate, encourage them to attend school meetings and events.



Proximity to School or Origin: While children are placed in your home, they may be registered in your local school or remain in their school of origin school. The best interests of the child are taken into account when determining which school he/she should attend. If the foster care providers are located within close proximity to the child in foster care’s school of origin, the Child and Family Team may decide it is best to have the child remain at their familiar school. However, there are times when a child is placed far away from their school of origin making it impossible to continue attending.

When a child moves/relocates, the foster care case worker and the foster care providers will work together in notifying school personnel of the child’s foster care placement. If you are asked by the school to sign papers of any kind, contact the child’s case worker. The custodial agency should know what is being signed and whether it is your responsibility to sign paperwork on behalf of the child’s education.

a. Educational Support:

It is important that all interested parties be aware of the school achievement and special needs of any children placed in your home. Therefore, when a child is placed in your home, the child’s case worker will share with you information about the child’s academic standing. It is important that you:

- ✓ Involve yourself in the child’s school progress and activities; this shows the child that you are interested and that you care.
- ✓ The agency should also be kept informed of the child’s school progress.
- ✓ Foster care providers are expected to attend meetings held by the school in order to support the child with his or her educational needs.

b. Head Start:

Children in foster care are eligible for enrollment in an Early Head Start and/or Head Start program, regardless of family income. Head Start is a comprehensive child development program serving children from birth to age five, expectant mothers and families. Every Head Start program provides comprehensive services for children and families. Contact the child’s case worker if you have questions or need additional information on the Early Head Start and Head Start programs.



c. Education Related Special Reimbursements:

Foster care does not pay or reimburse for “education.” However, a special payment known as an Irregular Payment may be authorized through the Child and Family Team process. Expenses resulting in above and beyond needs generated because of involvement in school activities, such as graduation pictures, field trips, and other special expenses such as sports shoes may be approved for reimbursement.

Religion

Foster care providers must make opportunities available for a child in foster care to attend religious ceremonies chosen by the child in foster care, or that child’s parents, within the community in which the foster family resides. The foster care providers must respect and not interfere with the religious belief of the child and the natural family. (NDAC 75-03-14-05)

Foster care providers and agencies are not given the decision-making capacity for religious choice. Exceptions may occur when decisions may harm or compromise the safety and welfare of a child or when adolescents object to their parent’s religious decision. Youth have the right to state if they would like to experience a different religion than their family. If religious decisions or choices have not been made by the child’s parents, foster care providers must work together with the foster care case worker to discuss the needs of the child in regard to religious participation.

Cultural Factors



Foster care providers should be made aware of the cultural background (including ethnicity and family traditions) of the children in their care. Opportunities should be available for children in foster care to learn about and participate in those activities that are unique to their particular background.

Shelter vs Respite vs Substitute Care

NORTH Dakota Be Legendary.		Health & Human Services		Children and Family Services Shelter vs. Respite vs. Substitute Reference Chart	
This chart represents options for agency staff to consider when approving placements and provider supports.					
	Shelter Care	Respite Care	Substitute Care		
Policy	607-05-35-40-01	607-05-70-45-20-01	624-05-15-47		
Definition	Temporary care during which a child needs a safe bed outside of the home.	Temporary relief care for a child with special medical, emotional, or behavioral needs, which require time-limited support, supervision and care.	Temporary care of a child when the licensed foster care provider is unavailable for more than a portion of one day.		
Length/Duration	No greater than 7 consecutive days Providers must comply with licensing standards regarding permanent vs. temporary bed space.	Overnights = No greater than 4 consecutive days Non-overnights = 12 hr/wk No limit on the number of requests	No greater than 14 consecutive days, so long as the home has permanent bed space. Substitute care cannot exceed 7 consecutive days, if using temporary bed space per licensing standards.		
Provider/Setting	Licensed foster care provider Licensed childcare provider	Licensed foster care provider Licensed childcare provider Contracted Vendor (no overnights)	A substitute caregiver must be a responsible adult, age 21 or older, willing to provide care in the absence of the foster care provider, including: • An identified relative (NDCC 50-11) • A licensed foster care provider		
Eligibility	Children under the age of 18 involved with a Human Service Zone: Prevention (CPS and In Home): No TCO obtained and to be used as diversion and early intervention for children when present danger exists, and temporary safe care is required. Foster care cases opened greater than 24 hours; must open in FRAME: All foster care cases will identify the licensed foster care provider as their primary placement and will receive reimbursement through CCWIPS.	Children under the age of 18 involved with these agencies and programs: Human Service Zones Division of Juvenile Services (DJS) • Foster care placement only ND Tribal Nation - Social Services • Foster Care (IV-E) clients only Post Adopt/ Guardianship • HHS subsidy recipient only Human Service Center (HSC) dual clients	Children in foster care under the care, custody and control of a public agency (Human Service Zone, DJS, or Tribal Nation).		
Point of Contact	Foster care provider or case manager are responsible to identify and secure the provider. CFS Licensing Unit Staff: • Brittany Fode brifode@nd.gov or • Dana Lindemann danalindemann@nd.gov		Foster care provider is responsible to secure substitute care. If greater than a portion of one day, the child's custodian <u>must</u> approve the arrangement.		
Referral Form or Provider Agreement	SFN 928: Licensing Specialist completes with foster care provider SFN 931: Worker/Case Manager completes after Shelter Care episode W-9 completed by provider and blank voided check, if needed	SFN 929: Worker/Case Manager submits to CFS for prior review/approval W-9 completed by provider and blank voided check, if needed	Not applicable A licensing amendment is <u>not required</u> for substitute care. However, the custodian must ensure compliance with permanent vs. temporary bed space.		
Payment Option	\$55/day Claims submitted to CFS Licensing Unit from worker/case manager The Unit will make payments to licensed providers.	\$55/day SFN 929 claims are submitted to the CFS Licensing Unit from worker/manager The Unit makes payments to licensed providers or vendors.	Not applicable Personal exchange between the foster care provider and substitute caregiver. It is recommended and most often occurs that the foster care provider agrees to reimburse the <u>daily rate</u> .		

	Shelter Care	Respite Care	Substitute Care
Examples	Shelter care may be needed when: 1. Present danger exists 2. Mom is experiencing a behavioral health crisis and is admitted to the local psych unit. It is known mom has support of her mother coming to live in the home until further notice. Children need shelter care until grandma arrives. 3. Dad is arrested for an outstanding warrant. It is known he will be released from jail following his court hearing on Monday. Children need shelter care for four nights. 4. Mom is under the influence and engages in a dispute at a hotel. Law enforcement calls the Human Service Zone for assistance. Mom states her sister can come stay with her, but she cannot arrive until tomorrow. Children need shelter care for one day.	Respite care may be needed when: 1. Child is destroying property; child and foster care provider both need a weekend to regroup. 2. Child's behaviors challenge daily routine; foster care providers need a weekend break. 3. Foster care provider is attending a family event and the child in foster care is autistic with a feeding tube, his needs exceed his ability to comfortably join the family for the weekend. 4. Unlicensed grandma is caring for twin toddlers who require extra supervision. Grandma is tired and could benefit from two afternoons per week. 5. A mother of a substance exposed newborn would like to participate in day treatment services and needs a break from the high demands of her baby. Respite is provided for six hr/wk.	Substitute care may be needed when the licensed foster care provider is: 1. Going on vacation for a week, 2. Attending a funeral out of town and will be gone all weekend, 3. Having a medical procedure and would benefit from 4 days of support and coverage, 4. Attending a concert overnight, 5. Going to a wedding where children are not invited, 6. Transporting a child to a medical procedure out of state and cannot take all of the children with them, 7. Painting bedrooms and spring cleaning, and do not want kids in the home for the weekend.

Babysitting

Babysitting is distinguishably different from ongoing childcare, substitute care and needed respite. Babysitting is short-term care of children in foster care when the foster care providers are temporarily away, however still available to respond if needed. A babysitter can be a responsible individual, between the ages of 14 and 21, secured to provide care and supervision for no more than eight consecutive hours in one day.

North Dakota Babysitting Criteria

Individuals may not be left responsible for more than eight consecutive hours and must be:

- Between the ages of 14 and 21;
 - *Individuals age 21 or greater meet the definition of a substitute caregiver allowed to care for children in foster care for a portion of one day. If time exceeds one day, a licensed foster care provider must provide substitute care if foster care providers are unavailable.*
- Able to demonstrate responsibility;
- Able to demonstrate skills and maturity to supervise others;
- Capable to provide adequate care to others; and
- Pre-approved by the foster care case worker if asked to transport children in foster care.

Safety

a. Fire Safety:

Before initial licensure and annual renewal, each foster care provider shall complete a course of instruction related to fire prevention and safety. The CFSTC and HHS have online fire safety training available. The section C – Fire Safety Self Declaration portion of the SFN 1037 must be completed and signed by each foster care provider before initial licensure and at each renewal. (NDAC 75-03-14-03)

NDCC 50-11 mandates a course of instruction on fire prevention and safety, and the completion of a fire safety self-declaration (found in the SFN 1037 licensing packet), must be signed by each foster care provider. The home must comply with the requirements of NDAC 75-03-14-03 related to checking and maintaining fire extinguishers, smoke detectors/alarms, carbon monoxide detector/alarms as recommended by the local fire inspector or state fire marshal. In addition, the home's furnace (gas, propane, or coal), chimneys, and boilers must be maintained in proper operating order and in a safe and sanitary condition.

Fire Extinguisher: Must be accessible and maintained with a minimum of one **2A-10BC** fire extinguisher on each level of the home. Kitchen and laundry rooms are priority areas. Fire extinguishers must be serviced annually or purchased every three years and maintained within the manufacturer instructions.

Why Do We Have to Service or Replace? To be in compliance with OSHA, all portable fire extinguishers are required to have an annual inspection performed to ensure proper functionality of your fire extinguishers. Inspections are also a requirement of ND fire code compliance.

Smoke Alarm: Change batteries at least once per year. If hard wired with battery backup, the batteries still need to be changed. Smoke alarms expire and need to be replaced every 10 years per ND fire code.



Why Do we Have to Change Batteries and/or Replace Units? The National Fire Protection Association (NFPA) recommends replacing smoke detectors, both battery operated and hard wired, after 10 years. Like all devices with electronic components, smoke alarms have a limited effective service life. As electronic devices, smoke alarms are subject to random failures. In 10 years, there is roughly a 30% probability of failure before replacement. After 15 years, the chances are better than 50/50 that your alarm has failed. Replacing alarms after 10 years protects against the risk of failure. One way to mitigate risk is to test alarms monthly to ensure the unit is in proper working condition.

****Know the Risks****

- There is a house fire every **10 seconds**
- House fires can spread in **30 seconds**
- Cooking is the leading cause of fires
- More than 15,000 fires a year are started by the clothes dryer. Clean your dryer vents at least once per year.
- 20% of homes have smoke alarms that do not work or are missing batteries
- Working smoke alarms can **DOUBLE** your chances of survival in a fire
- Each year over 10,000 are poisoned by carbon monoxide needing treatment
- More than 483 people in the U.S. die annually from carbon monoxide poisoning.
- Make sure you have an escape plan

Carbon Monoxide (CO): Often called the invisible killer, carbon monoxide is an odorless, colorless gas created when fuels (such as gasoline, wood, coal, natural gas, propane, oil and methane) burn incompletely. At least one carbon monoxide alarm shall be installed in every foster care provider's home. If the home has a possible source for carbon monoxide via an attached garage, gas furnace, or gas appliances then the home must have one carbon monoxide detector/alarm on each floor. Best located outside bedroom spaces.

Why Do we Have to Change Batteries and/or Replace Units? In the home, heating and cooking equipment that burn fuel are potential sources of carbon monoxide. Vehicles or generators running in an attached garage can also produce dangerous levels of carbon monoxide. CO poisoning is the 2nd most common cause of non-medicinal poisonings death.

The licensing file does require the foster care provider provide verification of purchase (receipts) for any extinguishers, detectors/alarms, completion of required inspections, etc.

b. Car Seat Safety and Proper Child Restraint Usage:

Foster care providers are required to follow ND state law, NDCC §39-21-41.2, which requires the use of child restraints/safety belts. The following is a brief summary:

- ✓ **For more information go online to** ND Department of Health and Human Services – Child Passenger Safety Program ([North Dakota Child Passenger Safety | Health and Human Services North Dakota](#)) or Safe Kids ND ([Safe Kids North Dakota | Safe Kids Worldwide](#))

Follow These Best Practices When Buckling Up Children

The North Dakota Department of Health offers the following best practices when transporting children in vehicles:

Children younger than 13 should ride in the back seat.

Rear-Facing Children should ride rear-facing as long as possible.
Two types of car seats are available for rear-facing:
Infant Seats – Most of these seats can be used until 22-35 pounds. Use them until the highest size limits or until the child’s head is within one inch of the top of the seat.
Convertible Seats – These seats can be used rear-facing and forward-facing. Most can be used rear-facing up to 30-40 pounds. Use them rear-facing until the highest size limits allowed by the manufacturer.

Forward-Facing When children have outgrown the highest rear-facing size limits of their car seat, they may ride forward-facing in a car seat with a harness. Use the seat until the child reaches the highest size limits allowed by the manufacturer. Car seats with harnesses can be used up to 40-100 pounds.

Boosters When children have outgrown the harness in their forward-facing car seat, they may be moved to a belt-positioning booster seat. Keep children in boosters until they are about 4’9” tall or until the seat belt fits correctly over the body. Most boosters can be used up to 80-120 pounds.

Seat Belt When children have outgrown their booster seat, they may use a seat belt when it fits over the body correctly. For a seat belt to fit properly, the lap belt must lie snugly across the upper thighs and be snug across the shoulder and chest. It should not lie on the stomach or across the neck.

IMPORTANT TIPS:

- SELECT** a car seat based on your child’s age, size, development and maturity. Size information will be on labels attached to the car seat and in the instruction manual.
- SECURE** your child in the seat snugly, following the car seat instructions.
- INSTALL** the seat tightly in your vehicle using the seat belt OR lower anchors and tether (LATCH) system. Follow the car seat instructions and vehicle owner’s manual.
- REGISTER** your car seat with the manufacturer, check for recalls and monitor the expiration date of the seat.

