

National Survey of Foster Home Policies and Regulations

April 14 , 2017



Acknowledgements

This report was funded by, and prepared for, the Annie E. Casey Foundation. The report was created by staff at the University of Maryland, School of Social Work's Ruth H. Young Center for Families & Children (RYC). The authors of this report are Ms. Anusha Chatterjee and Dr. Merav Jedwab, supported by Dr. Terry Shaw.

We thank all of the child welfare administrators who participated in the online survey.

Table of Contents

Introduction.....	5
Methods.....	6
Results	7
Foster Parent Handbooks	8
Liability Insurance for Foster Parents.....	11
<i>Table 1: Information on liability insurance coverage obtained from literature search.....</i>	<i>12</i>
<i>Table 2: Survey responses on liability insurance advice</i>	<i>13</i>
Homeowner or Renter Insurance	16
<i>Table 3. Advice on homeowner's or renter insurance</i>	<i>17</i>
Auto Insurance and Driving License	18
<i>Figure 1: Survey results on driver's license approval.....</i>	<i>19</i>
<i>Table 4: Survey response on auto-insurance coverage</i>	<i>20</i>
Foster Care Reimbursements	21
<i>Table 5: Survey response on types of reimbursements provided to foster parents.....</i>	<i>22</i>
<i>Table 6: Survey response on types of reimbursements provided to foster parents.....</i>	<i>23</i>
Healthcare and Dental Coverage.....	25
<i>Table 7: Information on health care and dental coverage obtained from literature search</i>	<i>25</i>
<i>Table 8: Survey responses on foster parent responsibilities for healthcare.....</i>	<i>30</i>
Clothing Allowance	32
Transportation	34
Court Hearings.....	36
<i>Figure 2: Survey responses on foster parents' role around court hearings.....</i>	<i>37</i>
Sibling Placement and Visitation.....	39
<i>Table 9: Survey response on recommendations about sibling visitations</i>	<i>40</i>
Training Requirements	42
<i>Table 10: Information on foster parent training obtained from literature search</i>	<i>42</i>
<i>Table 11: Survey responses on training hours</i>	<i>45</i>
Hotline or Point of Contact	46
<i>Table 12: Survey response on hotline for foster parents</i>	<i>47</i>
Education Planning.....	48
<i>Figure 3: Survey response on education planning</i>	<i>49</i>
Respite Care	51
<i>Table 13: Survey responses on respite care allowances</i>	<i>53</i>

<i>Figure 4: Survey responses on respite care arrangement</i>	<i>54</i>
<i>Figure 5: Survey response on information dissemination to foster parents</i>	<i>54</i>
<i>Figure 6: Survey responses on funding for respite care program.....</i>	<i>55</i>
Policy regarding cell phones and computers	58
Placement of Vulnerable Populations	60
<i>Table 13: Survey responses on policies for undocumented immigrants</i>	<i>61</i>
<i>Table 14: Survey responses on policies for sex trafficking survivors.....</i>	<i>62</i>
<i>Table 15: Survey responses on policies for pregnant/parenting foster youth</i>	<i>62</i>
Summary and Discussion and Best Practices	64
Recommendations for Policy and Practice	64
<i>Figure 7: Foster parent bill of rights.....</i>	<i>67</i>
<i>Figure 8: Snapshot of liability insurance fact sheet: Wisconsin</i>	<i>70</i>
References	75
Appendix I: Policy Data Matrix	77
Appendix II: Foster Parent Survey	152
Appendix III: Survey Responses	170

Introduction

On September 30, 2015 there were over 427,000 children placed in state supervised out of home care in the United States (AFCARS report, 2016). These children are placed in a variety of settings while in out of home care, but the majority of them are in family settings (family based foster homes). Seventy-nine percent of the children placed in state supervised out of home care on September 30, 2015 were in home based settings (AFCARS report, 2016). Of these children, 45% were placed in non-relative in foster family homes, 30% were in relative foster family homes, and 4% were identified as being in pre-adoptive placements (AFCARS report, 2016).

Foster parents are the key to a successful foster care system.

A foster parent is the primary caregiver of a traumatized

child that the state has

determined must be

temporarily removed from

their home of origin in order to ensure their safety. These

foster parents must be

prepared to work with the

vulnerable children placed

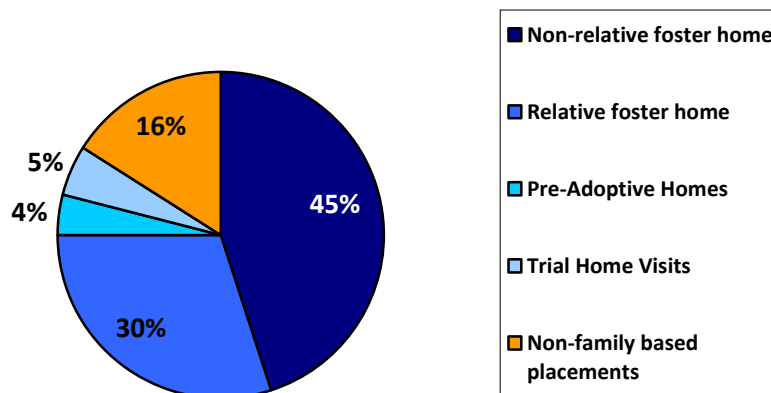
with them to provide a safe,

stable, and welcoming home

while also working with the child welfare caseworker and often times the child's family of origin as well. This balancing act between the competing needs of the child, the system, the birth family, and their own family can be overwhelming. Due to these challenges faced by foster parents it is unsurprising that there is a high turnover rate in foster care, with upward of 60% of foster parents leaving foster care within their first 12 months (Hudson & Levasseur, 2002).

Foster families are asked to do a number of very important tasks and must do so while keeping in mind the safety of the child and navigating the policies and regulations of the foster care system. In their role as primary caregivers foster parents will invariably be in situations that require them to make decisions in regard to the child placed with them, these decisions might relate to medical and mental health issues; educational plan attainment; participation in field trips or educational travel opportunities; travel with the family on vacations or day trips; family visitation (with the parents or with siblings); for older youth, issues around license driving, technology, etc. These decisions that foster parents have to make should be guided by regulations within each state/jurisdiction. How well these regulations are explained and available/transparent to the foster parents remain an open question.

Placement Types for Children in Out of Home Care on September 30, 2015



The purpose of this work is to understand the variety of policies and regulations in place to support family foster homes across the United States and to understand how transparent these policies/regulations are to the foster parents and to the public.

Methods

In an effort to understand the variety of policies and regulations in place to support family foster homes across the United States and to understand how transparent these policies/regulations are to the public we undertook a two pronged steps. The first step consisted of an online search of posted policies and regulations related to foster homes and foster parents across the nation. This information was then used to develop a survey of state/county administrators designed to get a better understanding of some policies and regulations and fill in any policy gaps discovered during the initial search.

Method One: Search online resources and foster parent resource manuals from each state for documented policies and regulations relating to foster family homes.

Staff mined each state's child welfare web page to develop a matrix of policies and regulations available online. The presence of foster parent handbooks, the identification of any foster parent bill of rights, and an exploration of regulations related to foster homes and foster families was completed. The data were collected from February 2nd, 2016 to May 15th, 2016. The matrix of regulations can be seen in Appendix 1.

Method Two: Develop and implement a survey for child welfare administrators across the United States designed to query the type of policies/regulations in place to support family foster home placements.

Based on the results of the online resource search a survey for child welfare administrators was developed. The survey was developed over a 3 month period, which included the use of expert consultants to verify the clarity of the questions being asked and the overall length of the survey. The survey tool and methods were approved by the University of Maryland, Institutional Review Board.

Qualtrics was used to send the survey to the child welfare administrators in every state and a random selection of jurisdictions within states where the child welfare system is county run. The survey was initially open for 5 weeks, but due to a low response rate related to the timing of the survey (in November and December) the survey was extended for an additional 6 weeks. A total of 83 surveys were sent out and 8 reminders were sent to participants. The survey was closed on

February 28th, 2017. Of the original 83 surveys we received 48 responses (58% response rate). Not all respondents answered all of the questions in the survey, so the number of respondents who answered a question have been included in each of the tables used in the report.

Results

Results from the examination of extant policies and regulations and the survey have been interwoven across major topic areas. These sections are designed to provide a concise overview of each of the major topic areas. Each section below discusses one of these areas integrating both what was found in the online records and the responses from the survey. The major areas that are discussed include: the presence and adequacy of a foster parent handbook; insurance for foster parents and youth (including liability, homeowners, and auto insurance); reimbursements (clothing, transportation, health and dental); sibling placements and visitation; foster parent training requirements; hotline and/or point of contact for the foster parent; foster child education planning; respite care; policies around technology for foster youth; and regulations/guidelines around the placement of special populations (LGBTQI, immigrant children, children who were victims of sex trafficking, and pregnant/parenting foster youth).

Foster Parent Handbooks

Foster parent handbooks were readily apparent and accessible in most states although the material included in the handbook and the frequency the handbook was updated differed drastically. These handbooks provide an opportunity for foster parents to have a point source of information on the rules and regulations that guide their work with foster children and the child welfare system in general. These handbooks provide, when updated regularly, a good source of pertinent information to help foster parents successfully foster children and youth, including regulations, requirements, contact information for emergencies and frequently asked questions.

What the Online Search Says

The majority of states (38) have handbooks or manuals that provide information on foster care policies and guidelines to resource parents that are readily accessible online. For many of these states, the handbooks are issued by the concerned department of the state. For some of the states (in particular states that are county administered) respective jurisdictions/counties may be responsible for issuing foster parent handbooks. For example, for some states like California, Minnesota, Nevada, Pennsylvania, and Virginia, handbooks differ across some jurisdictions or counties. For some states such as Florida, Ohio, Oklahoma, and West Virginia, handbooks may be issued by child welfare agencies that are responsible for placement of foster children. In addition to the handbooks and manuals, states may have brochures, and other sources of information providing details related to the legal/judicial system, with forms and checklists that are made available on their website.

What the Survey Says

Seventy percent of respondents stated that they have a foster parent handbook in their state/jurisdiction (34 respondents answered the question on whether their jurisdiction had a foster parent handbook, with 24 (72%) responding in the affirmative to the presence of a handbook). These handbooks were distributed in varying ways, with 75% (n=15) of respondents stating that the state was responsible for issuing the foster parent handbook while another 20% (n=4) stated that individual agencies were responsible for issuing these handbooks. In some jurisdictions, the foster parent handbook is only available online and a hard copy is provided only when directly requested by foster parents or when foster parents have difficulty accessing the digital copy (n=3). Other jurisdictions make it available online on their website in addition to providing physical copies to the foster parents (n=3). Two respondents stated that handbooks may be provided to any interested prospective foster parents as well as licensed foster parents, while 5 respondents stated that they are provided during initial and in-service training programs or upon completion.

When queried about when the foster parent handbooks were last updated only 15 respondents provided information, of those 66% (n=10) stated that the handbooks were last updated in the past two years (2015 or 2016).