Have your child’s car seat or booster seat checked by one of the many certified child passenger safety technicians available throughout the state. To find a child passenger safety technician, contact the North Dakota Department of Health, Child Passenger Safety Program at 800.472.2286, visit the website www.ndhealth.gov/injury/ or visit <https://www.safercar.gov> and select car seats.

Revised 2019

c. Firearms in the Home:

Firearms must be kept in locked storage or trigger locks must be used, and ammunition must be kept separate from firearms. (NDAC 75-03-14-03)

d. Day-to-Day Safety:

Foster care providers should take certain day-to-day safety measures including keeping the house and premises clean, neat, and free from hazards that jeopardize health and safety. The family foster home for children shall engage in proper trash disposal and be free from rodent and insect infestation. The family must be equipped with adequate light, heat, ventilation, and plumbing for safe and comfortable occupancy. The home and grounds must be in compliance with any applicable state and local zoning requirements. (NDAC 75-03-14-03)

e. Security Cameras:

If a foster family has security cameras inside or outside of their home, they must disclose this information to the licensing worker upon purchase of the security system or during any home study visit. Indoor video cameras must be made known to all parties entering the home (case workers, child in foster care, etc.) and an explanation granted as to why the cameras are in the home. Interior video cameras may not be used to supervise children. Indoor video cameras may not be placed in private spaces of a home, such as bedrooms and bathrooms where children in foster care will change clothing or be naturally exposed. Baby monitors with cameras may be used to observe infants and toddlers under age three in their bedroom to ensure safety and awareness to a child waking, etc. Indoor video cameras may not be used to intentionally record the child.

Swimming Pools

The family foster home for children is not prohibited from having a swimming pool on the property. Supervision is required for all swimming activities. In addition, an above ground or in-ground swimming pool with a depth of four feet or greater must have:

- A barrier on all sides to minimize unsupervised access. The barrier must be equipped with a safety lock.
- If the pool cannot be drained, the pool must have a working pump and filtering system.
- The pool area must have a lifesaving device readily available in the event of an emergency.

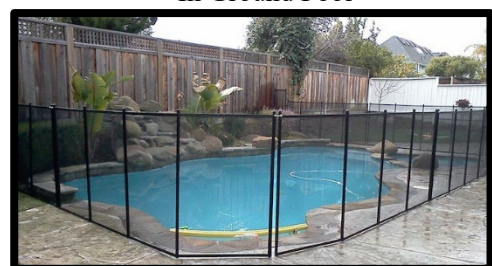
Compliance: The home study process will review this standard. Each home with a swimming pool must ensure child safety to minimize the risk of drowning, while meeting the barrier requirements. It is recommended the pool barrier be at least four feet (48 inches) above ground to eliminate entry into the swimming pool. Above ground swimming pools or in ground pools must have the safety precautions enforced; examples have been provided below to help visualize barriers that meet North Dakota compliance. A fenced-in back yard does not meet the barrier requirement. If the foster home has an in-ground pool with a professionally installed safety cover that eliminates entry, it does meet the barrier standard if there is a lock requiring supervision to open the cover.

Appropriate Barrier Examples

Above Ground Pool



In Ground Pool



Wading Pool Example: Small wading pools do not require a barrier. The wading pool must be regularly drained. In addition, safety and supervision is always required.



Storage of Hazardous Materials in the Home

The family foster home for children shall properly store medications, alcohol, poisonous materials, cleaning supplies, and other hazardous materials to prevent access to children, as appropriate for age and development of the children in placement.

Compliance: The foster care home study process will review this standard. Each home must use reasonable and prudent parenting to ensure foster children placed in their home are safe from consumption of the items listed above. Proper storage is required and will vary in each home depending on cupboard and closet locations and the age of the children in placement.

The goal is to eliminate access. If you have toddlers placed with you, a childproof lock on a lower cupboard would be sufficient to eliminate playing with cleaning supplies. If you have teenagers placed with you, locking alcohol, prescription medication, and cleaning supplies may be warranted due to curiosity and age, especially if the child has a history of substance use.

Appropriate Examples:



Water Testing & Temperature

The family foster home for children shall ensure the water is safe for drinking and water temperature in the home is monitored for safety. The water temperature settings should not exceed 120 degrees F. The temperature gauges on hot water heaters are not always accurate so it is important that the family use a cooking thermometer to occasionally test the water temperature.

68° C	156° F	1 second
65.6° C	149° F	2 seconds
60° C	140° F	5 seconds
56.6° C	133° F	15 seconds
53° C	127° F	60 seconds

Length of Exposure = Third-Degree Burn

Water Heaters

1. Water heaters vary; however, they will have an indicator of low, hot, high, very hot or A, B, C,
2. Modify the water heater gauge/dial if the water from the faucet is higher than 120 degrees

Well Water

Households with a well, must have the well water tested annually. See the 622-05 policy for well water testing sites. Your licensing specialist can have a well sample kit sent to you. Please ensure that somewhere on the page it says to bill “CFS Foster Care Licensing”. Failure to ensure the paperwork is coded to be billed to the state will leave the provider responsible for the cost of the testing.

Property Damage



It is highly recommended and encouraged that foster care providers obtain homeowners or renter’s insurance when choosing to take on the responsibility of becoming a foster care provider. Foster care providers are taking on a personal risk when they let their property insurance lapse or discontinue. The monthly maintenance reimbursement was created to cover a portion of the costs of insurance coverage. Without insurance, HHS has limited financial support for the loss/damage to property. The liability coverage offered by HHS may assist in coverage to property that is not the foster care provider’s (Ex: school or a neighbor’s broken window). HHS Liability Coverage policy was created to assist licensed foster care providers (claimant) and others for damages to property they

incur, which are caused by acts or omissions of a child in foster care. The claimant must file the claim, regardless of whose property was damaged. This policy is the ‘insurer of last resort’.

HHS Coverage:

The Department will reimburse for the lesser of the reasonable cost to repair or to replace damaged property incurred by a claimant and others if the damage is caused by acts or omissions of a child in foster care. This coverage is subject to the following limitations:

- \$100 Department deductible per claim
- \$5,000 maximum payout per claim
- \$10,000 maximum payout per year/per claimant

Claim procedures are located in policy and requires the completion of the Family Foster Care Claim of Property Damage Form ([SFN 327](#)) and various supplemental documents.

Any questions regarding this policy should be directed to your licensing specialist who will connect you to the CFS Licensing Unit administrator.

Chapter 5- Daily Life



Life affords no greater responsibility, no greater privilege, than the raising of the next generation.

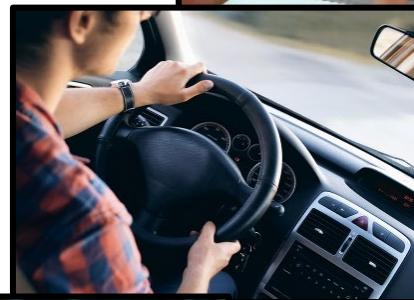
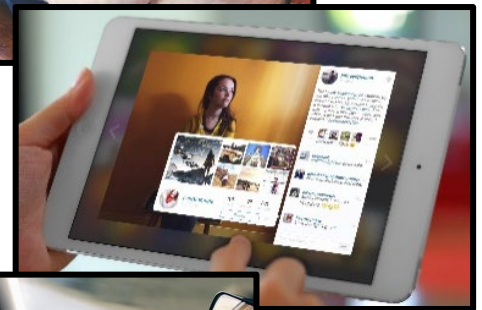
– C. Everett Koop

Chapter 5. Daily Life- Normalcy

This chapter deals with the day-to-day activities of children in foster care. It focuses on the daily life of a foster family and includes guidelines for issues that may occur frequently.

Topics Include:

1. Consent
2. Normalcy
3. Social and Recreational Activities
4. Dating
5. Socializing/Hanging out with Friends
6. Social Media and Technology
7. Transportation
8. Trips and Vacations
9. Allowance
10. Savings Account
11. Clothing
12. Chores and Household Responsibility
13. Youth Employment
14. Driving a Car
15. Smoking
16. Hair Care
17. Piercing and Tattooing
18. Armed Forces
19. 18+ Continued Care




Consent

This chapter includes guidance on the types of activities that may need consent. Each agency has policies on approving participation of children in foster care in certain activities. Depending on the activity, consent of the agency or the child’s parent may be required.

Parents have the right to make certain decisions about their children and to be informed about what their children are doing. Foster care providers can give permission for the child to engage in routine types of activities such as joining a school club and dating. When you have a question, check with your local agency.

There is a training on Reasonable and Prudent Parenting available to providers here: [Normalcy Training](#)

Every time a child is placed in your home, the Child and Family Team should be completing “SFN 1040: Reasonable and Prudent Parenting Consent”. [SFN 1040](#) This form outlines activities that child in foster care allowed to do or not do with their foster family. This form should be filled out as a team with the custodian, biological family and foster care providers all giving input.

 REASONABLE AND PRUDENT PARENTING CONSENT DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILDREN AND FAMILY SERVICES SFN 1040 (9-2023)		<input type="button" value="Clear Fields"/>
<p>The Reasonable & Prudent Parenting Standard is a 2015 federal requirement (PL 113-183) adopted into NDAC 75-03-14 and permanency policy 624-05. The reasonable and prudent parent standard requires providers to make careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging their emotional and developmental growth. The provider or caregiver shall use reasonable and prudent parenting standards when determining whether to allow participation in extracurricular, enrichment, cultural, and social activities.</p> <p>These activity parameters and permissions have been agreed upon by all ND Human Service Zones who have also agreed to use this document as a consent form for each child in each placement. The consent must be reviewed upon placement into a new provider home, indicating what activities providers must receive prior approval for.</p>		
Custodial Agency		Child's Name
Provider Name		Placement Start Date
ACTIVITIES REQUIRING CUSTODIAN WRITTEN PERMISSION		
Custodian Approval Required <u>Prior</u> to Activity: Yes <i>If not already approved, the provider must call or email the case manager to request permission to engage in the activity noted below. Custodian must give the provider written approval (via this form or email).</i>		
Child's Parent Approval Required <u>Prior</u> to Activity: No <i>Parents should always be involved and invited to participate in the consent for activities for their child, whenever possible. Custodians will take into consideration the permissions granted by the parents when making an informed decision. If there is inability to connect with the parent or disagreement, the custodial agency's answer is final until further discussion.</i>		
Child's Provider is allowed to approve without consent: No <i>The provider must discuss the activity with the child's custodian before allowing the child to engage in the activity.</i>		
ACTIVITY CATEGORY Reasonable and prudent parenting allows flexibilities, but still requires decision making within the standard parameters of the law to maintain child safety (Ex: Requiring a child to wear a seatbelt, helmet, lifejacket, etc.)		
Operator (by law and ordinance) of a		
<input type="checkbox"/> Vehicle - Youth Driving	<input type="checkbox"/> Motorized Dirt Bike	<input type="checkbox"/> Golf Cart
<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Moped/Scooter	<input type="checkbox"/> Go-cart
<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Farm Machinery	<input type="checkbox"/> Lawn Mower/Snow Blower
		<input type="checkbox"/> Jet Ski
		<input type="checkbox"/> ATV
		<input type="checkbox"/> Boat/Pontoon
Passenger (by law and ordinance) of a		
<input type="checkbox"/> Vehicle - Verified/Approved Youth Driving	<input type="checkbox"/> Motorized Dirt Bike	<input type="checkbox"/> Golf Cart
<input type="checkbox"/> Airplane/Helicopter Ride	<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Go-cart
<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Lawn Mower	<input type="checkbox"/> Boat/Pontoon
		<input type="checkbox"/> Jet Ski
		<input type="checkbox"/> ATV

Normalcy (624-05-15-50-40)

The reasonable and prudent parent standard is characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the emotional and developmental growth of the child participating in extracurricular, enrichment, cultural, and social activities.

The goals of the reasonable and prudent parent standard are to:

- Provide children in foster care with a “normal” life experience
- Empower foster care providers (homes, group homes, facilities) to encourage children to engage in extracurricular activities that promote child well-being
- Allow foster care providers (homes, group homes, facilities) the ability to make reasonable parenting decisions without waiting to obtain additional permissions from the custodial case worker or the Child and Family Team (Ex: field trip permissions, attendance at school functions, carpools, etc.)

When using the reasonable and prudent parent standard, providers should consider:

- The child’s age, maturity and developmental level;
- Potential risk factors of participating in the activity;
- The child’s best interest;
- Whether or not the activity will encourage the child’s emotional and developmental growth; and
- Whether or not the activity will offer the child a family-like living experience

Normalcy is giving children in foster care the opportunity to engage in typical growth and development. This includes the participation in age-appropriate activities, responsibilities and life skills.

Age appropriate activities are events generally accepted as suitable for children of the same chronological age or level of maturity. Age appropriateness is based on the development of cognitive, emotional, physical, and behavioral capacity that is typical for an age group.

Example: It may be age appropriate and “normal” for a 14-year-old to go to a school ball game without parental supervision. It may not be age appropriate and “normal” for a 14-year-old to go camping with friends without parental supervision.

In an effort to make decisions in the best interest of the child, it is important to engage the child to understand their desire and abilities. Foster care providers may also review requirements for safety measures such as helmets, life jackets, and adult supervision. The Child and Family Team is a resource in finalizing decisions that may present risk.

Making Decisions:

The custodian will specify upon placement or at the first Child and Family Team meeting the parameters of a foster care provider’s decision-making authority utilizing the “SFN 1040 Reasonable and Prudent Parenting Consent”. The custodian must:

- Detail the agencies expectations supporting the foster care provider’s ability to engage in reasonable and prudent parenting,
- Define and address “normal” activities the child is already participating in,
- Discuss additional interests and desires the child may have, and
- Identify if there are any barriers.

Example: Upon placement, the custodian acknowledges and supports “reasonable and prudent parenting” and agrees that the foster care provider can sign field trip permission slips, papers for school, some appointment forms, approve who the child can ride with to and from basketball practice (carpools), allow for participation in Girl Scouts, and grant permissions to attend after school events/functions. However, the custodian noted that the foster care provider must consult with the foster care case worker for a variety of other decisions; medical consent, permission for the child to visit extended family, etc.



Social and Recreational Activities

It is important for children in foster care to participate in recreational, school, religious, and community activities. Participating in activities can help children and adolescents develop skills, build self-esteem, and gain a sense of achievement. You are encouraged to give your child in foster care opportunities to participate in groups such as Scouts, 4-H, church or synagogue (of their choice), and sports and to take lessons in their areas of interest (music, dance, art, swimming, etc.).



Dating

Dating is a normal part of adolescence and important for development and social adjustment. As the foster care provider, you can help guide the teen in your care so that dating remains appropriate and offers personal growth. Foster care providers are responsible for setting rules and establishing healthy relationships. Foster care providers can role model appropriate boundaries and should communicate with youth to identify and establish dating rules, curfew, and trust.

- Teens that date often experience rejection. Be sensitive, listen to their concerns, and assist them in identifying ways to meet new friends.
- Help teens establish personal boundaries by encouraging them to respect their values and their bodies. Discuss sexual responsibility, consequences of sexual behavior, and if needed ask case workers to assist in conversations about responsible relationships.

Socializing/ Hanging out with Friends

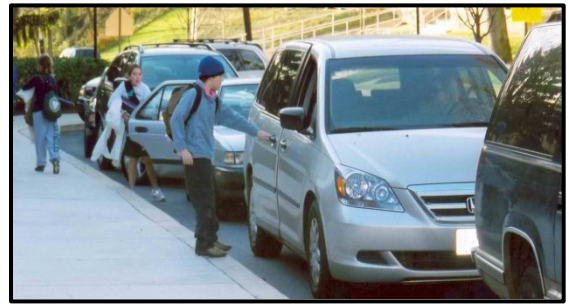
Children may be invited to a birthday party, asked to go on a play date, invited to a friend’s house after school or after a football game on Friday night. Interacting and socializing with peers is normal and should be encouraged; so long as the foster care providers find the peers/friends to be appropriate influences and a safe choice for the child in foster care.

Social Media and Technology

Youth are surrounded by technology in various forms. Social media and use of technology will assist youth in socializing and maintaining connections but must be done in an appropriate way. Monitoring online activity and cell phone use (texting, Snapchat, Facebook, Instagram) can assist youth in learning appropriate technology boundaries and internet safety. Set rules about the use of technology that meet the household structure (Ex: All cell phones are turned in at 9:00pm, no cell phones at the dinner table, cell phone passwords are shared with the foster care provider, Facebook users must “friend” the foster care provider/s so monitoring of the posts can occur, etc.). Foster care providers may consider reaching out to the foster care case worker to determine an appropriate plan or a team approach to implementing a media/technology contract. A contract would offer the youth an easy-to-follow list of expectations, which can decrease the opportunity for miscommunication.

Transportation

Foster care providers are expected to provide transportation for the child for the typical daily living situations including attendance at school functions, church activities, medical appointments (including mental health/therapy), dental, vision, treatment conferences, Child and Family Team meetings, and required court hearings. If transportation is above and beyond, discuss reimbursement options with the foster care caseworker.



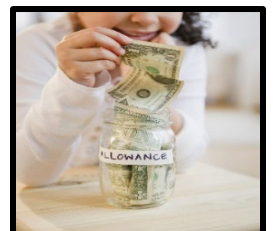
Trips and Vacations

Each custodian determines its policies for requiring consent for children in their custody to participate in trips and vacations. When a trip, an overnight stay, or a vacation is planned, foster care providers should contact the agency to ask what consent is needed. Trip and vacation activities may include:

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

Allowance

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



Monthly reimbursement for a ND child placed in a foster home range from \$800 to \$1000 per month depending on a child's age. Reimbursement includes the cost of providing food, clothing, shelter, daily supervision, transportation, school supplies, a child's personal incidentals, and liability insurance with respect to a child.

Savings Account

Foster care providers have used a portion of the monthly reimbursement as a weekly allowance for the child. A savings account is an appropriate way for a young child to gain skill in both banking and responsibility. The account belongs only to the youth. As such, it should always be in the youth's legal name. As members of the team, the youth, foster care providers, and agency will be involved in the appropriate financial planning.

Clothing

Children in foster care need appropriate clothing. When necessary, you may receive an initial clothing allowance to supplement the child's wardrobe, depending upon the child's needs. Ongoing clothing costs are included in the monthly maintenance reimbursement. Check with the foster care case worker to discuss options, specific policy and procedures to be granted prior approval to purchase clothing for the child.



Clothing/Item Inventory:

Each child in foster care should have an inventory of their belongings prior to placement into a home, and when items are purchased via the irregular payment option (clothing allowance). The child's personal items just follow the child to their next placement or back to their home.

CLOTHING INVENTORY		NAME _____					
Clothing Item	Size _____		Size _____		Size _____		
	# Have	# Need	# Have	# Need	# Have	# Need	

Shopping with your child in foster care is a way to model appropriate choices and budgeting; a great way to incorporate independent living skill building! Children who are old enough to make clothing decisions should be involved in the process. Any clothing purchased for a child in foster care belongs to the child. When children move to another foster home or return home, they get to take their wardrobe/items with them. Remember, clothing and other possessions from home may have a very special meaning for a child. Clothing the child has outgrown can be sent with the child for their siblings or discuss an alternate plan with the case worker.

Foster care providers shall help pack up a child's personal items, offer closure to their stay, and send their personal items along with the child. We often hear foster care providers say the child was placed in their home and came with very little. This should not be the case if the child is being transferred from one foster care provider's home to another. It is a great idea to save / collect new or gently used suitcases or duffle bags that you can send the child's belongings in when they move on from your home. This often gives children in foster care a sense of pride and teaches them that their things are just as important as their peers.



Chores and Household Responsibility

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

Youth Employment

Babysitting:

North Dakota state policy does not prohibit a child in foster care from babysitting as means of gaining extra spending money. However, a child in foster care must be between the ages of 14 and 21 and meet the policy criteria set forth in 622-05-15-49.

Agencies may or may not approve of a child in foster care babysitting; it is encouraged to discuss this opportunity at the Child and Family Team meeting if the teen expresses an interest in babysitting to earn some extra spending money.



Employment:

Foster care providers may want to encourage a teenager to earn some money, when appropriate and possible. Work helps a youth become mature and independent. As foster care providers, you should know and approve of the nature of the work; be familiar with who is employing the teenager to ensure the work is appropriate. Youth should not be engaged in work that is potentially hazardous or uses equipment that might be unsafe. Determine if the work is appropriate for the child's developmental level of maturity and that it **does not interfere with school**.



Driving a Car



Children in foster care who wish to drive must have the activity approved at the Child and Family Team meeting as well as a signature of an individual who is willing to sign as a responsible party. If the child's parent is unable to sign for the youth to obtain a driver's license; the custodial agency may determine that a willing foster care providers(s) or child's relative may assume responsibility and provide insurance coverage. This is not an agency expectation of foster care providers. It is important to note that if a foster care provider signs for the child, he/she is assuming responsibility for the minor's actions as a driver and must have them added to their car insurance as a driver.

Refer to the HHS brochure "Motor Vehicle Operation by Youth in Foster Care" for more information. The application of a minor for an operator's license may be authorized by an individual (responsible adult) who is willing to assume the obligation imposed under NDCC 39-06-08. **HHS staff are not allowed to** sign for a child in foster care to obtain a license.

Smoking/Vaping

No person may smoke or vape in the foster home, in circumstances which present a hazard to the health of a child in foster care, or in an enclosed area when the child in foster care is present. All foster care providers should be aware of the potential hazards of smoking in the presence of children, particularly infants and children with respiratory or allergic sensitivity. It is illegal in North Dakota for children under age 21 to purchase, possess, or use tobacco products.

Hair Care

Foster care providers should not change the hairstyle of a child in foster care (long hair cut short, perms, color, straighten, etc.) without first checking with the foster care case worker to see if consent is required or cultural needs must be considered. Changing a child's hair style without any discussion could affect his or her self-esteem and could also affect your relationship with the child and his/her parents.



Teenagers are more exploratory. Hairstyles help teens create their own sense of identity. Normalcy policy allows for discussions to occur regarding the desire of a youth to change their hairstyle. One role of foster care providers is to help youth understand there are consequences to changing one's hairstyles:

- "Help me understand, why would you like a Mohawk?"
- "Please know not all people will like your choice and they might say mean things."
- "How will you react when others make comments about your hair?"
- "You may not get that job you want if your hair is purple!"

Piercing and Tattooing

Foster care providers should not allow a child in foster care to pierce their ears or other body parts, or get any part of the body tattooed, without first obtaining consent from the custodial agency.



Armed Forces

Youth in foster care must have the consent of their parents and the custodial agency to enlist in the armed forces. If this is a plan for the youth, the recruitment office should be contacted as to the eligibility requirements once the youth is age eligible to apply. NOTE: All males must register with the selective service upon reaching age 18. This should be discussed prior to discharge as part of transition planning.

18+ Continued Foster Care

The North Dakota 18+ Continued Foster Care program allows for youth to stay in family foster care after age 18 and/or return to foster care within six months of their last discharge date. 18+ Continued Care is available to eligible current and former children in foster care up to the age of 21 years old if the youth meets certain criteria. Foster care providers may agree to care for a youth who remains in 18+, but lives on campus. The Child and Family Team discusses dividing the payment to support the youth in transition to adulthood:

Example of Reimbursement = \$1000

Foster Care providers keep \$550 (60%)
Foster Youth receives \$225 (20%)
Foster Youth savings \$225 (20%)

Chapter 6

Teamwork



“Children are likely to live up to what you believe of them.”
– Lady Bird Johnson

Chapter 6. Teamwork

Working as a member of a professional team is one of the PRIDE competency categories and a cornerstone of the PRIDE model of practice. As a foster care provider, you are a member of a professional team with the child, foster care case worker, the child's parents (if possible) and/or other relatives, educational personnel and the child's attorney or guardian ad litem, along with service and health care providers. This means that you are not alone in caring for the child. You have support. It also means that you may meet with the child's family during visits and case conferences; and you must keep the foster care case worker up-to-date on how the child is doing. All members of the team should be acting on behalf of the child. The team should do everything it can to provide a caring, safe, temporary home while at the same time working toward permanency for the child.

This chapter gives information on:

1. Helping Plan for Permanency
2. Relationship with the Child's Parents
 - a. Bridging the Gap between Resource Families and Birth Families
3. Parent-Child Visits
 - a. Visiting Plans
 - b. Helping the Child with Visits
 - c. When there are Problems with Visits
4. Relationship with the Foster Care Case Worker
5. Participating in Child and Family Team Meetings
 - a. Possible Permanency Outcomes
 - b. Placement Options
6. Participating in Court Hearings
 - a. Legal Rights of Foster Care Providers
7. Services to Parents, Children, and Foster Care Providers
8. Services to Youth: Preparing Youth for Living Independently
 - a. Chafee Transition Program
 - b. Chafee Educational and Training Voucher Program (ETV)
 - c. Family Planning Services and/or Sexual Counseling
9. ND Quality Assurance Review

Helping Plan for Permanency

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

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

Even more important, you are a primary source of support for the child. When you have a positive healthy relationship with your children in foster care, you help build their trust in adults. This helps prepare them for changes in their living situation that might be necessary to achieve their permanency goal.

The rest of this chapter describes specific ways that foster care providers can help plan for permanency through parent-child visits, contacts with the foster care caseworker, case plan reviews, court hearings, and discharge activities. For more information, refer to the online PRIDE modules.

Relationship with the Child's Parents

The type of contact that is arranged between foster care providers and the child's parents is planned in conjunction with the agency and other members of the foster care Child and Family Team. The team will consider the type of contact that is in the best interests of the child, as well as ensuring safety for all family members.

Bridging the Gap

As we bridge the gap between foster care providers and the child's parents, we also bridge the gap between children and their families.



Bridging the Gap without Direct Contact:

- Send pictures of child to parent; ask for pictures of parent
- Send snack or activity for visit
- Prepare child for visits
- Remember child's family through family rituals
- Request cultural information from birth family
- Share documented successes, photos, school grades, (scrapbook) with family
- Share child's artwork with family
- Exchange letters with child's family via approval from case worker
- Speak positively and openly about child's family
- Learn about child's family, community, and culture

Bridging the Gap when there is Contact:

- Take child to visits and talk positively about the visit
- Talk with parent at visit about child's day-to-day life
- Encourage parent to phone child and child to phone parent
- Meet child's family at time of placement or prior to placement
- Ask for the parent's advice
- Attend meetings and reviews when parent is present

Work with Birth Parents as Part of the Case Plan to Achieve the Permanency Goal:

- Host visits in your home when appropriate and comfortable
- Attend visits in the parent's home
- Support child's transition back to their family
- Involve birth family in visits to doctors, therapists, or school conferences
- Assist in planning child's return to birth family; support the family's reunification
- Include birth parents in activities or events
- Assist birth parents with transportation to treatment related appointments

Serve as a Mentor to the Birth Family:

- Welcome parents into your home
- Coordinate and discuss discipline efforts together
- Attend parenting classes with parents
- Advocate for needed services for family and provide assistance in obtaining services
- support and encourage birth family's involvement in treatment
- Provide feedback to birth parents on parenting skills
- Serve as support to birth family after child returns home

Parent-Child Visits

Visiting is also critical to successful family reunification. Parents who have frequent, regular, and meaningful visits have the best chance of reunification with their children. When it is time to transition a child back into their home, visits may occur more often and last longer.

a. Visiting Plans:

The agency is required to plan and facilitate visits between the parent and child. Visits could be more frequent depending on the case plan. Visiting plans are developed on an individual basis. In setting up a visiting plan, the foster care case worker will consider factors such as location which may include the foster home, (if the foster care providers are comfortable – this is never required of you!), length of the visit, and responsibility for transportation to visits.