Summary

A foster parent handbook that is available both in hard copy (print) and online is one of the primary ways of providing information to foster parents and the public about the rules and regulations governing foster parents' work with foster children and with the child welfare system. The more comprehensive foster parent handbooks include a foster parents bill of rights (for e.g. Kentucky, Louisiana, New York), a list of expectations foster families can have from their state partners (for e.g. Washington DC), and information that is important for the foster parent to be able to do their job (state regulations, hotline numbers and clearly outlined emergency protocols, respite policy, etc.). Every state should have a foster parent handbook that is regularly updated with the latest information as well distributed widely during training and through the official websites of the department or agency. In states with county administered child welfare systems these handbooks can be adjusted to reflect different practices across each jurisdiction but the main components should be statewide as the laws that govern the interaction between the child welfare system and foster parents are generally at the state level.

The foster parent handbook should contain, at a minimum, the basic information that every foster parent needs to successfully work with the child welfare system and to parent a foster child, including regulations, their responsibilities as foster parents, and ways to connect with the child welfare system or other personnel when needed. A prime example of a foster parent handbook can be seen in the one Resource Parent Handbook that was recently updated by the Maryland Department of Human Resources (Maryland Department of Human Resources, 2016). This handbook has sections that consist of:

- An overview of what it means to be a foster parent – including responsibilities, training requirements and reimbursement rates (including reimbursements for incidentals).
- A description of the initial process of having a child placed in a home – this includes a discussion of the reasons children and youth come into care, the matching process, and how to prepare for a welcome a child into a foster home.
- How to contact staff and other resources in case of emergency – providing phone numbers for resources and places for the foster parent to document important numbers such as the case worker, other resource parents, and emergency numbers. This section also contains forms that are useful in overseeing the care for a foster child.
- Working with the child welfare system as a foster home and as part of a team to meet the needs of the foster child – this includes issues around confidentiality, culture, safety, insurance, and emergency preparedness and offers specific regulatory guidelines for the

foster parent. These sections also discuss how the foster parent can work with the child welfare system to be an advocate for the foster child.

- Sections specific to medication and education – discussing the basic regulatory requirements and the roles that a foster parent has in ensuring that the foster child’s educational and medical well-being is addressed.
- An overview of daily life with foster youth – this section includes discussion of integrating the foster youth into the home including discussions of chores, transportation, taking foster youth on trips, and issues around consent.
- Finally there are sections on foster parent concerns and supports – these sections discuss the process of having a foster child leave the home, issues around support for needs, the ombudsman office and other supports (taxes, recruitment, etc.).

Other foster parent handbooks also include additional sections that highlight the importance of working with the foster child and their families. A good example of this is the foster parent handbook from San Diego County, California has a section called “The foster child and His/Her Family” which covers topics related to how the child is likely to feel after being separated from their family, the presentation of the rights of a foster child, and the expectations that the agency has for the relationship between the foster parents and the biological parents (San Diego County, 2012). Additionally, some offer Frequently Asked Questions sections as a mean of providing an introduction to why families become involved with the child welfare system and how to interact with the system a good example of this is the Philadelphia Department of Human Services handbook (Philadelphia Department of Human Services, nd).

Another good example of information that can be provided online to foster parents is a statement of the responsibility of the child welfare agency toward the foster parents, for instance in the case of Washington DC. This is a very succinct series of statements regarding what the foster parents can expect from the child welfare agency that should be added to all handbooks. The statement included that the agency is responsible for: treating foster parents with respect, valuing their input, recognizing foster parents participation in the planning process, along with issues related to the timely payment of maintenance payments and reimbursements (Washington DC, 2017).

Liability Insurance for Foster Parents

Liability insurance may be provided to foster parents to protect them from liability for damage caused by the child(ren) in their care (as long as the child was being properly supervised and the foster parent was adhering to the rules and regulations required of them) as well as against lawsuits brought by the biological parents, the child, or others. Foster parents without liability insurance may be vulnerable to damage or loss of property caused by the acts (or omissions) of the foster child in their care. Additionally, foster parents could potentially face lawsuits from birth parents should the foster child injure themselves while in their care. The foster parent handbooks, policies and regulations, as well as the websites of each state were reviewed for information available on whether liability insurance coverage is offered by the state as well as then extent and nature of the coverage.

What the Online search Says

States have varying policies on their requirements, definition, and coverage of liability insurance for foster parents. Twenty-five states have documented policies on liability insurance that provide some level of state-funded liability insurance coverage or reimbursement for resource parents. These states are Alabama, Alaska, Arizona, California, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Louisiana, Maryland, Massachusetts, Montana, New Hampshire, New Jersey, New York, Oklahoma, Oregon, South Carolina, Utah, Vermont, Washington, and Wisconsin. These states mention the liability insurance coverage policy in their foster care policy and/or resource parent handbook while some states have dedicated brochures on their liability insurance programs (for e.g. Wisconsin). Among these states, some (Illinois, Indiana, North Dakota, Washington, and Wisconsin) provide secondary coverage only; resource parents are reimbursed for any damages or injury after denial or partial coverage through any other valid personal insurance. Some states like California, New York, and South Carolina have clearly stated in their policies and/or handbooks that resource parents are generally not liable for damages caused by foster children (unless there is improper supervision) and should not pay for damages.

For states that provide some level of liability insurance coverage, the total coverage per family per year, coverage per incident, and deductibles per incident vary widely. Table 1 below provides an overview of the most recent figures available for the states that have some information pertaining to these categories in policies, handbooks, or brochures. Most of the other states have very little information available on the amount of coverage provided. The types of claims honored by state-funded liability coverage vary as well. Most states reimburse damages and losses to property or bodily injury inflicted by a foster child on member(s) of the foster family either through malicious intent or gross negligence (despite adequate supervision by the resource family where applicable). Other states, in addition to damage/loss and injury, also provide various other types of coverage to resource parents. These include coverage for

Table 1: Information on liability insurance coverage obtained from literature search

State	Total coverage Limit per family per year	Coverage limit by incident	Deductibles
Alaska	\$6000 (intended to cover deductible in case of fire or other major damage)	Damages or losses exceeding \$150 for single event or \$200 cumulative each month	Not applicable
California (Fresno County)	\$300,000 per licensed home in a single calendar year	Not available	Not available
Florida	Claims limited to \$1000 for damages	Not available	Not available
Georgia	Not available	Loss of property in excess of \$100 to a maximum of \$1000	\$100 per occurrence for real or personal property (effective July 1, 2003)
Illinois	Damage to property of foster family- \$5000 Damage to property of others - \$5000 Bodily injury to foster family members or others - \$5000	Not available	Not available
Iowa	Up to \$300,000	Not available	Not available
Oklahoma	Not available	Not available	\$250.00
South Carolina	Liability insurance - \$5,000 for lawsuits or property damage DSS self-insurance: \$500	Minimum \$50 damage to file claim	Liability insurance: \$250.00 DSS self-insurance: \$50. The DSS self-insurance pays the \$250 deductible of the private insurer's liability coverage.
Utah	State Division of Risk Management may be responsible for cost of resource parent's defense and any judgment up to \$250,000	Up to \$1000 for damages to property	Deductible for first occurrence (amount not specified). Any additional claims will have reduced deductible
Washington	Up to \$25,000	\$5,000 for property damages and losses \$1,000 for all personal bodily injuries	Not available
West Virginia	Not available	Not available	\$2,000 for each loss. Foster parents are responsible for the first \$300 of the loss
Wisconsin	For each quarter, if the total claims exceed the state budget of \$15,000, plus applicable federal funds, the reimbursement will be prorated. If any funds are left at the end of the state fiscal year, these funds will be prorated to foster parents not receiving full reimbursement.	Not available	The department deducts \$100 for all claims submitted within the same state fiscal year. If the private insurer pays part of the claim and charges a deductible, \$100 will be subtracted from that deductible

“incidental malpractice” for failure to provide necessary medical care, therapy, proper diet or other medical needs of the foster child (for e.g. Georgia), attorney fees for defense of civil claims (such as lawsuits) filed against a foster family arising from foster care relationships (for e.g. Georgia, Iowa, Massachusetts, South Carolina, and Wisconsin).

Some states require or recommend foster parents to carry their own liability insurance and specify that the state/county/agency does not provide any liability coverage. These states include Arkansas, Kansas, Nevada, Ohio (specific to Clinton County, see Clinton County handbook. Ohio administrative code states foster caregivers are immune for liability in civil action cases), Tennessee, and Texas. For other states (Rhode Island, South Dakota, Virginia, and West Virginia) that require foster parents to carry liability insurance, additional funds are not available as the monthly foster care maintenance payment are expected to cover the costs of any liability insurance purchased by them.

What the Survey Says

We asked participants what advice is given to foster parents on liability insurance. 25 survey participants responded to this question. Their responses are in the table below.

Table 2: Survey responses on liability insurance advice

Advice given to foster parents on liability insurance (n=25)	Responses (%)
There is no recommendation made regarding liability insurance.	40%
Foster parents are recommended to have liability insurance.	28%
Foster parents are required to have liability insurance.	4%
Any other. Please specify:	28%
<i>Automotive or driver liability insurance required only</i>	8%
<i>Depends on level of foster care (levels above traditional foster care required/encouraged liability insurance)</i>	8%
<i>The jurisdiction purchases liability insurance for licensed foster parents</i>	4%
<i>The state will be purchasing liability insurance coverage for all foster parents</i>	4%
<i>Indemnity plan is offered by agency but not required</i>	4%

The participants who responded to the previous question were subsequently asked how liability insurance is offered or reimbursed by their jurisdiction. Majority of the respondents (54.17%, n=13) indicated that foster parents are personally responsible for purchasing liability insurance. Monthly foster care reimbursements may also be expected to cover any liability insurance fees in the case of 20.83% (n=5) respondents. Some jurisdictions (n=5) offer partial liability insurance if

available when requested. Only 1 respondent indicated that the liability insurance coverage is offered in addition to monthly reimbursement.

Respondents who stated that some level of liability insurance coverage is provided to foster parents, either partial or in addition to monthly reimbursement (n= 6) were additionally what was included in the liability insurance coverage provided by their jurisdiction. Of the respondents who answered the question, majority stated that it covered damage to personal property caused by foster child (60%, n=3). Bodily injury to foster parents, personal injury claims, allegations of negligence, allegations made against foster parents by biological parents were also covered only by one other jurisdiction among the respondents.

In an open-ended question we asked respondents how information on liability insurance is provided to foster parents. 14 respondents answered the question. Of the respondents, four indicated that the information was included in the foster parent handbook provided to foster parents. Two respondents indicated that basic information was available in the state's foster care licensing standards or administrative rules. Four respondents indicated that either this information was not provided at all (n=2) or that there was no formal or uniform process in place to disseminate this information (n=2). Others indicated that the information was provided through different avenues, such as during the application, the initial certification and/or subsequent re-certification (n=2), during training (n=3) or through annual letters and policy information mailed out to foster parents (n=2). Also, community based agencies may be responsible for providing this information and this may look different across agencies (n=2).