Foster care providers need to confer with the foster care case worker to change visiting plans. Visits need to be scheduled. However, if the parent, foster care provider, and case worker agree, unscheduled visits may be allowed.



b. Helping the Child with Visits:

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

Tips for foster care providers in helping a child with coping before or after a visit include:

- i. Do not conclude that it is a mistake for the child in foster care to visit his or her family. Even if occasionally upsetting, in general there are more advantages than disadvantages to such visits for most children.
- ii. If something unusual happens during a parent-child visit, or if the child always returns upset or unhappy, report this to the foster care case worker.
- iii. If children are allowed to talk freely about their parents and their situation, they may feel less anxious. Answer their questions clearly, simply, and sensitively if they are confused about why

they are in foster care.

- iv. Children continue to love their parents no matter how they are treated or what problems the parents have. Be careful about what you say and how you say it. If you are negative, children may respond defensively, and this could have a negative impact.
- v. You can acknowledge parental behavior that is not in the child's best interest. Putting behavior in terms of "choices the parent made" is more objective and non-blaming.

c. Problems with Visits:

It is important to keep in mind that for many parents, visiting their children in foster care is an experience that may heighten their sense of personal failure and inadequacy. Their anxiety causes some parents to make unrealistic promises or to agree to plans that have little chance of success. If problems arise with visitation, contact the foster care case worker as soon as possible. This may include any incidents, observations, and feelings about something that occurred or the child's reactions. The foster care case worker will advise you on how to proceed.

Relationship with the Case Worker



Ideally, the foster care case worker and foster care providers will work together as a professional team. This benefits the child and makes your life easier as well. Communication should remain open and honest. Best practice would encourage regular face-to-face contact between the foster care providers and case worker. Whenever possible, Child and Family Team meetings should be pre-arranged and held at a mutually convenient time. In situations involving sudden problems, emergencies, or crises, contact the case worker immediately. Depending on the situation, a meeting may take place to assess the situation and arrange for appropriate services.

The case worker's initial visit is particularly important. It is an opportunity to meet the foster care case worker and obtain information on the facts of the case, the visitation plan, and the case plan. During your regular meetings with the foster care case worker, it is important to discuss:

- The child's adjustment to the placement
- The child's behavior in the foster home, school, and community
- The child's health
- Need for additional services
- Appropriate discipline/consequences
- Assessment of parent/child visits
- Review of service plan goals, tasks for child and foster care provider, and assessment of progress



When communicating about a child in foster care, the case worker and foster care providers can help one another. Since you have the day-to-day relationship with the child, you know the child's personality and behavior. You can observe the child before and after parent visits, and you can see progress, or lack of progress, over time. Foster care providers have a lot to contribute to the assessment of a case. You may know the child well. However, keep in mind there is additional information about the child and/or family that you may not know. To have a good working

relationship, you need to keep the case worker informed about the child's situation and achievements as

well as problems. Take the initiative to call the case worker regularly (at least weekly calls or emails) even when things are going well!

A foster care case worker supervising the placement of a child in family foster care must have regular contacts with the child in foster care. It is required that the foster care case worker or an agency designee have face-to-face contact with the child in foster care once a month. More frequent visitation is recommended immediately after placement or if problems are experienced in the placement. Weekly supplemental telephone and email contacts are also recommended.

Participating in Child and Family Team Meetings

Child and Family Team meetings are scheduled at regular intervals to assess and review the plan, previous decisions, and outcomes. Participants discuss the continuing need for foster care, progress/needs of the parents and child(ren), assess the appropriateness of the permanency goals, and discuss services needed over the next three-month period to achieve the permanency goal.

The Child and Family Team meeting meets every three months with the key people in the child's life to review the child's plan and progress toward safety and permanency. Participants typically included in the foster care Child and Family Team are: Foster care case worker foster care providers, the child when appropriate, the biological parents unless it is documented why they should not be present, guardian ad litem, school liaison, church pastor or others determined necessary. When a review involves a child who is developmentally disabled or there is a reason to believe such, the regional Developmental Disability Division Coordinator or designee must also be included in the team meeting.

Depending on the permanency goal, a family plan states the goals of the service, the tasks to be performed, and the date by which team members are expected to achieve the goals. The foster care providers may be asked to work with the parents on accomplishing the goals they agreed to in the service plan. The foster care case worker monitors the impact of services and the extent to which the family members have achieved their goals within the time frames.

The following topics should be reviewed at each Child and Family Team meeting:

- Whether the child's foster care placement is appropriate and necessary
- The extent to which the agency, parents, and child are carrying out the tasks in the plan and whether the service plan should be changed. The parents' progress (with the agency's help) in correcting the conditions that led to the child's placement.
- The visitation plan
- The child's safety and assessment on progress in eliminating risk
- Actions taken to meet the family's need
- Updates and any needs of the child(ren)
- The likely date for discharging the child from foster care
- The need for a concurrent plan

Permanency Outcomes:

While there are many possible permanency outcomes for children placed under the care, custody, and control of an agency, **reunification with their parents** is often the initial plan. However, after a child has been in care for a while, that plan may change to include:

- Placement with a fit and willing relative
- Guardianship
- Termination of parental rights -- Adoption

- Another Planned Permanent Living Arrangement (APPLA)

Often times there is a concurrent plan identified through the Child and Family Team meeting. A concurrent plan is a situation when there are two plans in place at the same time. The initial or first plan may be for reunification; however, if reunification is questionable or not possible, the concurrent or second plan would be for another outcome; i.e. placement with relative caregivers or possible termination of parental rights and adoption.

Placement Options:

While a child is under the care, custody, and control of a public agency, options for placement include:

1. Family Setting

- a. Relative/Kinship Care
- b. Shelter Care (short term – emergency care) = Sign SFN 928 and SFN 931
- c. Respite (relief care) = Sign SFN 929
- d. Licensed Family Foster Care Provider
- e. Licensed Relative Foster Care Provider
- f. Certified Foster Care Provider
- g. Treatment Family Foster Care (Nexus PATH)

2. Qualified Residential Treatment Program (QRTP)

3. Supervised Independent Living (SIL – 18+ clients only)

4. Psychiatric Residential Treatment Facility (PRTF - Medical placement)

Participating in Court Hearings

Every child in foster care becomes involved in court hearings. Occasionally you may be asked to appear in court to testify. The foster care case worker should inform you ahead of time that a hearing will be taking place and the type of hearing. Having this information will help you prepare yourself and the child for the possible outcome. If you are asked to participate or you choose to participate in the hearing, you should have time to think about what you will say and to discuss this with the foster care case worker and/or agency’s attorney. As members of a team, the case worker, guardian ad litem, and foster care provider need to keep one another informed.



a. Legal Rights of Foster Care Providers:

North Dakota recognizes the importance of foster care providers as members of the team and their special knowledge of the child and his or her needs in a legal proceeding. The agency is represented by a “states” or agency attorney, and the child is assigned either a lawyer or lay

Guardian ad Litem. Typically, it is assumed the states attorney will carry the recommendation of the agency and/or team forward, including such recommendations made by the foster care provider/s. However, foster care providers are not recognized with legal standing, or as a party, in a case in juvenile court.



Under the Adoption and Safe Families Act (ASFA), foster care providers have the right to receive notice of, and the opportunity to participate in, any permanency hearing on a child placed in their home. Foster care providers are not official “parties to the action” (unlike the child’s parent or the agency). Because of this, there are times when a Court may not allow foster care providers into the court proceeding. Judges have discretion about when and who to allow/invite into juvenile court hearings when non-parties are involved. Every court varies

on the local protocol and practice on this issue. It is best to discuss this with your foster care case worker prior to the hearing.

Services to Parents, Children, and Foster Care Providers

Services to Parents: Parents are entitled to receive services that will enable the child to return home (if the permanency goal is reunification). The agency may provide the services directly or it may refer the family to other specialized agencies or facilities. Services are identified through the team process or may be ordered by the court. As the foster care provider, it is helpful for you to know what services the parents are receiving. As a team member, you can help support the parents in their efforts to strengthen their family and their environment so that their children can return home safely and permanently.

Services to Children: Children in foster care may also receive services such as tutoring, counseling, or medical treatment. Foster care providers are to help schedule appointments in conjunction with the foster care caseworker and transport the child to the appointments. Also providing steady, emotional support for the child in whatever “work” he or she must do is key to the service’s effectiveness. Prior to a child’s discharge, additional services may be provided to the child and/or the family for support during the transition home and to prevent the need for reentering foster care.

Services to Foster Care Providers: Foster care providers have the right to support and services from the licensing agency. Depending on the circumstances and need, this may include training in the special needs of their child in care, relief care, and/or counseling. It is important for the foster care provider to communicate their needs or concerns to their foster care case worker about children in their home.

Services to Youth: Preparing Youth for Transition to Adulthood

Youth aging out of foster care are in a unique and often difficult position. Some of these youth have been in foster care for a number of years. When they turn 18, they may find themselves alone, without the supports provided by the foster care system or family support. They are expected to live on their own, go to school, hold down jobs, pay rent and bills, find medical care, and attend to all of their other needs at a time when most young people who have not been in foster care are still under the protective care of their parents. Nationally, statistics show former foster youth face homelessness, unemployment, single parenthood, and/or incarceration. For many of these youth, the foster family is the only family they have, and your on-going support can make a huge difference in their transition to adulthood.

a. Chafee Transition Program:

The Chafee Transition Program provides foster youth/former foster youth with the opportunity to obtain the necessary knowledge and skills for a successful life beyond foster care. Policy 624-10 details priority status for youth involvement. The ND goal is that **every** young adult who lived in foster care as a teenager will achieve the following outcomes by age 21:

1. Shall have **sufficient economic resources to meet their daily needs.**
2. Shall have a **safe and stable place to live.**
3. Shall attain **academic or vocational/education goals** that are in keeping with the youth’s abilities and interests.
4. Shall have a **sense of connectedness** to persons and community.
5. Shall **avoid illegal/high risk behaviors.**
6. Shall **postpone parenthood** until financially established and emotionally mature.
7. Shall have **access to physical and mental health services.**
8. Should have had regular, ongoing opportunities to engage in age or developmentally appropriate activities as defined in section 475(11) of the Act (normalcy).

It is a federal requirement that all youth in foster care, age 14 and older, have their independent living needs assessed and addressed. The Chafee program hires coordinators to assist youth to develop a plan to successfully transition to adulthood. The role of the foster care provider in helping youth meet their transition goals includes the following:

- Collaborate with the Chafee Transition Coordinator and custodian regarding the youth’s needs, strengths, and goals pertaining to independent living
- Use the National Youth in Transition Database (NYTD) Independent Living Services form to track the independent living services provided in the foster home
- Participate in Child and Family Team meetings
- Implement agreed upon tasks as identified in the youth’s plan
- Provide the youth with the tools, resources, and hands-on learning experiences relating to independent living
- Model and teach life skills

b. Chafee Educational and Training Voucher (ETV):

The Chafee Education and Training Voucher assists current and former foster youth in reaching their education goals. Eligibility is found in policy manual 624-10. ETV funds are available for youth:

- Discharged from foster care on their 18th birthday;
- Youth who were adopted or entered kinship guardianship from foster care after age 16; and\
- Youth participating in the ETV program enrolled and making satisfactory progress toward completing their post-secondary education or training program.



ETV’s are limited to the lesser of \$5,000 or the “total cost of attendance” (as determined by the school) per year, for a lifetime maximum of \$25,000. Examples of expenses allowed under “cost of attendance” include: room and board, tuition, fees, books, supplies, child care, transportation needs, and medical insurance obtained through the institution. Grants and scholarships must be

accessed prior to applying for the ETV and the youth must be enrolled in a program at an accredited or pre-accredited college, university, technical or vocational school.

c. Family Planning Services and/or Sexual Counseling:

Family planning services are available to any adolescent in foster care. These services enables young people to ask questions and discuss their sexuality in a confidential, professional setting. If you feel that the child placed with you could benefit from these services, contact the foster care case worker.

Tips for Foster Care Providers Provided by Youth

- Treating teenagers with respect and allowing us to speak, tells us that you want to get to know us and build a better relationship.
- Connect with to us at our level (e.g., music, movies, TV show, other interests).
- Look directly at me. Focus on what I am saying please.
- LISTEN to me.
- Pay attention to us; not just the case or my history.
- Let me have an active role in my service plan.
- Let me hang out with my friends, go to school dances, and play basketball.

ND Quality Assurance Reviews



NORTH DAKOTA QUALITY ASSURANCE REVIEWS AN OVERVIEW FOR FOSTER CAREGIVERS

PURPOSE: The goal of the child welfare system is to promote, safeguard, and protect the overall well-being of children, to intervene on behalf of abused and neglected children, and to work with children and families to assure that every child has a permanent, safe, and nurturing environment in which to achieve their maximum potential.

ND Children and Family Services (CFS) employs the Quality Assurance (QA) Unit to complete QA Case Reviews as one tool to ensure child welfare services achieve these outcomes.

WHO CONDUCTS THE QA REVIEWS?

- CFS QA Unit
- The CFS QA Unit is remotely located throughout the state, but all staff have a Bismarck phone number, which will appear on caller ID.
- A Release of Information (ROI) is **NOT** needed to speak with CFS QA Reviewers at any point during these Case Reviews.

WHAT IS EXPECTED?

- Children and Family Services does expect participation from caregivers, including licensed foster parents. Please share your availability so arrangements can be made that work for you!
- CFS welcomes your questions! Your foster child's case manager, your licensing worker, or CFS QA Reviewers are all happy to answer your questions.

QA REVIEW HIGHLIGHTS

- CFS QA Unit obtains a random sample of foster care cases to review.
- Once a case is identified in the random sample, the CFS QA Unit contacts foster caregivers who are or have cared for the foster child.
- Cases that are finalized for review are scheduled. If a case is reviewed, phone interviews will be scheduled with foster parents.
- CFS QA Unit reviews the case record and completes phone interviews.
- Results are analyzed and shared statewide.

QA UNIT STAFF

QA Manager: Leanne Miller
QA Lead Reviewers: Amy Bakken, Nicole Fleming
QA Reviewers: Amy Wesley, Brianna Blue, Dawn Lockrem, Kyle Russell, Tara Krogh, Tanya Howell, Tonya Canerot

WHAT CAN I EXPECT TO BE ASKED?

Case-related interviews focus on a specific child who is currently placed with you or has been placed with you in the past. These interviews give you a chance to share how the agency worked with you and the child in your home. The information you share is confidential. A final report of the review is provided to the child's custodial agency but will not identify your specific comments. While the information will not have any direct impact on the child's case, your feedback provides information on how children and families are served. In the interview, you may be asked questions such as:

- Did the agency assess your needs as a foster parent or pre-adoptive parent? Did they provide services to address any identified needs?
- How often did the agency assess the needs of the child in your home, and did the child get the services he or she needed?
- If the child was on medication, how was the medication monitored?

YOUR VOICE MATTERS!

The voice of foster and adoptive parents is critical to the QA Case Review process. Making changes that help children and families begins with understanding what families working with the ND child welfare system are experiencing. Thank you in advance for your partnership!

QA Case Reviews provide foster parents another great opportunity to participate as a member of a professional team! (PRIDE Competency #5)

NORTH
Dakota | Health & Human Services
Be Legendary.

WWW.HHS.ND.GOV/CHILD-AND-FAMILY-SERVICES/PUBLICATIONS-CHILDREN-AND-FAMILY-SERVICES

Chapter 7

Financial Reimbursements



*“There are only two lasting bequests we can hope to give our children.
One of these is roots; the other, wings.”*
– Hodding Carter

Chapter 7. Financial Reimbursements

This section pertains to financial reimbursement that may be available to foster care providers who are licensed through the authorized licensing agency of a Human Service Zone or a Tribal Nation serving Title IV-E children. Reimbursement to therapeutic family foster care providers (Nexus-PATH) will differ. The information is general in nature. Specific questions should be directed to your foster care case worker

- 1. CFS Foster Care and Sub-Adopt Eligibility Unit
- 2. Standard and Specialized Reimbursement
 - a. Standard Maintenance Rates
 - b. Excessive Maintenance
- 3. Filing Taxes
- 4. Irregular Payment Reimbursement
 - a. School and Activities
 - b. Clothing Allowance – Initial and Special
 - c. Child Care
 - d. Transportation Costs
- 5. Medical Costs



CFS Foster Care and Sub-Adopt Eligibility Unit

The North Dakota Department of Health and Human Services, the North Dakota Association of Counties and local human service zone leaders, with the support of Gov. Doug Burgum and state lawmakers continue to redesign social services. This collaborative effort began with the passage of Senate Bill 2206 in 2017, continued with the passage of Senate Bill 2124 in 2019 and was again heard as Senate Bill 2086 during the 2021 legislative assembly. The CFC Foster Care & Subsidized Adoption Eligibility Unit was absorbed as a function of Children and Family Services (CFS) on February 1, 2021. CFS implemented procedures, policy, training, and technical assistance to best meet the needs of clients across North Dakota. The unit manages:

1. Eligibility determinations for foster care cases, while authorizing eligible foster care reimbursement to licensed foster care providers.
2. Eligibility determinations for children seeking prevention services, also known as candidates.
3. Sub-adopt negotiation process, while authorizing all eligible adoption subsidy payments.
4. Opening and closing of ND Medicaid for all foster and sub-adopt cases.

Unit Contact Information

All receipts and reimbursement approvals are to be submitted via email to the unit by the foster care case worker, not the foster care provider. This requirement is in place to ensure the foster care providers have been approved for reimbursement by the custodial agency.

Standard and Specialized Reimbursement:

Standard foster care maintenance rates are evaluated and set by the legislature and North Dakota Department of Health and Human Services (HHS). The rates reimburse foster care providers for the cost of providing care, food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance with respect to the child, and reasonable travel to the child's home for visitation.

a. Standard Maintenance Rates:

Standard rates established for care in a family foster home vary according to the age of the child. Foster care providers are entitled to reimbursement for a full day for the first day and the last day during which they provide care. The standard maintenance reimbursement is made on behalf of the child in foster care to meet their needs and **is not considered** provider "income."

i. Applicant Qualifications:

- ✓ The family's income shall be stable and sufficient to meet the needs of their own family
- ✓ Foster care reimbursements shall not be the primary source of income or needed for the foster family's own expenses
- ✓ Management of personal income is considered more important than amount of income the family has
- ✓ All foster care reimbursements must be used to meet the needs of the child in foster care (NDAC 75-03-14-05 (9))

ii. Foster Care Reimbursement is NOT INCOME:

- ✓ Foster care is not paid employment
- ✓ Maintenance reimbursements are issued to a provider to maintain the placement and cover the costs of having the child in the home
- ✓ Foster care providers are not taxed
- ✓ HHS does not issue a W-2 or provide a 1099

- ✓ The maintenance reimbursements follow the child, so if the child was no longer placed in the provider home, the money to support the child's needs would no longer be issued to the provider

b. Excess Maintenance:

A family foster care rate may be negotiated in excess of the standard rate when the child has special needs or difficulty of care which significantly affects his/her adjustment or cost of care. All excess maintenance reimbursements will be discussed with the Child and Family Team. Excess maintenance payment rates are determined by the CFS Field Service Specialist. Excess maintenance reimbursement exceeding an established dollar amount must also be approved by the ND Foster Care Administrator.

Approved excessive maintenance reimbursements are based upon the special needs of the child and are reviewed regularly by the Child and Family Team. The excess maintenance payment is authorized monthly by the Children and Family Services Foster Care and Sub-Adopt (FCSA Eligibility Unit) in addition to the standard maintenance payment.

Foster care reimbursements are generated the second to last working day of the month. Reimbursement is now required to be sent via direct deposit. If we do not have your direct deposit information on file, you will be asked to provide it to your licensing specialist. Often times, your first payment will come via paper check due to the banking process of approving direct deposits. If you are issued a paper check, the reimbursement will be mailed the next working day from Bismarck to the provider mailing address. Reimbursement for irregular payments (clothing, childcare, excess transportation, etc.) may be completed in the weekly supplemental check write on Wednesdays.

Filing Taxes:




ND Department of Health and Human Services (HHS), is often contacted asking if a child in foster care may be claimed as a dependent on the foster care provider's taxes. HHS does not prohibit a foster care provider from claiming a child in foster care as a dependent on their personal taxes. However, eligibility determinations for claiming a child in foster care as a dependent are determined by the IRS. Foster

care providers should consult with a tax professional to determine if the child in foster care meets the criteria established by the IRS to be claimed as a dependent. In addition, foster care providers should refer to IRS publications for further resources.

Irregular Payments:

On the basis of individual need, a foster care provider may be eligible for the cost of irregular payments. Expenditures for certain categories will be limited to a set amount per year. All expenditures require receipts. Approval by the case worker is based on the child's need, in accordance with policy. Irregular Payment reimbursements are accomplished through the use of "SFN 903 – Foster Care Provider Reimbursement Request" [SFN 903](#) Foster Care Providers need to fill out the form and turn in the form AND receipts to their case worker. The case worker will then approve or deny costs and submit to the FCSA Unit for reimbursement. If at all possible, use separate transactions to pay for things for the child

any personal items that you may buy at the same time. Having to separate out items from receipts takes longer and will delay reimbursement to the provider. If there is more than one child placed in the home that you are submitting a SFN 903 for, they each need their own form!



FOSTER CARE PROVIDER REIMBURSEMENT REQUEST
 DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CHILDREN AND FAMILY SERVICES-FOSTER CARE
 SFN 903 (8-2023)

Clear Fields

Licensed foster care providers must complete this form to request reimbursement for irregular payments for each child in foster care. Purchases must be discussed and **pre-approved** by the custodial case manager. Receipts for all purchases/ payments are required and must be attached to this form for consideration. Please submit request to the custodial case manager for review and submission to the department.

Provider Name
Child's Legal Name

Purchase Month/Year (Use a new request form for each month of purchases)

Reimbursement Request (Submit within 45 days of purchase. It is best practice to have a separate receipt for the child's purchases and not intermixed with other household purchases. On the receipt, underline the child's specific item for reference.)

Date of Purchase/ Receipt	Payee Location (Walmart, Target, Amazon, YMCA, etc.) (One Recipient/Invoice per Line)	Describe each item purchased or activity fee type. Items described should coincide with dollar amount on the receipt. (Example: Jeans \$, Dress \$, Winter Jacket \$, Camp Registration Fee \$, Musical Instrument Rental \$, etc.)	Requested Total	HHS Use Only Reimbursed Total
TOTAL				

Comments

Providers are highly encouraged to complete forms electronically. Forms can be found at: <https://www.nd.gov/eforms>

a. Personal Belongings:

Items purchased or gifted to the child in foster care while in your home belong to the child in foster care and must accompany the child back to their home or to the new foster care placement. Examples: Clothing must be sent with the child! If the child received a bike it must go with the child. If the child begins playing the trumpet and reimbursement was made for the instrument, the trumpet must be sent with the child. PLEASE be mindful of this topic! Sending all of the child’s belongings will help the child adjust back into their parents’ home or to their new foster home.



b. School and Activities:

A fixed amount is initially set for the year based on the child’s age at entry to care in the current foster care episode. It is the responsibility of the child’s foster care case worker to determine which expenditures are necessary and appropriate, and to budget the age-appropriate expenditure limit so it is available throughout the year for the child’s needs. Expenditures are approved based on the need, in accordance with state and federal policy, and approved by the case worker. Examples of allowable expenses include: Camp fees, school field trips, music lessons, school pictures, prom expenses and class ring.

c. Clothing Allowance – Initial and Special:

Each child in foster care should have enough clothing for reasonable changes such as changes in season and growing into the next size. Adequacy, condition, and style of garments are particularly meaningful for children. *A clothing allowance is included in the monthly standard maintenance payment for ongoing clothing needs.* However, there are times when additional clothing will need to be purchased for the child.

- **Discuss with foster care case worker**
- **Receive pre-approval for amount you can spend and be reimbursed**
- **Keep individual child receipts and submit for reimbursement monthly using the SFN 903**

d. Child Care:



There are times when a child in foster care will need childcare while placed in your family foster home. Upon placement into your home, you should notify the foster care case worker if you will be working and will need childcare for the child in foster care. It is helpful for foster care providers to have a daycare backup plan ready in the event you have a younger child placed with you. If a licensed childcare provider is not already identified, ask for help from the foster care case worker in locating a licensed daycare so reimbursement for childcare expenses can occur as an irregular payment. In order to claim reimbursement for any childcare expenditure, the foster care provider must provide information of the “licensed childcare provider” to the foster care case worker for approval upon placement.

Licensed childcare providers and the foster care provider must complete the “SFN 920 – Foster Care Child Care Invoice”. [SFN 920](#) Foster care providers must submit the form to the foster care case worker asking him/her to submit for processing. Foster care providers may need to remind the case worker of the importance of getting the daycare bill authorized timely as often times the foster care provider has already paid the daycare bill and will now be waiting for the reimbursement.


Licensed childcare settings require payment in varied formats; some require it weekly while others require it every other week or monthly. Most daycares are “pre-paid” meaning the foster care provider has to pay for that timeframe and will be reimbursed after the service is complete as HHS is unable to pay the invoice until after the service is rendered.

If foster care providers are required to pay a daycare bill weekly, there are a few things the foster care provider can do:

- Ask the licensed childcare provider if they would be willing to bill you every other week

as you require reimbursement from the state for the child in foster care.

- Ask/discuss this expectation with the foster care case worker. Ask the foster care case worker to submit the SFN 920 to the CFS FCSA Eligibility Unit for authorization every other week rather than monthly as a compromise.



FOSTER CARE - CHILD CARE INVOICE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-FOSTER CARE
SFN 920 (11-2022)

Child Care Provider Details

Child Care Provider's Name

Type of Provider
 Self Declared Child Care Facility Licensed Foster Care Provider

Provider Number Telephone Number

Street Address

City State ZIP Code

Foster Care Details

Foster Care Provider's Name

Child's Name Age

Billing Dates
 From (mm/dd/yyyy): To (mm/dd/yyyy):

NOTE: If the child has been placed with a new foster care provider during the month and continues in child care, please bill each provider separate specific to the foster care placement dates. Please prorate the monthly or weekly rate based on foster care placement dates not to exceed the child care provider's monthly or weekly rate.

Itemized Bill Details

Days in attendance: If hourly, indicate the number of hours per day. If daily, weekly or monthly, "x" the days in attendance.

																									Month					
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Billing Method

<input type="checkbox"/> Hourly	Rate per Hour: \$	x Number of Hours:	= \$
<input type="checkbox"/> Daily	Rate per Day: \$	x Number of Days:	= \$
<input type="checkbox"/> Weekly*	Rate per Week: \$	x Number of Weeks:	= \$
<input type="checkbox"/> Semi Monthly OR <input type="checkbox"/> Monthly	Rate Semi Monthly or Monthly:		= \$
Describe Additional Fees			Cost

* Only one weekly rate is billable for any week that spans two months.

TOTAL AMOUNT DUE

I certify with my signature that the information provided is correct and I understand:

- The child care provider must be licensed, certified, self-declared, or approved as outlined under the ND Early Child Care Licensing and CFS Licensing Unit.
- Child care can only be reimbursed by foster care funding if the child in care enrolled is also placed in a licensed/approved family foster home.
- The child in care must be charged the same rate as other children enrolled in the child care setting per an agreement, contract, annual rate, etc.
- The above bill provides required justification to the custodial agency indicating charges for child care expenses of the child in care.
- The above bill allows reimbursement to be paid to the foster care provider who in turn will pay the child care provider.

Child Care Provider's Signature	Date	Foster Care Provider's Signature	Date
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e. Transportation Costs:

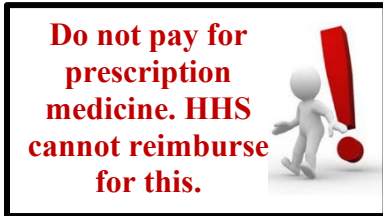
Ordinary daily and occasional transportation is the responsibility of the foster care provider, and the transportation costs are included in the monthly standard foster care monthly maintenance payment as reimbursement. Allowable transportation costs with irregular payment include travel for the child in foster care to go on a home visit or maintain family connections. Foster care providers can also receive reimbursement when transporting a child in foster care to the school the child is enrolled in at the time of placement to maintain youth in foster care in their school of origin.