Summary

Having some form of liability and property insurance is an important protective factor in the recruitment and retention of foster parents. Foster parents often have a very challenging task in raising a foster child that leaves them vulnerable to lawsuits as well as property damage and loss. It is important to have some form of basic coverage for foster parents that protect them against loss or damage due to acts (or omissions) of foster children as well as lawsuits filed by biological parents. A 2014 report regarding foster parent liability insurance by the National Association of Insurance Commissioners examined the extent to which liability insurance was offered across the country. The results suggest that there are five overall models of the provision of liability insurance (Anderson & Marlett, 2014):

- The state purchases liability insurance that either fully covers these claims or acts as a supplement to the foster parents own insurance (for e.g. Alaska, Arizona, Arkansas, California, Colorado, Georgia, Hawaii, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Montana, Nebraska,

New Hampshire, New Jersey, North Dakota, Oregon, Pennsylvania, South Carolina, Tennessee, Washington, West Virginia, Wisconsin)

- The state maintains a trust fund that can be used to provide funds to cover these claims on an individualized basis (Alabama, Alaska, Maine, New York);
- The state enacts a statute to hold foster parents immune from liability when they are acting as good stewards of the youth in their care (Alabama, Alaska, Arkansas, Colorado, Georgia, South Dakota, Virginia);
- The state considers (or treats) foster parents as public employees and they are therefore covered under existing state employee protections (Arkansas, Georgia, Massachusetts, North Carolina, Oregon); and
- The state does not provide additional liability coverage (Connecticut, Delaware, Florida, Idaho, Kansas, Missouri, Nevada, New Mexico, Ohio, Oklahoma¹, Rhode Island, Texas, Utah, Vermont, Washington DC, Wyoming)

It is also important to disseminate information on liability insurance – the extent of its coverage and procedures on how to claim insurance. Targeted and user-friendly brochures on liability insurance (for e.g. see Wisconsin brochure on liability insurance – a graphic of this brochure is at Fig. 8) can be a great way to disseminate this information. Including information on liability insurance in the foster parent handbooks, with details on coverage limits, deductibles, the claim process etc. will help make this information accessible to foster parents and act as a ready reference in case they need guidance on claiming some form of liability.

¹ Oklahoma has foster parent liability insurance including some limited property damage riders available through a private insurer available through the state (Anderson & Marlett, 2014).

Homeowner or Renter Insurance

Different jurisdictions have guidelines on whether foster parents require homeowner's insurance or renter's insurance for their house where foster children are present. It is important for foster parents to have homeowner's insurance in case of any damage to their homes caused directly or indirectly by foster children, especially in such cases where this damage may not be covered by liability insurance. Having foster children may change the coverage under existing homeowner's or renters insurance and providing information (and financial support when possible) to foster parents on this aspect is very important.

What the Online Search Says

In a majority of states the child welfare agency recommends that foster parents check with their insurance company to determine whether foster children are covered or can be covered under their present homeowner's policy. States have language in their on line recruitment, licensing, and handbook material that suggests that foster parents examine their policies, including statements such as: "Foster parents are responsible for obtaining their own liability insurance"; "Some homeowners [policies] may have endorsements to protect foster parents"; and "Check with your insurance carrier." (Anderson & Marlett, 2014, p10). Any changes in the premium or additional fees are the responsibility of the foster parents (Alabama, Hawaii, Kansas, Louisiana, New Hampshire, Ohio, and Wisconsin). South Dakota states that homeowner's insurance is "covered under monthly reimbursement," suggesting that this has been included in the calculation of the monthly maintenance fee for foster parents. Some states have a policy regarding home property damage caused by act or omission of a foster child which is similar to the liability insurance discussion earlier. In Tennessee, Vermont, and Washington foster parents may be eligible for reimbursement of damages caused by a foster child but no limits are specified. In North Dakota, the child welfare agency provides coverage of up to a \$100 deductible per claim, \$5,000 maximum payout per claim, and \$10,000 maximum payout per year/per claimant. In Kentucky, all claims of \$1000 and above must be submitted to the homeowner's insurance of the foster parent(s) prior to filing a claim with the state.

What the Survey Says

The participants were asked about the policy regarding homeowner's or renter's insurance. The participants were asked if foster parents *are required* to have homeowner's or renter's insurance. Twenty-three respondents answered the question and in only five jurisdictions (21.7%) were the foster parents required to have insurance. In addition the participants were asked if the foster parents *were recommended* to have homeowner's or renter's insurance. Sixteen respondents answered the question and in 8 jurisdictions (50%) foster parents were recommended to have homeowner's or renter's insurance. In total, only about 1/3 of states responding to the survey suggested that homeowners insurance was either required or recommended for foster parents.

Table 3. Advice on homeowner's or renter insurance

Homeowner's insurance	Yes	No	Total
Required n=23	21.74%	78.26%	100%
Recommended n=16	50%	50%	100%
Total n=39	33%	66%	100%

Summary

Homeowner's or renter's insurance is important for foster parents who open up their homes to foster children from varying backgrounds. Often, during the process of home inspection and licensing, it is checked whether the prospective foster family has homeowner's or renter insurance coverage. While respondents to the survey did not state that this insurance was required, it is in the best interest of both the foster parents and the jurisdiction to have homeowners/renters insurance to provide assistance in case of incidental or purposeful damage to a foster parent's home. It is important to provide information on homeowner's/renter's insurance to foster parents, especially if certain forms of potential damages or losses are not covered by other forms of liability insurance. In most of the jurisdictions the department requires/recommends the foster parents to have homeowner's or renters insurance, and foster parents have to pay the premium or the fee by themselves. In some jurisdictions, there is a policy regarding home property damage caused by act or omission of a foster child, and the foster parents may be eligible for reimbursement of damages done by a foster child.

Auto Insurance and Driving License

For youth in foster care, obtaining a driver's license is a privilege. It is a part of their personal growth and taking responsibility for their actions leading to independence. The questions below included two parts. The first focused on the process of approval for a foster youth getting a driver's license, and the second focused on the policy on auto-insurance coverage for a foster youth.

What the Online Search Says

In some states the foster parents are allowed to sign for a driver's license (Arkansas, Arizona, Illinois, Oklahoma, and South Dakota), and in some others the foster parent are not allowed to sign for a driver's license (Connecticut, Kentucky). In a few states the issue of consent was addressed prior to a child getting a license. In Georgia, West Virginia, Kansas, California, and Utah, consent is required from birth parents, social worker, or foster parents prior to a child getting a license. In Pennsylvania, Kansas, Kentucky and Florida, permission to obtain driver's permit must be obtained from the biological parent. In South Carolina, Utah, and Wisconsin, the child welfare agency encourages biological parents to sign for the adolescent's driver's license, wherein in Utah the child welfare agency policy is that "caseworkers shall not ask foster parents to sign for a driver's license".

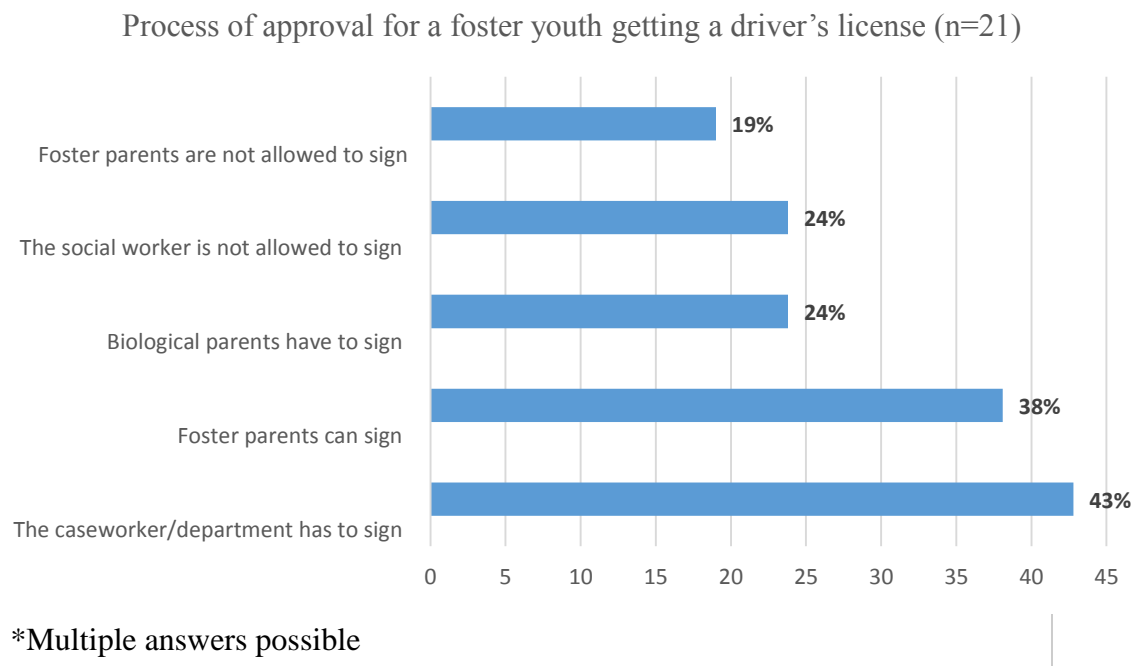
In some states the department employee or any representative/social worker is not allowed to sign for a driver's license (for e.g. Arizona, Florida, Kentucky, Indiana, South Carolina, and Tennessee). In some others, all requests for permission to drive a car must be submitted to the youth's social worker (for e.g. Alaska, Arkansas, Connecticut, and Hawaii). In Connecticut, the child welfare agency may pay 50% of the cost of the initial driver's education course. In Indiana, the department may make payment for driver's education in addition to the stipend provided to foster parents. In Iowa students can get free or reduced fees for driver education with an application through their caseworker, whereas in Utah youth who attend a driver education course in public high schools are eligible for a school fee waiver for the expenses incurred for the course.

All states require that automobiles have liability insurance. In majority of states the foster parents have to pay the foster child's auto insurance and either the foster parent or the child is financially responsible for the insurance (Alabama, Florida, Georgia, Hawaii, Illinois, Oregon, Pennsylvania, and West Virginia). Agencies in some states have clear statements published explicating that the department does not cover the additional expense of insurance coverage (Wyoming, Texas, South Dakota, and Louisiana). In Arkansas, the foster parent may apply for reimbursement for the additional cost to add the child to their automobile insurance.

What the Survey Says

The participants were asked about the process of approval for a foster youth getting a driver's license. Twenty one participants answered this question. About 43% (n= 9) answered that in their jurisdictions the case worker or the department has to sign for the driver's license application, 38% (n = 8) responded that the foster parents can sign if they are willing to assume all the associated responsibilities, while almost a quarter (24%, n = 5) noted that the biological parents have to assume responsibility and sign driver's license application. In a few jurisdictions, the case worker is not allowed to sign for the driver's license application (24%, n=5), as well as the foster parents (19%, n= 4).

Figure 1: Survey results on driver's license approval



The participants were also asked if their jurisdiction has any policy on auto-insurance coverage for foster youth. Of the twenty one respondents, about 33% (n= 7) replied in the affirmative. About 80% (n = 5) stated that the foster parents are expected to include a foster child on their auto-insurance, 66% (n = 4) answered that the foster children should assume responsibly for auto insurance by themselves, 50% (n = 3) reported that the biological parents are expected to include a foster child on their auto-insurance, and about 43% (n=3) mentioned that there are external/federal funds that may provide auto-insurance for a foster child (e.g. Chafee fund). None of the respondents indicated that the jurisdiction has to pay the auto-insurance for the child.

Table 4: Survey response on auto-insurance coverage

Policy on auto–insurance coverage for foster youth	Responses Yes (%)	Responses No (%)
Foster parents are expected to include a foster child on their auto-insurance (n=5)	80.0%	20.0%
Foster children should assume responsibility for auto-insurance themselves (n=6)	66.6%	33.3%
Biological parents are expected to include a foster child on their auto-insurance (n=6)	50.0%	50.0%
There are external/federal funds that may provide auto-insurance for a foster child (e.g. Chafee fund) (n=7)	42.8%	57.1%
The jurisdiction pays the auto-insurance for the child (n=6)	-	100.0%
Foster parents are discouraged from providing auto-insurance (n=6)	-	100.0%

Summary

As youth reach the age where the majority of their peers are going through the process of obtaining a driver’s license, the state and foster parents need to have some process to facilitate our youth in obtaining a license. Many jurisdictions support youth in care in obtaining a driver’s license (either fiscally or structurally), but the process of the approval varies between the jurisdictions. In most jurisdictions the case worker or the department has the responsibility to sign the driver’s license application, and in other the foster parents can sign. Only in a few jurisdictions (Arizona, Florida, Kentucky, Indiana, South Carolina, and Tennessee) the case worker or the foster parent are not allowed to sign. In addition, in some jurisdictions there is a clear policy on auto-insurance. In most of them, the foster parents or the foster child are expected to cover the auto insurance by themselves but there are some options as external or federal funds that may provide funding for insurance to the foster child. Moreover, some states may make payment for drive’s trained (Connecticut, Indiana, Utah). The issue of who is able to support a foster child (through signing for permissions), how a foster child’s driver’s education is paid for, and who is responsible for the foster child’s automobile insurance are important and often confusing areas. States and jurisdictions need to have clear documented policies on all of these issues made available to all foster parents caring for older youth.

Foster Care Reimbursements

Foster parents play a vital role in providing care to children/youth in the foster care system. The child welfare systems are legally required to assist the foster parents to meet the expenses incurred through hosting a foster child in their homes to cover expenses such as food, clothing, and supplies. This assistance is in the form of a monthly reimbursement or stipend. Jurisdictions use varying criteria to decide on the rate of reimbursement provided to foster parents and research has shown that the amount of these basic monthly rates vary widely. The Hitting the MARC report (2007) found that the rates ranged from \$226 in Nebraska to \$869 in Washington, DC (Child Welfare League of America, 2008). In addition, foster parents may also be reimbursed for other extraneous expenses they may incur.

What the Online Search Says

Foster parent handbooks, websites, and policies for most states outline reimbursement/board payments made to foster parents for providing care to a child. Many states specify that monthly board payment includes payment for room and board, clothing, school and personal supplies, a small allowance for the foster child, regular transportation and incidentals (examples include Alabama, Arkansas, Florida, Indiana, South Carolina, South Dakota, Utah, Vermont, Virginia, and Washington). The monthly rate is typically determined by the state, county, or agency based on the age of the foster child and the level of care foster parents are expected to provide (based on the documented needs of the child). The foster care reimbursements rates are typically higher for children as their age increases. Different jurisdictions set levels of care differently. While some states identify two levels of care (basic and special, such as in Arkansas), others may identify up to three (e.g. Alabama, Utah), four (e.g. Arizona, Iowa, and Washington), five (e.g. Connecticut, Oklahoma) or more (e.g. Idaho, Kentucky, Louisiana, Michigan, and Nevada). In states where the child welfare system is county administered levels of care vary by county (e.g. California, Pennsylvania). These levels are based on the physical, behavioral, and mental health needs of the foster child as determined by the state – based on factors like behavioral problems requiring therapeutic care, medical fragility, intellectual disabilities etc.

In addition to monthly board payments, foster parents can additionally be reimbursed on a case-by-case basis for various other expenses they might incur towards caring for a foster child. Some states clearly outline the types of reimbursements available to foster parents. For example, foster parents working outside the home may receive money for child care expenses (e.g. Georgia, Oklahoma, and Washington). In Illinois, foster parents who facilitate reunification efforts may receive a Family Reunification Special Service Fee. In addition, foster parents may receive reimbursements towards travel (e.g. Indiana, Iowa, Kansas, North Dakota, and Oregon), expenses incurred towards foster parent training (e.g. Kentucky), special holiday allowance or special event (e.g. Mississippi, Oklahoma), and clothing allowance (e.g. Oklahoma, Rhode

Island). Please see the data matrix for more detailed information available online about each state.

What the Survey Says

The survey respondents were asked about the various forms of reimbursements that may be provided to foster parents as well as the process involved in providing them. Majority of the respondents indicated that the monthly stipend include expenses incurred towards transportation for family visits, participation in family trips, monthly clothing reimbursement and school supplies. On the other hand, the most common forms of reimbursements that are provided in addition to the monthly stipend are towards day care, out-of-state transportation, transportation to medical appointments, initial clothing allowance, and special clothing allowances for sports, uniforms, proms, growth spurts etc.

Table 5: Survey response on types of reimbursements provided to foster parents

Type of Expense	Included in monthly stipend (n=21-23)		Provided as additional reimbursement (n=19-22)		Receipts is required for reimbursement (n=14-20)	Permission from DHS/caseworker is required to access these funds (n=17-21)
	Yes	No	Yes	No	Yes	Yes
Day Care	14.3%	85.7%	81.8%	18.2%	73.7%	85.7%
Child Care	42.9%	57.1%	45.0%	55.0%	41.2%	50.0%
Out-of-state transportation (e.g. vacations)	36.4%	63.6%	25.0%	75.0%	23.5%	50.0%
Family Visitation	54.6%	45.4%	52.4%	47.6%	60.0%	38.1%
Transportation to Medical Appointments	47.8%	52.2%	65.0%	35.0%	56.2%	42.1%
Participation in family trips (e.g. amusement parks etc.)	52.2%	47.8%	5.3%	94.7%	14.3%	23.5%
Training of foster parents (conferences, seminars etc.)	33.3%	66.7%	52.6%	47.4%	47.1%	42.1%

Respondents indicated that receipts or other forms of documentation (proof of purchase/service use) are required for reimbursing expenses towards day care, as well as for transporting foster

children to visitations and to medical appointments. Such receipts are also often required in order to reimburse expenses incurred towards providing foster children with initial clothing as well as clothing for special occasions such as prom, graduation, sports etc. Typically for certain forms of reimbursements that are provided in addition to the monthly stipend, permission from the caseworker or child welfare department might be required by foster parents to receive these reimbursements. Permission is required more commonly for reimbursing day care, initial clothing allowance, and special reimbursements. Please see tables 4 and 5 for more details. Around 66.7% of the total respondents (n=21) who responded to the question on foster care reimbursements indicated that they had last modified or updated their monthly reimbursement rates in the years 2015 or 2016.

Table 6: Survey response on types of reimbursements provided to foster parents

Type of Expense	Included in monthly stipend (n=6-13)		Provided as additional reimbursement (n=3-19)		Receipts is required for reimbursement (n=3-17)	Permission from DHS/caseworker is required to access these funds (n= 3-18)
	Yes	No	Yes	No	Yes	Yes
Initial clothing	28.6%	71.4%	90.5%	9.5%	85.0%	76.2%
Monthly clothing reimbursement	76.2%	23.8%	18.7%	81.2%	25.0%	15.0%
Special reimbursements (sports, uniforms, proms, growth spurts etc.)	31.6%	68.4%	72.7%	27.3%	80.0%	81.8%
Birthday/holiday allowances	40.9%	59.1%	21.0%	78.9%	13.3%	17.6%
Reimbursement of school supplies	59.1%	40.9%	41.2%	58.8%	26.7%	29.4%
Graduation gifts	31.8%	68.2%	17.6%	82.3%	21.4%	25.0%

An open-ended question was asked about how foster parents apply for additional funds. Most of the respondents indicated that foster parents typically approach their assigned caseworker who in turn makes a request to the department/agency. One of the respondents indicated that in their jurisdiction “foster parents make a request directly with their local family services specialist. The local agency in conjunction with their local Family Assessment and Planning Team make a decision on whether to fund those additional requests as well as the amount of the request”. Also, foster parents may make their case to the social worker to obtain per diem reimbursement at a higher rate in case the child needs augmented care. One respondent indicated that foster parents often request for additional funds, but since there are no available funds in the county, social workers and foster parents often have to look at outside sources for scholarships or assistance. In

most of these cases, the department/agency decided whether to approve or deny such requests and typically require documentation.

Summary

For most states, information on monthly stipends are readily available. These stipends are most commonly determined based on the age of the child and the level of care foster parents are expected to provide. There is a wide variation in how these levels of care are determined across states as well within some states. Monthly stipends are expected to cover majority of the expected expenses incurred in raising the foster child, such as room and board, clothing, hygiene, transportation, and allowance. In addition, foster parents may also receive additional reimbursement for additional expenses such as day care or child care for their foster child, non-routine transportations, some forms of clothing etc. For many jurisdictions, some form of receipt or documentation as well as pre-approval or approval of expenses post-purchase/use of service are required in the case of these reimbursements issued in addition to the monthly stipend. The level of details provided by the states on the process of securing some of these additional reimbursements are not available in equal detail online. States such as Iowa, North Carolina, Oregon, and Tennessee provide very good information in the foster parent handbooks or online about additional reimbursements available as well as outlining the process to procure these funds.

Healthcare and Dental Coverage

Children and adolescents who enter foster care often deal with complicated and serious developmental, medical, oral health, mental health, and psychosocial problems, because of their history of childhood trauma (Child Welfare Information Gateway, 2015). In all states children in foster care are covered by Medicaid that provides coverage for most routine and specialized medical care, dental and eye care, medical therapists, hospitalization, and mental health services. The questions below focused on policies regarding the time frame for initial health screening after placement, comprehensive medical examination, dental cover, who is responsible to schedule medical appointments and more relevant information for foster parents and children.

What the Online Search Says

The table listed below includes all the policies regarding the time frame for initial health screening after placement, comprehensive medical examination, dental cover and more relevant information for foster parents.