Reminder: Prior approval is needed before incurring and claiming reimbursement for any transportation expense.

Medical Costs:

The foster care providers are not responsible for any medical costs incurred on behalf of a child in foster care. Be sure to know the provisions for medical care when the child is placed.



For any medical attention, including regular physical examination, glasses, or prescription drugs, ask your doctor, dentist, or pharmacist to **forward the bill** to ND Medicaid. Upon receipt the agency will forward the authorization for medical reimbursement directly to the medical facility. **DO NOT PAY FOR MEDICAL EXPENSES – YOU CANNOT BE REIMBURSED FOR THE COSTS.... ASK THE CUSTODIAN TO PURCHASE!**

The medical provider should be selected based upon the needs of the child and their willingness to accept North Dakota Medicaid.

When a medical emergency arises, it is expected that the foster care providers will immediately seek professional medical care for the child and contact the foster care case worker, agency director, or juvenile court official immediately. During non-working hours, it is very important you know how to reach the child's case worker directly or through the agency's on-call system.

If the need arises for surgical or any major medical care, it is required that the custodian (foster care case worker or their supervisor) be contacted. In most cases the parents must agree to surgery. **Foster care providers cannot sign for medical care.** Please discuss this matter with the foster care caseworker and verify who may sign for medical consent.

If the child needs medical care in a specialized medical facility out-of-state, all arrangements must be made through the foster care case worker/custodial agency.

Chapter 8

Concerns for Foster Care Providers



“The parents exist to teach the child, but also they must learn what the child has to teach them; and the child has a very great deal to teach them.”

– Arnold Bennett

Chapter 8. Concerns for Foster Care Providers

This chapter covers those times when foster care provider experiences change for one reason or another. Eventually children in foster care leave the foster home. Sometimes a child is moved from one home to another. Sometimes foster care providers decide to discontinue being foster care providers. A foster home may be reported for child abuse and neglect of the children in care, and/or a foster home's license may be closed. This chapter provides important information even though some of these situations are rare.

Topics Include:

1. When a Child Leaves a Foster Home
 - a. Dealing with Grief and Loss
2. When a Child is Removed from a Foster Home
3. Closing a Foster Home
4. Deciding Whether to Continue as a Foster Care Provider
5. Abuse and Neglect of a Child in Foster Care
 - a. Definitions of Child Abuse and Neglect
 - b. When a Foster Care Provider is the "Subject" of a Child Abuse and Neglect Report
 - c. Mandated Reporter Training



When a Child Leaves a Foster Home

This section will give you some ideas about how to handle the situation when a child in foster care leaves your home. Even if you've been through this before, you may learn some tips about making the process as smooth as possible.

You are told the child is leaving. The foster care case worker has just told you that your child in foster care is going to leave your home. It is important to get your feelings in order before approaching the child in foster care. Whether you feel joy or grief, you need to talk to the child calmly. If you are feeling very emotional, as many foster care providers do; it is ok to express your emotions appropriately with the child.



Who tells the child he is leaving? You and the foster care case worker need to decide who will tell the child. In some cases, the case worker and the child have a close friendship, which will enable the case worker to do it best. In others, the foster care providers will be the best candidate.

How do I tell the child? Honesty and kindness are the best. Calm and simple statements such as “Today the Judge said...” and put it in easy-to-understand language for the child. If it is news the child has been anxious to hear, rejoice with the child. If it is news that the child will be moved to a new foster home or adoptive family, he may be afraid of the unknown. Examples if appropriate: “your family has waited a long time for you to come home” or “the case worker says you will like this new home because...”

How soon before he leaves should I tell the child he’s going? Some moves must be made within a few hours if the court so decrees. Other times you have several weeks or months. Time helps you to air fears and worries, but you do not always get the time desired. You must determine how the child might react. Talk it over with the foster care case worker.

I’m worried about how our family will take the child’s move. Ask your foster care case worker about this. Reminding all family members that foster care is temporary is helpful in recognizing the need for transition. It is normal for others in the household to have a grieving period, which will help them accept that the child in foster care must leave your home.


How do I pack for the child? For an older child, ask her to take a tour of the house with you. Tell her you need help in finding all her belongings, so she can take them with her. Pack items in a nice luggage set or duffel bag. Please do not send the child off with a trash bag of ill-fitting clothes as it sends a negative lonely message. If you do not have something, ask the foster care case worker to arrange for a suitcase or duffel bag.



What about sending a baby off? A very small infant has become used to the smells of your linens. All items gifted to or purchased with foster care funds, maintenance reimbursement, etc. must be

sent with the child. The baby blanket, a crib sheet, pajamas, toys, and outfits. It is most important to write down and send along the baby's schedule. Also, explain in person or writing how the baby likes to be held or fed and offer anything you know that will assist the child in transitioning more quickly to a new home. List any "firsts" for the parents receiving the child, such as first tooth, when sat up or rolled over, etc.

Dealing with Provider Grief and Loss: Foster Care Providers and their families develop strong bonds with children in foster care when they are placed in their home. Feelings of grief and loss when a child leaves your home are normal. We do offer grief and loss counseling services to foster care providers when needed.



NORTH DAKOTA
FOSTER OR ADOPT

GRIEF & LOSS COUNSELING
For Foster Care Providers

Counseling services are available through the Recruitment and Retention Contract for ND foster care providers who are experiencing grief and loss, and are in need of additional support.

WHAT?

What is covered?
Three 1- hour sessions, per foster family, are fully funded through the R&R contract. Any additional sessions will be the responsibility of the foster care provider.

HOW?

How does a foster care provider initiate this service?
Foster care providers who would benefit from grief and loss counseling should reach out to their Licensing Specialist to discuss the need. From there, the individual can contact Solace Counseling directly to schedule.

In-person or Telehealth

*** When calling to schedule, please identify you are working with Children and Family Services Training Center.**

SOLACE COUNSELING
1131 Westrac Dr, Suite 100
Fargo, ND
701-232-0760

NORTH Dakota | Health & Human Services
Be Legendary.

When a Child is Removed from a Foster Home

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

- Reuniting siblings in the same home
- Court decision
- Child's need for a different level of care
- Foster care provider request
- Agency decision based on foster care case worker factors: e.g., a conflict between the child and foster care provider, conflict between the parents and foster care providers, inability of the foster care provider to follow the case plan on such matters as counseling or visitation, etc.
- Foster home closing

If a foster care provider requests the removal of a child, the foster care case worker and foster care provider should meet first to try to resolve the issues prompting the removal request. For example, could the situation be improved if the foster care provider had respite care? Would tutoring help if the child is falling behind in school? Perhaps the child needs to be more involved in extracurricular activities... Brainstorm options! If the issues cannot be resolved, the foster care provider and case worker should work together on an appropriate plan for the child. This collaboration will help ease the transition to another foster home and reduce the child's anxiety about moving again.

Closing a Foster Home

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

- At the request of the foster care providers to discontinue providing foster care
- When the foster care providers move out-of-state
- By the department, for health and safety reasons in the home
- When the foster care providers have not met required training hours
- Abuse and/or neglect findings on the foster home
- If the foster care provider(s) have not complied with foster care licensing state law, administrative rules or policies and are no longer allowed to retain a license to provide foster care for children.

Deciding Whether to Continue as a Foster Care Provider

It is a good idea to regularly assess whether you want to continue being a foster care provider. If you feel you need a break, tell your licensing worker or the foster care case worker. It is better to have your foster home placed "on hold" rather than closing the license and having to reapply later. Before you decide to stop being a foster care provider, talk to your licensing specialist or the foster care case worker (or the agency supervisor). It is likely that the situation can be resolved without discontinuing your license. Adding respite care or other services may help!

If fulltime foster care is not working; consider other ways to help. Foster care can be provided as a more temporary option; some families may choose to be available one week per month to offer short-term emergency/shelter care for children entering foster care. Other families choose to only provide respite for other foster care providers, which offers the primary foster care providers a break or the chance to go on vacation. Also, you may consider a change in authorized licensing agents (Ex: transition your license from a state foster care home to a therapeutic family foster care home or vice versa).

Abuse and Neglect of a Child in Foster Care

In North Dakota, anyone may report suspected child abuse or neglect to Child Protection Services (CPS). CPS worker’s help assure children are safe and assist parents and families in working through problems that may be occurring. However, certain professionals must, by law, report suspected child abuse or neglect. It is a Class B misdemeanor when a mandated reporter chooses not to report suspected abuse. To fulfill the mandate, reports must be made to the Human Service Zone office.

How to file a CPS 960?

1. Call ND Centralized **CPS Intake at 1-833-958-3500**
2. CPS Intake FAX Line is: 701-328-0361

North Dakota Mandated Reporters Include:		
Physicians/ Nurses	Dentists/ Dental Hygienists	Optometrists
Medical Examiners/Coroners	Childcare Professionals	Probation officers
Police/Law Enforcement Officers	Juvenile Court Personnel	Juvenile Service Employees
Addiction Counselors	Social Workers	Foster Care Providers
School teachers, administrators, and counselors	Any other medical/mental health professional	Religious practitioners of the healing arts

If you suspect that a child in your care is being/was neglected or abused by anyone, let the foster care case worker know immediately. Share facts that made you suspicious so that a decision can be made together about whether a report should be made. Abuse can be physical, psychological, or sexual.

a. When a foster care provider is the “Subject” of a child abuse and neglect report:

Foster care providers are sometimes reported for abuse or neglect of the children in their home. If you or a member of your family is suspected of neglect or abuse, you will be expected to discuss the concerns with child protective services (CPS) staff from the local Human Service Zone or law enforcement; unless it’s been determined the report is a licensing issue. Licensing concerns will be addressed by the authorized licensing agent worker. Your licensing specialist will work together with the assigned CPS worker and/or law enforcement officer involved to assess the safety of home and the children residing there. Your licensing specialist will assess if your home is meeting the licensing standards set forth by law, rule and policy. They can also be a support to you during the assessment process.

There is a helpful training available that walks you through the process of a CPS report being filed on a Foster Care Provider. It can be accessed here: [CPS Training for Foster Care Providers](#)

b. Mandated Reporter Training:

North Dakota Department of Health and Human Services and Prevent Child Abuse North Dakota partnered to create an easy-to-use training website for mandated reporters of child abuse and neglect in North Dakota. The mandated reporter training can be found on the Prevent Child Abuse North Dakota website: <https://mandatedreporter.pcand.org/>

Chapter 9

Adopting a Child in Foster Care



*“Not flesh of my flesh, Nor bone of my bone, But still miraculously my own
Never forget for a single minute, you didn't grow under my heart - but in it.”*
– Fleur Conkling Heylinger

Chapter 9. Adoption

The child's permanency goal may already be adoption, or it may change to adoption because the parents relinquished their parental rights or because the agency took the case to court to terminate their parental rights. The goal may also be adoption when both parents have died, or one has died and the other parent consents to adoption. **The child must be legally freed for adoption before an adoption placement or finalization can take place.**

The chapter covers topics related to adoption of a child in foster care:

1. Deciding to Adopt
2. Starting the Adoption Process
 - a. Preference
 - b. Declaration of Interest in Adopting
 - c. Adoption Assessment (Home Study)
 - d. Child Preparation for Adoption
 - e. Information You Should Receive
 - f. Adoptive Placement
3. Adoption Subsidy
 - a. Adoption Subsidy Agreement
 - b. Subsidy Rate
 - c. Medical Assistance Subsidy
 - d. Reimbursement of Nonrecurring Adoption Expenses
 - e. Adoptive Parents Living Out-of-State
 - f. Refusing an Adoption Subsidy
4. Finalizing the Adoption
 - a. Hiring an Attorney
 - b. Court Proceedings
 - c. Final Steps
5. North Dakota Post Adopt Services



Deciding to Adopt

If you are meeting a child's needs and are willing to take on all the added responsibilities of adoption, your family may be considered. Answering the following questions may help you determine whether you are ready and willing to adopt a child freed for adoption:

- Can I accept the child unconditionally?
- Can I accept the child's past?
- Can I accept the child as "my own"?
- Am I ready to commit to a child forever, even if times get tough?
- Have I realistically evaluated the child's physical, emotional, educational, and spiritual needs?
- Do we have the abilities, resources, and energy to meet those needs and face future difficulties?
- Am I willing to advocate for my child?
- Are other members of the household positive and/or enthusiastic about the idea of adopting?
- What effect will adoption have on our family?
- Do I have support from my family, community, church, and friends?
- How does our age and health impact our decision? Who will care for the child if we die?
- Does the child have siblings who are also freed for adoption or with whom the child would like to maintain contact? How does this impact our decision to adopt?
- Are we willing to maintain connections between the child and his birth parents, siblings, or other relatives?
- What is my/our motivation for adopting this child? Have we sought out supports for our own losses before committing to a child for a lifetime?

Before a child becomes legally freed for adoption, talk to the foster care case worker if you are interested in adopting the child in your care. As the foster care provider, since you participate in the Child and Family Team meetings, you will have a sense of the child's permanency goal.

If you are unsure of a child's current permanency goal, ask the foster care case worker. If your family is a viable adoptive resource, you need to express that interest as soon as possible. Please keep in mind that family members of the children are given preference for adoption if they are interested. Once another family is sought out, your decision not to adopt should be a firm well-thought-out decision that considers the needs of both your family and the child.

Children who are not yet matched with an adoptive family can be viewed on the AASK website at www.aasknd.org or on the Heart Gallery website at: www.ndheartgallery.org.



DO NOT inform the child of your intent to adopt him/her until the plan has been agreed upon by the foster care Child and Family Team and approved by the custodian. The custodian and adoption worker will likely direct the plan to inform the child of the adoption plan. If you are ever questioning how to best support a child during this time, please reach out to the custodian and/or adoption worker for support.

Starting the Adoption Process

Once adoption is the permanency goal for the child, the agency will begin looking for an appropriate adoptive family for the child. Adoptive resource options will be reviewed in accordance with the Indian Child Welfare Act, the Multiethnic Placement Act, the Adoption and Safe Families Act, the Fostering Connections to Success and Increasing Adoptions Act, the Families First Prevention Services Act, and other federal guidelines. **The custodial agency will first need to consider appropriate maternal and paternal relatives and whether a child can be placed together with siblings who are in foster care or who were previously adopted.**

If your family is chosen as the adoptive resource, you may begin the adoption process while the child is being legally freed for adoption. This process includes participating in an adoption assessment. You may be referred to a Licensed Child Placing Agency (LCPA) under contract with HHS to provide adoption services to the child and to your family.