Table 7: Information on health care and dental coverage obtained from literature search

State	Initial Health Screening after Placement	Comprehensive Medical Exam	Dental Care	Other/ Roles and Responsibilities
Alabama		Annual health exam for duration of placement		DHR permission required before a foster child immunization.
Alaska	Within 30 days	Immunization and regular well-child exams as per EPSDT Program schedule		
Arizona	Not more than 24 hours after placement in case of alleged abuse or not more than 72 hours for others		Policy on dental care outlined in handbook	Medical Passport to include initial health screening, timely comprehensive health assessments and descriptive health plan
California	No later than 30 days after initial placement		Cover dental exam, a medication guide (log),	
Colorado	Prior to or within fourteen (14) calendar days of placement		The foster parents (FP) or governing body to ensure each foster child receives bi-annual dental exam or as specified by dentist.	Previous medical records with pertinent information including immunization records shall be given to foster parents within 4 weeks of placement
Connecticut	Within 72 hours of initial placement			Each child shall receive a trauma-informed

				Multidisciplinary Evaluation within 30 days
Florida	Within 72 hours. All children are required to receive (EPSDT)/Well-Child Checkup.		The insurance covers dental and hearing services	The FP is responsible to take the kid to medical appointments.
Georgia		Routine examinations at least annually and all corrective treatment completed.	Routine dental care begin by age 3 - through public or private (Medicaid) providers. Caseworker (CW) to assist with services for children with unusual dental, eye care, special health needs	The Care manger will provide information on the child's physical and mental health. The worker will arrange physical exams. Children who are not Medicaid eligible will receive health screenings from a private health provider.
Hawaii				Medical treatments for the resource caregivers may be provided up to \$500 per incident or per person, depending upon a doctor's recommendations.
Idaho			FP shall follow dental care plan for a child as directed by medical professional	
Illinois	The caseworker must take the child for an Initial Health Screening			The CW should provide the child's medical card and information to FP. DCFS consent required for medical treatment
Indiana	Within 10 days of placement			DCS responsible for foster children's access to behavioral health services.
Iowa	Pre-placement and annual medical examinations by a physician, or a nurse practitioner is required	Administration of routine diagnostic laboratory procedures at physician's discretion.	Semi-annual dental exams, annual eye and ear examinations, and routine treatment of illnesses	FP have to keep the child's CW up-to-date about the medical care. This information is shared with the child's guardian, family planning services
Kansas	Within 30 days of placement			
Kentucky	Screening within 48 hours of placement	Within 2 weeks of placement. Children are also required to have a mental health screening within 90 days of placement	Children are required to have an annual dental, hearing and vision screening	Foster parents will be responsible for scheduling medical appointments and transporting a child to the doctor

Louisiana	Within 7 calendar days of child entering care unless the child had an exam 30 days prior to entering foster care.		The FP to schedule the child's routine annual eye or dental exam - must be obtained from a Medicaid or KidMed provider	FP should keep written records of a child's treatments, illnesses or injuries during the foster child's stay. FP can be reimbursed for certain prescription drugs and medical emergencies.
Maine			FP responsible for assuring preventive and ongoing medical, dental, and psychological care of foster child	FP shall have on file a medical consent form for each foster child, signed and dated by the private placement agency, or the child's parent or guardian
Maryland	Within 24 hours of removal, but not later than 5 days from removal	Comprehensive health assessment to be completed within 60 days of placement		
Massachusetts	Within 7 day	30 days after entering custody	Dental visit completed within first 6 months if child is 3 or older	
Michigan	Physical examination with 30 days of placement	Physical exam every 14 months.	Current Dental exam within 90 days of placement	
Minnesota	Within first 30 days of placement			
Mississippi	Within 30 days Mental health assessment within 30 days (for kids 4 years and up).		within 90 days must have dental exam followed up every 6 months	Every foster child shall receive recommended mental health services and should be screened for possible Fetal Alcohol Spectrum Disorders (FASD)
Montana			Right to dental exam	Youth Rights list right to physical exams, dental exams, psychological services, and healthy food.
Nebraska	Within 14 days	Annually		
Nevada	Within 24 hours			Must submit medical and dental forms monthly. Psychotropic Medication Administration Logs required for all foster children
New Hampshire	Comprehensive Health and Developmental Assessment within 30 days			Intensive screening/monitoring for mental and emotional problems, cognitive and motor delays

New Jersey	Within 30 days		Semi-annual dental exams	
New York	Medical exam within 30 days of placement,	Periodic physical and mental health examinations	Vision & hearing assessment, dental care	
North Carolina				Medicaid covers medical, mental health and dental care, optometric needs, and most prescription medications
North Dakota				Healthcare responsibilities are to be shared by parents, social worker, and foster parents. Role of the foster parent detailed in handbook
Ohio				FP shall be responsible for following instructions of the agency
Oklahoma		FP are responsible for making medical appointments, getting the child to the appointment, and following doctor's directions for medical care		Resource parents are expected to pay for any medication or supplies available without a prescription from the foster care reimbursement
Oregon		Annual health, eye, and regular dental check-ups required		FP are responsible for making medical appointments. Other responsibilities outlined in handbook. Handbook also highlights the role of the MAS and Exceptional Needs Care Coordinator
Pennsylvania	Within 60 days		Initial dental appraisal and dental exams every 9 months	
Rhode Island		Caregiver responsible to arrange timely and ongoing medical care including routine examinations and follow-ups		Caregiver cannot make any decisions regarding major medical or surgical interventions except in emergencies
South Carolina				The FP have to make appointments for routine medical care with physician and/ or dentist who accepts Medicaid
South Dakota			The service includes dental, vision, and medical services.	The foster family must fill out the necessary

Tennessee		All children/youth in DCS custody shall be provided routine and emergency dental care as part of an overall health care program	forms when health services are rendered. Well-being and Information History forms need to be filled out by social worker and travel with the child. Resource parents are expected to carry them to all health and dental appointments and maintain prescription records
Texas		The Treatment Plan will identify routine medical needs and any special medical needs a child might have	Handbook also lists immunization, dental and vision care, nutrition etc. requirements
Utah	Within 30 days of removal or court-ordered custody, the child will receive: a Well Child exam.		Children above 3 years are required to have dental exams
Vermont			Children above five years of age are required to receive a mental health assessment
Virginia			FP responsible for arranging routine health care and immediate medical treatment Social worker permission required for anesthesia, surgery, and psychiatric services
Washington			Handbook simply states medical and dental expenses covered by state.
West-Virginia	Initial check- up within 72 hours of placement.		FP are responsible for ensuring that children receive appropriate medical and dental care and for arranging an EPSDT exam for children who are in their care for more than thirty day
Wisconsin		(EPSDT) also known as HealthCheck require that a child covered by Medical Assistance have a	Handbook provides immunizations, eye care, emergency services etc.
			Handbook also states regulations on when to arrange Health Check screen, immunization, emergency medical

		specific number of physical and dental screens every year, depending upon the child's age	health care protocols, and specialized hair and skin care
Wyoming	within 30 days of placement A foster child should have a written medical authorization when he arrives in the foster family	All foster children should have routine six month dental and eye care exams. Medicaid covers all dental care	Foster parents should not pay any doctor or dental bills or prescription costs, as they cannot be reimbursed

What the Survey Says

Participants were asked about healthcare and medical appointments. The first question was about who is responsible for making medical appointments for the child at *initial* placement in foster care. Of the 24 respondents, 50% (n=12) answered that the caseworker is responsible while about one third (33%, n=8) answered that the foster parents are responsible. In some jurisdictions both the caseworker and foster parent or the nurse/medical practitioner were responsible (16.6%, n=4) for scheduling initial medical appointments.

The second question was about who is responsible for scheduling *follow-up or routine* medical appointments. Of 23 respondents, 13% (n=3) have answered that the caseworker is responsible, 65% (n=15) have answered that the foster parents are responsible. About 22% responded that both the caseworker and foster parent or the nurse/medical practitioner were responsible for scheduling follow-up or routine appointments.

The third question was about the foster parents' responsibilities around health and mental health assessments of foster children. A series of yes/no questions was asked. The Table below included all the participants' answers (N=24).

Table 8: Survey responses on foster parent responsibilities for healthcare

What are the foster parents' responsibilities around health and mental health assessments of foster children? (N=24)	Yes %
Scheduling initial appointment	50.0%
Scheduling follow-up or routine appointments	95.8%
Transportation to medical appointments	95.8%
Medication management (for daily medications)	95.8%

Being available for discussion with mental health providers about foster child	95.8%
Documenting child's medical appointments, illnesses, immunizations etc.	79.1%

*Multiple answers possible

Summary

One of the important responsibilities of a foster parent is to provide health and well-being for each child placed in the foster parent's care, including medical and dental needs. In all jurisdictions children in foster care are covered by Medicaid that provides coverage for most routine and specialized medical care, dental and eye care, medical therapists, hospitalization, and mental health services. Not all medical service providers will accept payment through the Medicaid program. The foster parents should call to be certain that Medicaid patients are accepted before taking the child to the health care provider. In most of the states the child welfare agency will mail the medical card to the foster parents. Policies regarding the time frame for initial medical assessment after placement and for the comprehensive medical examination vary by state. The shortest time for the initial screening is 24-72 hours, and the longest is within 30 days. In most of the jurisdictions, an annual health exam, eye and regular dental checkup are required. In most of the jurisdictions, the social work or the foster parents are responsible for the **initial** medical assessment. In addition, foster parents are responsible to schedule routine appointments, to provide transportation to medical visits, have to be available for discussion with mental health providers and to document the foster child's medical appointments, illnesses, immunizations etc.

Clothing Allowance

Different jurisdictions have guidelines on whether foster children are eligible for clothing allowance. In all states the board of payment covers amount for clothing. Another clothing allowance is called: “initial clothing allowance”. An initial clothing allowance is available for children without adequate clothing at the time of the child’s first placement out of their parental home. Only a few states have a “special clothing allowance” or an “extra for emergencies” allowance. This allowance is mainly for emergency and for exceptional circumstances.

What the Online Search Says

In majority of the states the board payment covers an amount for clothing. The amount depends on the child’s age and varies between the states. Another clothing allowance is an “initial clothing allowance”. Resource parents are issued an initial clothing allowance for children placed in their home. This allowance may be paid for children entering foster care without sufficient clothing or for special needs clothes or shoes. The amount depends on the child’s age. The amount depends on the child’s age and varies between the states- for example: in Florida, Georgia, Oregon, and Texas the amount is up to a maximum of \$150. In California, Indiana, Iowa, Ohio, Pennsylvania, Virginia, Washington, West Virginia, and Wisconsin the amount is higher and up to a maximum of \$300. In most of the states the amount must be approved/authorized by the social worker.

Some states have a “special clothing allowance” or an “extra for emergencies” allowance. This allowance is mainly for an “exceptional circumstances” - for children with medical or extreme emotional/psychological needs. The “extra” range is: \$100 up to \$400 (e.g. Arizona, Arkansas, and Washington) and must be approved/authorized by the social worker. In Arizona and North Dakota - this extra money is for cases such as theft, fire or flood. All receipts from the purchase of clothes must be retained and turned in to the resource worker (Arkansas, Iowa, Oregon, Pennsylvania, South Dakota, Utah, and West Virginia).

What the Survey Says

We asked the participants about the clothing allowance. Of 21 responders, 6 (28.5%) answered that the initial clothing includes in the monthly stipend, and in 16 (76.2%) jurisdictions the monthly clothing reimbursement includes in the monthly stipend. In 6 of 19 jurisdictions (31.6%) the monthly stipend includes special reimbursements for uniforms, sports, proms etc.

Summary

In all jurisdictions, the monthly stipend has built into it an amount for clothing. The amount depends on the child's age and varies between the jurisdictions. In most of jurisdictions the clothing expenditures must be approved/authorized by the social work caseworker. Another clothing allowance is an "*initial clothing allowance*". Foster parents are issued an initial clothing allowance for children placed in their home. This allowance may be paid for children entering foster care without sufficient clothing or for special needs clothes or shoes. In most of the states this amount must be approved/authorized by the social work case worker. Only a few jurisdictions have an "*extra for emergencies*" allowance. This allowance is mainly for an "exceptional circumstances" - for children with medical or extreme emotional/psychological needs. The "extra" range must be approved/authorized by the social worker. Some jurisdictions include in their monthly stipend special reimbursements for uniforms, sports, proms etc.

Transportation

Foster parents are required to provide transportation for foster children under their care for a variety of purposes including education, visitation, after school activities, court appointments, medical appointments, and vacations. Many jurisdictions and states provide some level of reimbursement towards these expenses, although the amount of reimbursement provided, the processes involved, and the information available varies. No specific transportation questions were included in the survey, but many states responded to other questions stating that general transportation reimbursements were available at the state mileage reimbursement rate.

What the Online Search Says

In most states, resource parents are responsible for providing routine transportation to foster children in their care (including Alaska, Arizona, Indiana, Iowa, Kansas, North Dakota, Oregon, Rhode Island, South Dakota, Texas, Utah, Vermont, and Wisconsin). Routine transportation includes arranging for or providing transportation to school, after school/extra-curricular events, family visits, medical appointments, therapy, social and sport activities, religious activities, shopping, job, case planning, any emergency transportation (Utah), and court visits. The policies and handbooks of these states also stress on the importance of ensuring any transportation provided by resource parents is safe and reliable. These policies specify that any vehicle used to transport foster children should be registered in accordance with state and local law; resource parents must have proof of current insurance and valid vehicle safety record checks; vehicles must comply with state Motor Vehicle safety programs; and anyone transporting a foster child should be licensed for the type of vehicle being used (including Alaska, Arkansas, California, Colorado, Florida, Idaho, and Kansas). The policies also explicitly have guidelines regarding the use of car seats for foster children. In Arkansas, resource parents must have their own means of transportation available for transporting foster children.

Reimbursement of routine transportation cost is usually covered in the monthly board payments. Additional funding may be available for routine and non-routine transportation. For additional transportation (above 50 miles one way in Tennessee, above 60 miles roundtrips in Kansas, and above 100 miles total distance travelled in Nebraska), reimbursement at state determined mileage costs may be available.

In terms of medical appointments and visitation, trips to clinics, hospital appointments, etc. may be reimbursed at current state mileage allowance rate (for e.g. Hawaii), be covered by Medicaid (for e.g. New Hampshire) or through some form of non-emergency transportation (for e.g. Georgia). Resource parents may be reimbursed for mileage costs incurred in transporting foster children in situations that eliminate the necessity of caseworker travel, such as parental visitations, court

hearings etc. (for e.g. Alabama). In Oklahoma, 3 round trips (above 25 miles each) per child per month for round trips may be reimbursable in cases requiring excessive transportation through Difficulty of Care payment. Additionally, SoonerRide services are also available.

In the case of education related transportation, federal funding may be available to cover education related transportation costs for children in foster care who remain at their home school after being placed, the education agency must work with the child welfare agency to arrange transportation. In West Virginia, supplemental boarding care payment may be available when education funding is not available.

Court Hearings

Foster parents have an important impact on the lives and welfare of children by attending court and sharing information about the children in their homes. Almost all states have published the foster parents' legal rights to be notified of the court hearings and the right to participate in these hearings.

What the Online Search Says

Almost all states published the resource parents' rights to receive notice of all court dates and the right to be heard at the hearings (including Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Hawaii, Illinois, Iowa, Kansas, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, Oklahoma, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, and Wisconsin). In some states the resource parents' rights to be heard in court are upheld in the federal law or/and bill of rights (for e.g. California, Connecticut, Kansas, Louisiana, New Mexico, North Dakota, Rhode Island and, Wisconsin).

In Hawaii, Illinois, Oklahoma, South Dakota, South Carolina, and Vermont, it is clearly mentioned that the resource parents have the right to be notified in advance in writing by the division/social work on the court hearing. In Illinois, this notice is usually given about two weeks in advance to enable attendance. Resource and proctor parents may be required to follow agency rules and work cooperatively with the agency, courts, and law enforcement officials, such as in the case of Utah. In Texas after a child has been placed for six months in the foster parent's home, the foster parents have "standing" with the court to advocate for the child's best interest. Resource parents unable to attend to court in South Carolina have the right to be informed of the results of the hearings as they relate to the child's needs. In Wyoming, in order to provide information effectively, resource parents must be prepared to the court hearings and the handbook provides tips on how to prepare for court appearances.

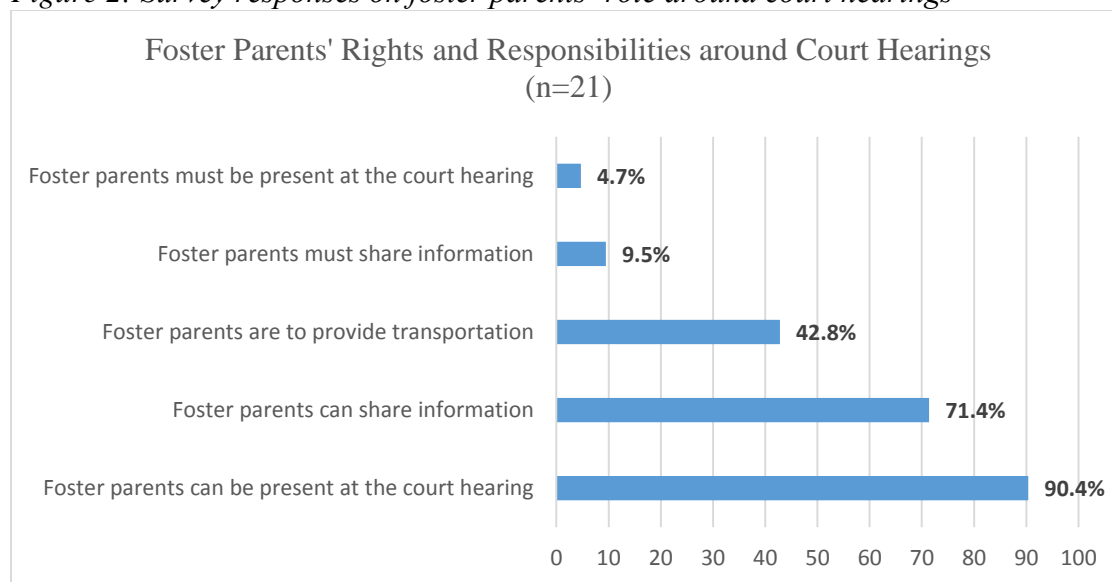
What the Survey Says

The participants were asked about the policy regarding court hearing in their jurisdictions. The first question focused on whether the department/case worker is required to notify foster parents about the date of the hearing in advance, and if it should be in writing. Only 22 participants replied to this question. In 15 (68%) jurisdictions the department/case worker has the responsibility to notify the foster parents in writing about court hearing, in 7 jurisdictions the department/case worker does not have the responsibility to notify the foster parents about court hearing or they do not have any specific policy.

In many jurisdictions, the case manager must notify to the foster family at least 2 weeks in advance prior to the hearing. The shortest time for the notification is 48 hours prior to the hearing, while the longest time for notification is 6 months with a reminder one week prior to the hearing. In some places there is no specific policy but the department must inform the foster family. In certain jurisdictions, the data system creates a notice that is sent to foster parents regarding notification of court hearing dates.

The next question focused on the foster parents' rights and responsibilities around the court hearing. The most common answer was that foster parents can be present at the court hearing (90%), and can share information/advocate about the foster child in the court (71%).

Figure 2: Survey responses on foster parents' role around court hearings



Finally, we asked an open-ended question about the social worker's responsibilities towards foster parents regarding providing information on court hearings for foster children/youth.

The answers were categorized into three common themes. The social worker's responsibilities are to: (1) provide date, time and location of hearing; (2) discuss with the caregiver the type of hearing that is to occur and the purpose of the hearing, and to inform the caregiver that he or she may provide information to the court concerning the child's care and permanency plan (3) coordinate the attendance of the foster child when appropriate (depends on child's age) and ensure transportation for the child.

Summary

In most of the states, foster parents have a legal right to be notified of the court hearings and to participate in the hearings (Child Welfare Gateway Information, 2015). In many jurisdictions, the case manager has to notify the foster family in writing at least two weeks in advance prior to the hearing. Also, the foster parents can be present at the court hearing, and can share information/advocate about the foster child in the court. In addition, the social worker responsibilities regarding the hearing are to provide date, time and location of hearing, to prepare the foster parents to the hearing and to ensure transportation for the foster child. Often it is the case that foster parents are in the best position to provide meaningful, accurate, and timely information on the foster child in their care that is pertinent to the court proceedings. This information is, of course, shared with the caseworker during the course of their work together, but the information provided to the caseworker gets filtered through their understanding of the foster child and might not have the same strength of meaning. Foster parents have the right to attend a hearing and if possible their attendance might help advocate for the foster youth placed with them.

Sibling Placement and Visitation

In their policies, regulations, and handbooks, most states provide some information on the protocols involved in placing siblings into the foster care system. Placement of siblings together is highly emphasized in all cases where it is in the best interests of the children. In cases where separation is necessitated, states have specific rules on placement of siblings and visitation plans.

What the Online Search Says

Forty-one states outline their policy on sibling placement and visitation in the foster care system in their handbooks, policies or regulations. With regard to placement of siblings, all states discuss the importance of placing siblings together whenever possible, where siblings should only be placed apart when unavoidable or if placement apart is determined to be in the best interest of the children. Some states frame it as a right of children/youth and it is mandated by state law that siblings be placed together (including Indiana, Montana, New Mexico, New York, and South Carolina). Many states require proper documentation of the reason why siblings are placed separately and of efforts made to reunite siblings. Most of the states mention that they require establishing a visitation plan as part of the Child Care Plan. Many of these states also outline the roles and responsibilities of foster parents in facilitating visitations.