If your family is not the chosen adoption resource, you can help prepare the child for the change; such preparation generally improves the chances that the adoption will be successful. Ask the custodian or adoption worker for suggestions on steps and ‘adoption friendly’ language to use. You will also want to begin to prepare yourself for the child leaving your home, begin to grieve the loss, and release the child to begin to form new attachments with the family that will adopt him/her.

a. Preference:

Birth relatives and parents of adopted birth siblings are assessed as preference for a permanent placement of a child in foster care if safety considerations are met. Children must be placed together with their siblings if their safety and well-being can be maintained. If there are no appropriate relatives seeking to adopt a child, a foster care provider or other person known to the child could be a prospective resource for permanent placement. **Foster care providers must acknowledge being a “foster care provider” is not a guarantee** that the family will be able to adopt the child in foster care. The agency is still required to make sure that adoption by the foster care provider is in the child’s best interest. In the case of Native American children, the placement preferences in the Indian Child Welfare Act (ICWA) must be followed when placing a child for adoption. (See Appendix related to ICWA)

b. Declaration of Interest in Adopting:

If you are interested in adopting a child in your care who is legally free or who has a plan for adoption, you should contact the child’s foster care case worker to discuss this interest as soon as possible or discuss your interest at a Child and Family Team meeting. The earlier in the process of planning that you are able to declare your interest in adoption, the better for the planning process for permanency for the child.



c. Adoption Assessment (Home Study):

If you are the selected adoption option, you and your home will need to be approved by the Licensed Child Placing Agency as an adoptive home. The requirements for approving an adoptive parent are similar to those for certifying or approving a foster care provider. During the adoption assessment, you will be asked questions about yourself, your family, and your home, as well as questions about care of the child. If you are currently a North Dakota Foster Care Provider, your foster care home study will be forwarded to the adoption agency to get them some of the information and to cut down on the number of adoption home visits you need to have. References will be requested from individuals who know you well. You (and anyone in your home over the age of 18) will be required to complete a fingerprint based criminal background check - yes, even if you had a background check completed for foster care providing. The law will not allow the foster care program and the adoption program to share results.

If you have not previously done so, you will be required to complete the Foster/Adopt PRIDE training program 27-hour pre-service training course. The agency will also have you complete a number of checklist items to assist in the assessment process. The assessment is a mutual process designed to evaluate your strengths and challenges with regard to the PRIDE competencies (see Appendix) and to allow you and the agency to make an informed decision with regard to your willingness to proceed with the adoption of a child in foster care (see the Appendix regarding the PRIDE Model of Practice – Guiding Principles).

d. Child Preparation for Adoption:

The foster care agency will also make a referral for the child in foster care in your home to receive adoption services. The adoption social worker will meet with the child to provide information to him/her regarding the adoption process and to answer their questions about adoption. They will work with you to find ways to help the child understand what will be happening and to form attachments to the adoptive family. The adoption social worker will also facilitate the paperwork process that will seek to have the child designated as a child with “special needs” for the purposes of adoption subsidy and, if appropriate, assist the adoptive parent in making application for adoption subsidy financial support. They will also seek approval for adoptive placement from the custodial agency.



e. Information You Should Receive:

An adoption social worker will be assigned to manage the adoption process. The adoptive family should be sure to have the available medical history of the child in foster care and the child in foster care’s birth parents before adoption (you should have received this when the child was placed into your home). The history must include psychological information and medical information about conditions or diseases believed to be hereditary; drugs or medication taken during pregnancy by the child’s birth mother; immunizations; medications; allergies; diagnostic tests and their results; and any follow-up treatment given or still needed by the child, if known by the LCPA. Even if you believe you know the child’s history, and in an effort to

provide full disclosure to adoptive parents, the opportunity will be given to read and receive the available information at the time of adoptive placement.

f. Adoptive Placement:

When all the pre-adoption requirements have been fulfilled (a termination of parental rights has been granted by the court, the adoption assessment is complete, the child's designation of special needs and subsidy application has been completed, if applicable), an adoption "placement" will be made.

In the case of a foster care provider adoption, the adoptive placement still occurs, even though the child's location does not change. The foster/adopt parent and adoption social worker will sign a placement agreement wherein you agree to take care of the child and meet the child's needs with the intention of adopting. The agency agrees to carry out its duties concerning the welfare of the child until the adoption is finalized in a formal court proceeding. Your foster care case worker will continue to be involved with you and the child in foster care. They will continue to be the primary case worker until the point of the adoption finalization. However, the adoption social worker will meet with you at least monthly until the adoption is finalized to provide adoption specific guidance and support. During the adoptive placement period, you will assume parental care for your adopted child, though you will not have full parental authority until the legal finalization of the adoption. You will agree to have ongoing contact with your adoption social worker, to provide information regarding the child and any changes in your circumstances (such as address change or travel plans), and to take the necessary steps to finalize the adoption in a court of law. Until finalization, the public agency custodian has the authority to sign for releases of information; consent for treatment for medical emergencies, surgeries, and hospitalizations; and for participation in high-risk activities.



Adoption Subsidy

After adoptive placement, foster care providers stop receiving foster care reimbursement. Some children are eligible for adoption assistance/adoption subsidy support. An adoption subsidy is a monthly reimbursement made to assist with the care and support of a child who is considered to have "special needs." The subsidy can also take the form of Medical Assistance as a backup to your private health insurance policy. Additionally, nonrecurring expenses of adoption may be reimbursed on a one-time basis. For purposes of adoption subsidy, a child with special needs is a child legally available for adoptive placement whose custody has been awarded to a public custodian and who is seven years of age or older; under eighteen years of age with a physical, emotional, or mental disability or has been diagnosed by a licensed physician to be at high risk for such a disability; a member of a minority; or a member of a sibling group. Your adoption social worker will submit paperwork to determine whether the child meets the criteria for a child with special needs for the purposes of adoption assistance as the adoption process proceeds. A prospective adoptive parent's income is not considered in determining whether the adoptive parent will be able to receive an adoption subsidy. That is, the amount of money you earn does not affect whether you can receive an adoption subsidy.

a. Adoption Subsidy Agreement:

To be able to receive an adoption subsidy, a prospective adoptive parent must enter into an adoption subsidy agreement with the Department *before the child is adopted*. The amount of the subsidy will be negotiated based on the child’s needs. Your adoption social worker will refer you to the office for this purpose if the child has been determined to be a “child with special needs” and qualifies for adoption assistance.

b. Subsidy Rates:

Adoption subsidy rates are negotiated by the ND Department of Health and Human Services Foster Care and Subsidized Adoption Eligibility Unit. The family may negotiate a rate that is no more than the rate the child receives in foster care reimbursement. The negotiated rate must be based on the child’s needs and situation at the time of application. Higher rates may be time limited and renegotiated periodically. A ND adoption subsidy will be reviewed at least every two years.

c. Medical Assistance Subsidy:

Children who qualify for adoption assistance also qualify to receive Medical Assistance as a back up to the adopting families’ private health insurance. Adoptive families who have a private family health insurance policy are expected to add the adopted child to that policy at the time of adoptive placement.

d. Reimbursement of Nonrecurring Adoption Expenses:

If adopting a child who has special needs, the adoptive family is also eligible for reimbursement of nonrecurring adoption expenses up to \$2,000 per child. A nonrecurring adoption expense is a one-time reimbursement that is directly related to and necessary for the adoption of a child in foster care with special needs. Nonrecurring expenses may include attorney fees, costs for medical examinations, adoption assessment and application fees. Be sure to keep all receipts for adoption-related expenses and submit at the time of the negotiation of the adoption subsidy.

e. Adoptive Parents Living Out-of-State:

If adoptive parents are adopting a North Dakota child and live outside of the state or move to another state after adopting a child from foster care in North Dakota, and the child is eligible to receive an adoption subsidy, the subsidy will continue to be paid by the state of North Dakota. In most cases, you may be able to receive Medical Assistance in your new state of residence. You will need to check with the CFS Foster Care and Subsidized Adoption Eligibility Unit when you are negotiating your subsidy, or when you make plans to move to another state.

f. Refusing an Adoption Subsidy:

Prospective adoptive parents may choose to refuse the adoption subsidy even though the child may be eligible for one. The family may also opt to refuse monthly reimbursement, but still receive Medical Assistance and/or payment for nonrecurring expenses of adoption. This may occur for different reasons, such as: there is no perceived need for the subsidy; the child appears healthy physically and emotionally; etc. Prospective adoptive parents should carefully consider the child’s current and future needs when deciding to refuse subsidy. All refusals must be put in writing. If a family initially refuses a monthly subsidy and an agreement is facilitated with

a \$0 monthly amount (monthly deferred), the family may later request a negotiation of a monthly reimbursement if the needs of the child or the circumstances of the family change.

Finalizing the Adoption

An adoption may be finalized legally in North Dakota when the child has lived in the adoptive home for at least six months. This six-month period may include the time the child has been in your home in a foster care placement. To finalize the adoption, you will need to petition the court and ask the judge to issue an order of adoption. Your adoption social worker and an attorney will help you in this process.

When the adoption social worker has completed all other adoption related processes, he/she will prepare a “Report to Court,” a document which summarizes all the adoption planning and preparation that has occurred to that point, including information about the child and the child’s birth parents, the adoptive family and the course of the placement in the adoptive home. You will be asked to provide certain information regarding your family for this report. The agency will recommend that the adoption be legally finalized. This report will be forwarded to the Department of Health and Human Services. Subsequently, the Department will provide information to the attorney of your choice in order that he/she may file a Petition to Adopt with your county court. The adoptive parents’ attorney will provide a copy of Petition to Adopt and Notice of the Hearing to the Department, and the Department will file the required documents with the court prior to the hearing date. These documents include:

- ✓ The report to court of the licensed child placing agency recommending the adoption be finalized,
- ✓ A certified copy of the termination of parental rights order,
- ✓ An original birth certificate or birth verification for the child to be adopted, and
- ✓ The consent of the applicable Zone Director (custodian) to the adoption.

a. Hiring an Attorney:

The adoptive parents will be instructed by the adoption social worker to contact an attorney of your choice when you are moving toward the finalization of the adoption of the child in foster care. It is a good idea to hire a lawyer who is familiar with the adoption process. The adoption worker may be able to recommend an attorney in your area that has worked in this area of law in the past. You are responsible to pay the attorney fees and court costs. Attorney fees may be reimbursed as a nonrecurring expense of adoption.

b. Court Proceedings:

Your attorney will notify you of the day that you and your child will appear in court to finalize your adoption. This will be an exciting day and you will want to memorialize it in some special way. You may want to dress up and take pictures, have a special meal, or party, or have a



“balloon-releasing ceremony” conducted by your adoption social worker to mark this day as a special one in the life of your family. Your adoption social worker will likely attend the hearing with you, and you may be able to invite close friends or relatives. Check with your attorney regarding the protocol of court in this matter. When the hearing takes place, you will be asked questions by your attorney, in front of the Judge, regarding your relationship with the child and the lifelong commitment of adoption. If your child is older, they may be asked questions as well. In conclusion of the hearing, the Judge will sign a Decree or Order of Adoption and you will receive a copy. Congratulations! You have accomplished your goal of providing a permanent family for a child.

c. Final Steps:

After the adoption hearing, your attorney will assist you in having your child’s birth certificate amended and getting you a copy of the new birth certificate. You will also receive a copy of the Decree of Adoption. You should take these documents to your Social Security Office so that you can get a copy of your child’s social security card with his/her new name or so that you can apply for a new social security number in your child’s new name. If you are receiving an adoption subsidy, you should send copies of your child’s Adoption Decree, new birth certificate and new social security card to the CFS Foster Care and Subsidized Adoption Eligibility Unit.

ND Post Adopt Services

The ND Post Adopt Network is a program through Adults Adopting Special Kids (AASK) that gives priority and focused attention to the needs of adoptive and guardianship families. They will answer questions, advocate, provide support, and connect families with a network of people who understand the unique circumstances and needs of families who are parenting a child through adoption. Families who have finalized their adoption from foster care or are providing guardianship for a child from foster care are invited to join this dynamic network of families who are experiencing life after adoption by visiting their website at www.ndpostadopt.org, Facebook at *ndpostadopt* or by calling 844-454-1139.



HHS APPENDIX SECTION

APPENDIX

Licensing Forms Required

<http://www.nd.gov/eforms/>

ND licensing forms are fillable and savable. A description of each form and when it should be used is detailed below.

- [SFN 327](#) “Family Foster Care Claim of Property Damage” is to be completed by the care provider and submitted by the authorized agent or supervising agency within 90 days of the discovery of the property damage. If approved, payment will be made to the party experiencing the damage.
- [SFN 433](#) “Child Abuse and Neglect Background Inquiry” this form shall be completed by care provider(s) and other adults in the home, each year during the renewal licensing period granting the CFS Licensing Unit permission to check the index.
- [SFN 844](#) “Identified Relative License – Family Foster Homes” is to be completed and signed by prospective foster care provider(s) and reviewed by the licensing specialist if the family requires a relative waiver to provide foster care.
- [SFN 850](#) “Initial Licensing Specialist Checklist for Family Foster Homes” is to be completed and signed by the licensing specialist completing the home study and working with the prospective care provider
- [SFN 851](#) “Annual Licensing Specialist Checklist for Family Foster Homes” is to be completed and signed by the licensing specialist completing the home study and working with the care provider during renewal licensing period.
- [SFN 863](#) “Licensing Change Checklist-Family Foster Homes” is to be completed when a licensing change occurs in a foster home, this checklist must be completed and signed by the licensing specialist and submitted to the CFS Licensing Unit.
- [SFN 889](#) “Initial Home Study Foster Care For Children” is completed by the licensing specialist thoroughly detailing all information collected while assessing the applicants and household members.
- [SFN 890](#) “Affidavit of Compliance in lieu of License for Foster Care For Children” must be signed each year by the Tribal Nation licensing the foster care provider on or near the Indian reservation. This is a statement in writing by a representative of the Tribal Nation stating that a specific home does meet federal and state requirements to provide foster care to children.
- [SFN 893](#) “Application to Provide Family Foster Care For Children” is completed by prospective foster care provider(s). The initial application must be received by the CFS Licensing Unit or an authorized licensing agent in order for the licensing process to begin.
- [SFN 902](#) “Foster Care Licensing Reference Check” the prospective foster care providers MAY be asked provide three names of reference for the authorized licensing agent to discuss the applicant's interest, willingness, and abilities to provide foster care to children in their home. This form is only required if requested by the licensing specialist.
- [SFN 903](#) “Foster Care Provider Reimbursement Request” To be filled out by foster care providers requesting reimbursement for irregular payments.
- [SFN 920](#) “Foster Care – Child Care Invoice” to be filled out by the childcare provider and foster care provider when the foster care provider is requesting reimbursement for child care expenses. Childcare must be provided by a licensed child care provider.