Many of the states explicitly identify in their policies that foster parents are expected to support visitation schedules between siblings (including Alaska, Florida, Georgia, Hawaii, Illinois, Kansas, Louisiana, Maine, Maryland, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Utah, and Wyoming). In most of these states, foster parents are expected to be involved in the process of developing the visitation schedule as well as to work cooperatively as team members with case managers to conduct these visits. For other states, the department/case worker is responsible for developing the visitation schedule, and foster parents are expected to support these plans (such as Arizona, Arkansas, California, Iowa, North Carolina, and Virginia). Foster parents may also be responsible for transporting the children/youth for their visitation (Kansas, West Virginia). In addition to scheduled visits, some states also mention the role of foster parents in facilitating unscheduled visits (North Dakota), providing reasonable use of foster home resources to contact family and friends by phone, letters or e-mail (Alabama, Rhode Island, Wisconsin). In Illinois, foster parents are additionally provided training on the importance of maintaining sibling relationships. Guidelines for some states clearly state that a foster parent shall not restrict or censor correspondence to or from the child, except in accordance with the child's case plan (Rhode Island) and visitation is not contingent on behavior of the child (Utah).

Most states emphasize the importance of frequent sibling visitations. While, the frequency is driven by the individualized visitation plan of each foster child/youth, some states identify some guidelines on the minimum frequency of visitations recommended. The table below outlines

policy recommendations of some states on the minimum frequency. This is contingent upon the best interests of the child (that is, unless child's best interest require less frequent visitation).

One notable exception in terms of encouraging frequent visitations is South Dakota. Their policy on sibling visitation states that typically contacts are minimal in the beginning (usually for the first 30 days) in order to facilitate the transition into the home. "The youth may begin to earn telephone calls and visits with approved family members after the initial 30-day period has passed."

What the Survey Says

The respondents were asked about the minimum frequency of sibling visitations that are recommended by their jurisdictions when such visitations were deemed to be in the best interest of the child. The responses received are in the table below.

Table 9: Survey response on recommendations about sibling visitations

Minimum frequency of sibling visitations recommended for youth (n=24)	Response (%)
At least every two weeks	29.2%
At least monthly	25%
There is no standard set for sibling visitations (depends on individual visitation plan)	33.3%
Other. Please specify	12.5%
Total	100%

The survey respondents were also asked an open-ended question on how information on sibling visitations is provided to foster parents. All respondents (n=21) stated that it was the responsibility of the social worker or the caseworker to communicate this information to the foster parents, by phone/e-mail etc., or during meetings and discussions. The social worker or caseworker is responsible for communicating the specific visitation plans decided for the foster children. In addition, more general information may be communicated in-training as well as in the foster parent handbook.

Summary

The policies on placing siblings in the foster care system are stated very clearly for most states. Policy documents and/or foster parent handbooks clearly state that siblings should be placed together whenever possible (and when in the best interests of the children involved). In cases where siblings are placed separately, individual visitation schedules are devised for each foster

child/family. Most states discuss some of the basic procedures involved in developing visitation schedules. We were able to find clearly outlined guidelines on the minimum frequency of sibling visitation for only a few jurisdictions (for e.g. Arkansas, Mississippi, and Missouri), and a few others specify the time within which the visitation schedule should be in place after initial placement (e.g. Oklahoma, Oregon). Foster parents should have information readily available to them regarding the minimum expectations related to visitation. These minimum expectations can be changed based on the clinical need of the child related to their connection to their siblings, but the minimum needs to be documented. It is up to the state to clearly communicate the importance of maintaining familial ties and to ensure that these expectations are documented and readily available to foster parents.

Training Requirements

All states require any prospective foster parent to undergo a training regimen as one of the conditions to get their foster care license. Once foster parents receive their license they are expected to continue their training over the years in order to maintain their license. States and jurisdictions go into various levels of details on the training curriculum, hours of training required, and mode of training.

What the Online Search Says

Handbooks and policies note the expected training requirements to be fulfilled by resource parents to enhance their caregiving to foster children. Some form of pre-service as well as in-service training is mandatory in all states, though the amount and content of training varies. These training curriculums cover a variety of subjects – such as understanding challenging behaviors, child abuse and its effects, self-care, overview of the legal process etc. The minimum hours of training required by different states is provided in the table below. Additional training may be recommended by the agency, caseworker or be required for resource parents providing specialized care (for e.g. therapeutic foster care). Pre-service training is required to be completed as part of licensing requirements; in-service training is provided to support resource parents caring for foster children and is a licensing requirement. In addition, many states require resource parents to be trained in CPR, First Aid and Medication administration prior to license approval (including Indiana, Kentucky, North Carolina, Tennessee, Texas, and Washington). In most states, training is provided through a variety of media in person or online. Resource parents can also attend conferences, symposia, webinars, and resource parent group meetings. Providing mentorship or training to other resource parents may also count as in-service training (Ohio).

Table 10: Information on foster parent training obtained from literature search

State	Pre-service training (minimum hours)	In-service training (minimum hours)	Training resource used
Alaska	Not specified	10 hours for one –parent homes, 15 hours per licensed year for two –parent homes	
Arizona	30 hours	6 hours	
Arkansas	27 hours (PRIDE) and 3hours DCFS orientation	15 hours	Foster/Adopt Parent Resources for Information, Development, and Education (PRIDE) training
California (Fresno County)	25 hours over 10 weeks	Hours not specified	PRIDE training
Colorado	Not specified	32 hours	

Connecticut	10 week group assessment training that all applicants attend to gain licensure	18 hours	
Florida	Not specified	16 hours	
Hawaii	Not specified	15 hours	Continued Parent Development. Parenting classes may be available through Department contact
Idaho	27 hours	No less than 10 hours	PRIDE, orientation (pre-service) on the agency foster care program and services
Illinois	Not specified	16 hours	
Indiana	10 hours	15 hours - at least 7 hours in person. 20 hours annually for therapeutic license-holders	Resource and Adoptive Parent Training (RAPT) program
Iowa	30 hours	6 hours. At least 3 of these hours in a group. Additional 12 hours for treatment-level foster homes	PS-MAPP pre-service training
Kansas	Foster home preparatory program (hours not specified) and 3 hour first aid training	8 hours, including 2 hours through participation in group training, workshops, conferences etc.	
Kentucky	Not specified	6 hours	
Missouri	27 hours (training) and 10 hours (assessment)	30 hours	Specialized Training, Assessment, Resources, Support and Skills (STARS) training – 9 sessions, each 3 hour-length
Montana	18 hours	15 hours	
Nebraska	30 hours	21 hours	
Nevada	12 hours	8 hours refresher course next year followed by minimum 4 hours per licensure year	
New Hampshire	21 hours	Not specified	Foster and Adoptive Care EssentialS (FACES) for prospective foster parents Caregiver Ongoing Training for in-service training
New Jersey	PRIDE training online + 9 hour training	7 hours for primary provider, 5 hours for secondary provider	
New York	15 hours	6 hours	Model Approach to Partnerships in Parenting/Group Preparation and Selection (MAPP/GPS) Pre-Certification Training Program

North Carolina	16 hours	8 hours. 10 hours for resource parents caring for children with special needs	
North Dakota	27 hours		
Ohio	36 hours	40 hours in the following 2 years	
Oklahoma	27 hours	12 hours	
Oregon	Not specified	10 hours (at least half should be interactive, in-person)	
Pennsylvania	Not specified	6 hours – additional training decided by county/agency	
South Carolina	14 hours	28 hours over the two-year period of license	
Tennessee		Complete 14 hours over first two years. Year 3 onwards – 15 hours annually	
Texas	35 hours	Range from 20 hours (per family) to 30 hours per parent	Texas PRIDE
Utah	Not specified	16 hours total between both caregivers	Foster parents can participate in webinars, Annual Symposiums
Vermont	Not specified	Complete 40 hours in 2 years to move from one level of reimbursement to the next. Parents at Level 2 & 3 – 10 hours annually	
Washington	24 hours	Not specified	Alliance for Child Welfare Excellence provides all Pre-service Training.

What the Survey Says

In the survey, the respondents were asked to provide details on four different types of training – pre-service training, in-service training, special needs training, and relicensing training. About 17 respondents provided information on this question. They were asked to enter the name of the training program their jurisdiction used as well as the number of hours spent on each type of training. Four respondents indicated they used PRIDE (Parent Resources for Information, Development, and Education) for their pre-service training; others indicated using MAPP (Model Approach to Partnerships in Parenting, n=2) or PS-MAPP (Partnering for Safety and Permanency - Model Approach to Partnerships in Parenting, n=3), Caregiver Core Training (n=2) as well as other forms of training programs. Most of the respondents indicated that pre-service training was mostly conducted in-person, with only 2 respondents stating that part of their pre-service training was available online (being 8 hours or 13 hours each). In-service training may comprise of different forms of approved advanced training (n=4), may vary based

on the foster parents (n=3), or may be specifically tailored to continuing training and parent development (n=2). Special needs training varies widely based on the level of care provided by the foster parents, based on the specific needs of the parents, or it may be included in normal trainings.

The Table below provides the range as well as average hours spent on each form of training in-person and online. Many respondents indicated that some parts of the training can be completed online by the foster parents, especially with regards to in-service and continuing training, though it is more common to have pre-service training conducted in-person.

Table 11: Survey responses on training hours

Type of Training	In-person Contact Hours (Hrs.) Range, Average	In-person Online Hours Range and Average
Pre-service Training	6 hrs. - 39 hrs. 23.4 hrs.	0 hrs. – 13 hrs.
In-Service Training	2 hrs. – 24 hrs. per year, 11.05 hrs.	2 hrs. – 18 hrs., 7.12 hours
Special Needs training	Depends widely	Depends widely
Relicensing Training	2 hrs. -24 hrs. 10.5 hours	2 hrs. – 15 hrs., 7.75 hours

Summary

Providing pre-licensing and subsequently continuing training is critical to the success of foster care programs. This is recognized by all states/jurisdictions that we reviewed. All states have some form of pre-service, in-service, and relicensing training in place that are mandatory for foster parents. Most states have information on training requirements available online on their websites, handbooks, and policy and regulation documents. Websites for different jurisdictions may also have training curriculum that can be completed online. However, for all states (for which information was available) require some level of in-person training in addition to any online training available. The number of hours and specific content of the training vary across states as states use different training modules/programs. Typically, the pre-service training is the most intensive (for states that had information on training hours available).

Hotline or Point of Contact

Being a foster parent may include many challenges and points of decision making. All states have emergency procedures to help the foster parent to address many of these challenges. The survey included questions about hotline for foster parents and hours of operation.