- [SFN 974](#) “Physical Exam Verification” the prospective foster care provider(s) shall submit the results of an initial physical examination dated within 12 months of the date of initial application. All foster care providers licensed prior to October 1, 2019, are grandfathered in.
- [SFN 1037](#) “Licensing Packet” is to be completed by the foster care provider inclusive of a checklist of items to be gathered (drivers licenses, fire extinguisher receipts, etc.). In addition, the foster care provider will complete a family evacuation plan, emergency contacts, fire safety checklist, acknowledgement of placement preferences, and financial assessment.
- [SFN 1038](#) “Foster Care Provider Policy and Standards Review” is to be reviewed by the licensing specialists with the foster care providers initially and annually thereafter in efforts to ensure understanding of high-level topics that impact licensing of foster care providers educate and clarify any law, rule or policy topics.
- [SFN 1040](#) “Reasonable and Prudent Parenting Consent” to be discussed and filled out at the initial child and family team meeting for each placement giving foster care providers permission for certain activities.
- [SFN 1059](#) “Authorization to Disclose Information” is to be used when a licensing specialist is requesting information from any household member and the authorization, in written form for selected information to be disclosed under this authorization in any form.
- [SFN 1941](#) “Licensing Home Study Renewal - Foster Care For Children” is completed by the licensing specialist. The form will detail relevant information since the date of the last licensure study.
- [SFN 1974](#) “Request for Electronic Communication of Non-Protected Health Information (non-PHI) by Unencrypted (Unsecure) Means” is required for CFS Licensing Unit licensing specialists requesting permission from an applicant/ foster care provider to communicate with alternative means of communication (texting, emails). The form remains valid for the duration of licensing; expiration will occur when/if the license were to close or be requested to discontinue.

Additional Forms Needed for the Child in Foster Care

- Clothing Inventory - created by foster care case worker
- Monthly Independent Living Services (NYTD) Tracking Form

Additional Forms Needed for Reimbursement

- Child Care bill or invoice [SFN 920](#) from the licensed childcare provider
- Excess maintenance forms will be provided to you by the agency for signature

PRIDE Pre-Service Competencies for Foster Care Providers and Adoptive Parents

Remember, you are always able to go back to the online PRIDE modules to reference the material. If you don't have your log-in information anymore, contact your licensing specialist and they can get you in contact with the training center to obtain the information.

Protecting and Nurturing Children

- Can demonstrate compassion, love, support and caring for someone or something.
- Can maintain a home environment that promotes a sense of safety and well-being.
- Understands adapting supervision needs of children based on their development.
- Understands risk factors which contribute to neglect, emotional maltreatment, physical and sexual abuse.
- Has the willingness and ability to adjust routine and lifestyle to meet the child's needs.
- Has the willingness to accept support and input from others.
- Understands the importance of creating a supportive and accepting family environment
- Can demonstrate compassion, love, support and caring for someone or something.
- Can maintain a home environment that promotes a sense of safety and well-being.
- Understands adapting supervision needs of children based on their development.
- Understands risk factors which contribute to neglect, emotional maltreatment, physical and sexual abuse.
- Has the willingness and ability to adjust routine and lifestyle to meet the child's needs.
- Has the willingness to accept support and input from others.

Meeting Children's Developmental Needs and Addressing Their Developmental Delays

- Understands the stages of normal human growth and development
- Understands the impact of multiple placements on a child's development
- Understands how physical abuse, sexual abuse, neglect, and emotional maltreatment affect child growth and development
- Can recognize developmental delays and respond appropriately
- Understands loss, how to respond to loss, and the factors that influence the experience of separation and loss
- Understands the relationship between meeting needs and managing behavior.
Has ability to provide consistent guidance and support for children to develop basic life skills needed for adulthood.

Supporting Relationships Between Children and Their Families

- Understands the importance of respecting children's connections to their family (parents, relatives, siblings)
- Supports and is willing to assist with regular visits and contact to strengthen relationships between children and their family
- Understands the importance of preparing a child for visits with their family and how to help them manage their feelings and behaviors in response to family visitation and contact.

- Understands the importance of promoting a child’s positive sense of identity, history, culture, and values to help develop self-esteem

Connecting Children to Safe, Nurturing Relationships Intended to Last a Lifetime

- Understands what relationships are important in the life of a child.
- Has willingness to maintain important relationships to ensure permanent connections as children in foster care are at risk for not having lifelong relationships.
- Understands that reunification is the ultimate goal, but one of the other 4 permanency options (relative, guardianship, adoption, APPLA) may be required to achieve permanency for a child.
- Understands the importance of assisting with placement transitions for the child (reunification, relative home, etc.)
- Understands if a child is free for adoption, they may be considered an adoption option after all relative options have been exhausted.
Understands the implications for their own family in making a temporary or lifetime commitment to a child.

Working as a Member of a Professional Team

- Understands roles and responsibilities of the child welfare custodial agency, service provider, courts, education system, health care, state and federal mandates and overall ND Safety Framework Practice model.
- Understands purpose of planning to meet the child’s needs.
- Understands the importance of being non-judgmental when caring for children, working with their families, and collaborating with other members of the team.
- Understands and can actively maintain the confidentiality of children in foster care.
- Recognizes and can demonstrate positive advocacy for children and their families.
- Has the ability to work through differences of opinions and/or conflicts with other team members.



Who to contact regarding a child in foster care?

Throughout the life of a foster care case, caregivers (parents, relatives, and foster care providers) are connected to many professionals, family members, and other child welfare personnel. It is important to know who to contact and when with questions or concerns. The purpose of this contact list is for a foster care provider or caregiver to add pertinent contact information in efforts to communicate directly with an agency representative.

Child's Name:			
Custodial Agency:			
Contact Name	Role	Phone	Email
	Custodial Agency (Front desk and/or emergency)		
	Child's Assigned Case Worker		
	Case Worker's Supervisor		
	Custodial Agency Director		
	Court Guardian ad Litem		
	Child's Parent/s		
	Child's Medical Doctor/Pediatrician/Dentist/The rapist		
	Child's Medical Doctor/Pediatrician/Dentist/The rapist		
	Child's School Teacher		
	Child's Child care Provider		
	Foster Care Licensing Specialist		

If you have questions or concerns about a child in foster care, case planning or other, please contact the child's custodial case worker to request initial assistance.

Important Judicial Actions:

Multi-Ethnic Placement Act

The Multi-Ethnic Placement Act (MEPA) prohibits discrimination based on race, color, or national origin in foster care or adoptive parent licensing and child placement. §471(a)(18) of the Social Security Act indicates neither the State nor any entity that receives Federal funds may: deny any person the opportunity to become an adoptive parent or foster care provider on the basis of the race, color, or national origin of the person or child involved; delay or deny the placement of a child for adoption or into foster care on the basis of the race, color, or national origin of the foster or adoptive parent or child involved.

Adoption and Safe Families Act

ASFA was signed into law by President Bill Clinton on November 19, 1997. The new law, which amends the 1980 Child Welfare Act (P.L. 96-272), clarifies that the health and safety of children served by child welfare agencies must be their paramount concern and aims to move children in foster care more quickly into permanent homes. Law provisions include, but are not limited to shortening the time-frame for a child's first permanency hearing, offering states financial incentives for increasing the number of adoptions, setting new requirements for states to petition for termination of parental rights, while reauthorizing the Family Preservation and Support Program.

Fostering Connections to Success and Increasing Adoptions Act

The Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893) (FCA) was signed into law on October 7, 2008, as Public Law 110-351. FCA amended parts B and E of Title IV of the Social Security Act to connect and support relative caregivers, improve outcomes for children in foster care, provide for Tribal foster care and adoption access, improve incentives for adoption, and more.

Preventing Sex Trafficking and Strengthening Families Act

Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183/H.R. 4980). The law signed by President Obama on September 29, 2014, took important steps forward in protecting and preventing children in foster care from becoming victims of sex trafficking and made many important changes to the child welfare system that will help improve outcomes for children in foster care (case planning, normalcy, liability coverage for foster care providers, youth rights, youth voice, etc.).

Family First Prevention Services Act

The Family First Prevention Services Act (H.R. 5456) was signed into law as part of the Bipartisan Budget Act on February 9, 2018, as Public Law 115-123. Family First amended Title IV-E and Title IV-B of the Social Security Act to child welfare programs and policy. This historic reform aims to change child welfare systems across the country by providing services to families who are at risk of entering foster care. Some of the highlights include access to prevent children from entering foster care through new optional prevention services, restrict placement options for children to limit use of congregate care settings, improve the electronic interstate processing system, establish model licensing standards for family foster homes, recruit and retain high-quality foster care providers, extend the Chafee program eligibility, reauthorize the Adoption Incentives program, and allow room and board reimbursement for children in care placed with their parent in family-based substance use residential treatment.

Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) is a federal law passed in 1978 in response to the high number of Indian children removed from their homes; the law was revised in 2016. The intent of ICWA is to protect the best interests of Indian children and to promote the stability and security of Indian Tribes and families (25 U.S.C. § 1902). ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized Tribal Nation.



ICWA ensures that Indian children are placed in foster or adoptive homes that support and reflect Indian culture, thereby promoting the stability and security of Indian tribes and culture as well as protecting the best interests of Indian children and families.

Only Indian children from a federally recognized Tribe fall under the provisions of the ICWA. However, one must remember that ICWA applies to children who are members or eligible for membership to a federally recognized Tribe and the Tribes determine the criteria that must be met. A foster care case worker who files a petition for the removal or termination of parental rights to an Indian child must notify the Tribe, if known, and the parent/guardian that a petition alleging abuse/neglect has been filed in state court. Notices must be sent registered mail, return receipt requested, and received at least ten days prior to any court proceeding.

If you have a child of Indian heritage in your home, there are several important issues to be aware of. First, the legal standards for removal of an Indian child from his or her parent are much higher than are the standards applied to non-Indian children. Second, “active efforts,” not just reasonable efforts, must be documented and proven to have failed in providing the services and rehabilitative programs designed to prevent the break-up of the Indian family. Third, a qualified expert witness must provide testimony or information specific to the issues concerning whether continued custody is likely to result in serious emotional or physical damage to the child. Fourth, a very important consideration is that if **any provision of the ICWA was not followed, any decision made by the court, including an order terminating parental rights or an order granting an adoption, may be challenged and invalidated.**

As a foster care provider of an Indian child, it is very important that you support and encourage the child’s cultural identity. It is important to expose the child to aspects of Indian culture. However, the extent of exposure and involvement should be consistent with the child’s needs and parent’s wishes. This can be done by reading storybooks from the library, attending powwows, or visiting cultural centers.

NORTH DAKOTA LAW & RULE

- 1. CHAPTER 50-11**
FOSTER CARE HOMES FOR CHILDREN AND ADULTS
- 2. CHAPTER 75-03-14**
FAMILY FOSTER HOME FOR CHILDREN



ACRONYMS

AASK:	Adults Adopting Special Kids (www.aasknd.org)
APPLA:	Another Planned Permanent Living Arrangement
ASFA:	Adoption and Safe Families Act
CA/N:	Child Abuse and Neglect
CAC:	Child Advocacy Center
CCWIPS:	Comprehensive Child Welfare Information and Payment System
CFS:	Children and Family Services (www.nd.gov/dhs/services/childfamily)
CFSTC:	Children and Family Services Training Center (http://und.edu/centers/children-and-family-services-training-center/)
CFTM:	Child and Family Team Meeting
CPS:	Child Protective Services
CWLA:	Child Welfare League of America (www.cwla.org)
DD:	Developmentally Disabled
DJS:	Division of Juvenile Services (http://www.nd.gov/docr/juvenile/Community%20Services/offices/index.html)
DV:	Domestic Violence
ETV:	Education and Training Voucher
GAL:	Guardian ad Litem
HHS:	Department of Health and Human Services
HIPAA:	Health Insurance Portability and Accountability Act
HSC:	Human Service Center (www.nd.gov/dhs/locations/regionalhsc)
HSZ:	Human Service Zone
ICAMA:	Interstate Compact on Adoption and Medical Assistance

ICJ:	Interstate Compact on Juveniles
ICPC:	Interstate Compact on the Placement of Children
ICWA:	Indian Child Welfare Act
IDA:	Individual Development Account
IEP:	Individualized Education Program
IL:	Independent Living (North Dakota Youth: www.nd.gov/ndyouth)
LCPA:	Licensed Child Placing Agency
MA:	Medical Assistance
MEPA:	Multi-Ethnic Placement Act
MH:	Mental Health
NATI:	Native American Training Institute (http://nativeinstitute.org/)
NDAC:	North Dakota Administrative Code (http://www.legis.nd.gov/agency-rules/north-dakota-administrative-code)
NDCC:	North Dakota Century Code (http://www.legis.nd.gov/general-information/north-dakota-century-code)
PRIDE:	Parent Resource for Information, Development and Education
PRTF:	Psychiatric Residential Child Care Facility
ROI:	Release of Information
SIL:	Supervised Independent Living
TFC:	Treatment Foster Care
TPR:	Termination of Parental Rights
TSS:	Tribal Social Services
QRTP:	Qualified Residential Treatment Program