What the Online Search Says

All the states have emergency procedures, and have been posted their numbers phone or point of contact on their websites/policies/handbooks. The most common are the hotline/warm line/emergency line/Child Abuse line. In most of the states, the foster parents can find a list of contacts on the child welfare department or agency website, and a list of situations that the foster parents have to call immediately and whom to get in touch with. In some states a staff person or a social worker represents the department and is available on call 24 hours a day or after working hours (for e.g. Alabama, Connecticut, Florida, Georgia, Hawaii, Louisiana, Oregon, Rhode Island, and Washington). For instance, in Washington a 24-hour Foster Parents Association of Washington State (FPAWS) Line or Foster Parent & Caregiver Support Line provides phone support when foster parents and relative caregivers are in crisis. Children's Administration social workers answer the calls and can offer behavior management advice, problem solving tips and a listening ear. The support line operates after business hours. Foster parents may also be able to reach their own worker or supervisor in emergencies after work hours (e.g. Louisiana).

What the Survey Says

The participants were asked if they have a hotline for foster parents to contact with problems/concerns related to their foster child. Twenty two participants responded to this questions and 77% (n= 17) reported that they have a hotline. In 12 jurisdictions (71%) this hotline is operational 24-hours a day. The line operates by various operators like the agency, child protection services staff, the intake division, children's administration, or by the state foster and adoptive parent association or others.

The participants were also asked if there a hotline for foster parents to contact with problems/concerns related to the agency or their caseworker. In 39% (n = 9) jurisdictions there is a hotline for this aim, and in 4 (44%) the line is operated 24 hours by department or by contract agency. Findings are presented in Table 11.

Table 12: Survey response on hotline for foster parents

Hotline for foster parents	Yes (%)	No (%)
Is there a hotline for foster parents to contact with problems/concerns related to their foster child (n=22)	77.2%	22.8%
Is it operational 24-hours a day (n=17)	70.6%	29.4%
Is there a hotline for foster parents to contact with problems/concerns related to the agency or their caseworker (n=23)	39.1%	60.9%
Is it operational 24-hours a day (n=9)	44.4%	55.6%

Summary

All the jurisdictions have emergency procedures, and have been posted their numbers phone or point of contact on their websites/policies/handbooks. The most common are the hotline/warm line/emergency line/Child Abuse line. In most of the states, the foster parents can find a list of contacts on the child welfare department website, and a list of situations that the foster parents must call immediately and whom to get in touch with. Only in a few jurisdictions there is a hotline for foster parents to contact with problems that are related to the social worker or department.

Education Planning

Children and youth in foster care face significant challenges to positive educational experiences and academic achievement. Majority of foster children have experienced trauma through physical abuse, neglect, emotional abuse, or sexual exploitation. This trauma is often cumulative for the child and leads to learning, behavioral and emotional problems. A growing body of state legislation has addressed some of the key challenges to improving educational outcomes for children and youth in foster care (Fawley-King, Traska, Zhangc, & Aaronson, 2017). Positive school experiences can enhance children's well-being, help them make more successful transitions to adulthood, and increase the likelihood that they can achieve personal fulfillment and economic self-sufficiency and contribute positively to society.

One significant barrier to the educational success of children and youth in foster care is placement instability and resulting school mobility. Children and youth in foster care frequently experience both planned and unplanned school changes, often when they first enter the foster care system. The survey included questions about the education plan, who is responsible and about the foster care rights in school (program, lunch, books etc.).

What the Online Search Says

In many states the policy is to remain the child in his/her previous school, as possible. The responsibility to enroll the child in school is different between the states. In some states - enrolling a child in school is generally the responsibility of the foster family in which the child is placed (Alaska, Illinois, Pennsylvania (Center County), Rhode Island, and Kentucky). In other states, the social worker is responsible to enroll the child in school (Arkansas, Mississippi, and Pennsylvania). In Florida, the foster parent has to call the Office of Pupil Assignment and registers the child. However, under special conditions, it may be appropriate for the child's case manager to do it or school. In New Hampshire, the foster parent, in conjunction with the parent, if possible, is responsible for registering the child into a new school. In most of the states, the child should be enrolled in school within 2-5 working days of the child's placement. Foster parents are expected to actively participate in their foster child's education. They shall attend school conferences and meetings held by the school, along with the child's biological parents and the social worker, and to support the child with his or her educational needs.

In many schools the foster parents are expected to be involved in the Individual Education Plan (IEP) which is a written statement of the educational program designed to meet a child's individual needs. Also, certain children are eligible to receive special education services. In certain situations, special education services can be provided to children who, although they have not entered school yet, have reached the age of three.

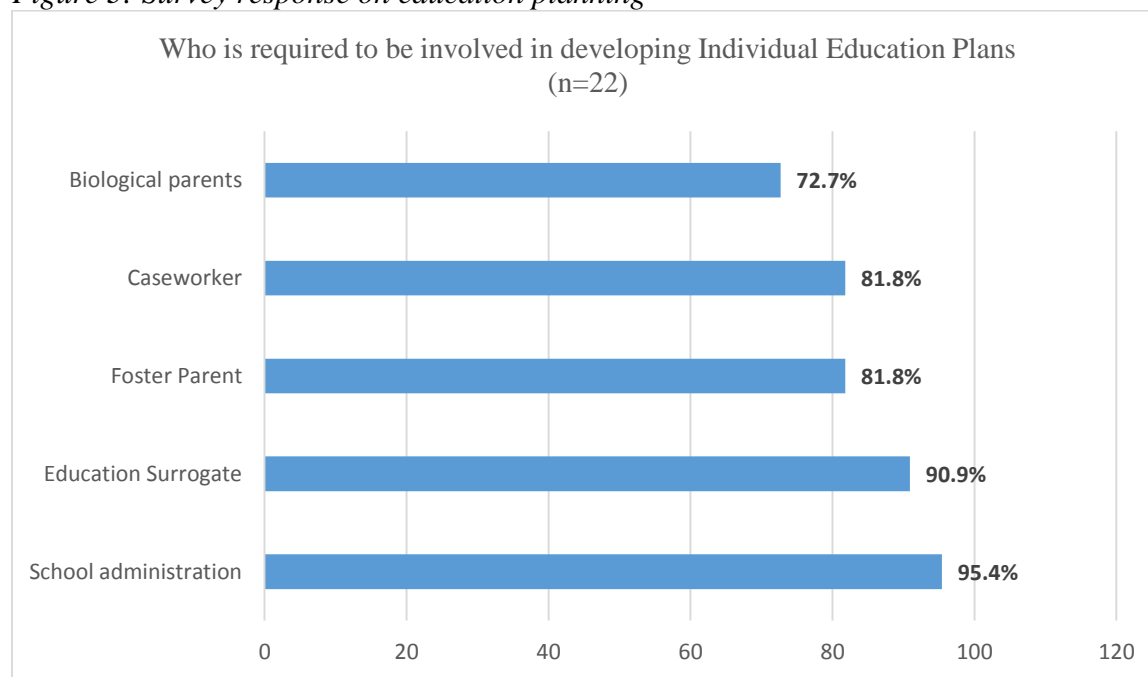
As for lunch and school supplies, in some states the foster children can get free lunches (Alabama, Alaska, Indiana, Kentucky, Missouri, and Montana), books, papers, pencils and other supplies (for e.g. Colorado, Indiana, and Missouri).

In Illinois, Kansas, New Jersey, and Rhode Island – no home schooling is allowed whereas in Nevada foster parents may home-school their foster children under State guidelines.

What the Survey Says

Participants were asked about the policy regarding homeschooling for foster youth. Only 22 of the participants answered to this question. In 10 jurisdictions (45%), homeschooling is allowed, and in 12 (55%) it is not allowed. The next question focused on who is required to be involved in developing Individual Education Plans (IEP) for foster children. In most of the jurisdictions the school administration (95%) or education surrogate (91%) are required to be involved. The biological parents are required to be involved in 16 (73%) jurisdictions.

Figure 3: Survey response on education planning



*multiple answers

Summary

Students in foster care must have access to the same academic resources, services, and activities that are available to all students. Educational decisions must be made in the child's best interests. One significant barrier to the educational success of children and youth in foster care is placement instability and resulting school mobility. Therefore, in many jurisdictions, there is a clear policy to retain the foster child in his/her previous school whenever possible (unless it is determined to not be in the best interest of the child). Usually, the case worker or the foster parents are responsible to enroll the child in school. Most of children in foster care have experienced trauma that often results in learning lags and behavioral problems, therefore, each child's needs must be individually addressed. There are some educational and behavior programs and special education services for foster children. In some jurisdictions, special education services can be provided to children who, although they have not entered school yet, have reached the age of three.

Foster parents are expected to actively participate in their foster child's education and to be involved in the educational plan. They shall attend school conferences and meetings held by the school, along with the child's biological parents and the social worker, and to support the child with his or her educational needs.

In addition, in some jurisdictions the foster children can get free lunches (for e.g. Alabama, Alaska, Indiana, Kentucky, Missouri, and Montana), books, papers, pencils and other supplies (for e.g. Colorado, Indiana, and Missouri). In some jurisdictions there is a clear policy regarding home schooling. In several jurisdictions homeschooling is not allowed, while in one state it is specifically allowed (Nevada).

Respite Care

Offering foster parents occasional relief from providing foster care has been strongly linked with better retention of foster parents. Studies suggest that respite care benefit both foster parents and foster children, where foster parents may experience a reduction in caregiving stress and improvement in caregiver stress. Most states recognize the importance of respite care and have some form of policy on respite care. Respite care is handled differently across agencies, jurisdictions, and states. Providing foster parents readily accessible information on how to utilize these services is crucial.

What the Online Search Says

Most of the states (39 states) outline their provisions for respite care available to resource parents. The total amount of reimbursed respite care available, respite care arrangement procedures, respite care payment etc. varies across the states. Respite care is often offered by different jurisdictions to provide resource parents temporary relief from the daily care demands of foster parenting or when a foster child and foster parent may need a break from each other.

Availability and Restrictions of Respite Care: The availability of respite care as an option as well as the maximum allowable respite hours or days vary widely across states. Some states emphasize that respite care may be offered on a limited basis based on the funding availability (California, Hawaii, Montana, and New York). Other states impose restriction on who is eligible for respite care. For example, in Montana, respite care is available for children/youth who have mental or physical conditions that require special or more intense care (including children with developmental disabilities, medically demanding conditions, or severe behavioral problems resulting from severe emotional problems). Similarly, the resource parent handbook for North Dakota states that respite care is reserved for foster children whose difficulty of care level necessitates relief care (where the children would end up in residential care if relief care was not made available. In Rhode Island, respite is defined as substitute care for foster children available due to presenting medical, emotional, behavioral, and developmental problems of the child or in the case of vacation/emergency situations. Other states apply restrictions only in terms of the number of hours/days reimbursed respite can be offered.

In Texas, foster children may be placed in respite for a maximum of 40 days in a year, while in Virginia respite care can be provided for up to 30 days per year. In Colorado, respite care is not to exceed 7 consecutive days or a total of 28 days in the year; Iowa, Tennessee, and Washington allow reimbursed respite for 24 days per year (broken up as 2 days per month). While some allow 14 days of respite care annually (Connecticut, New Hampshire, Ohio, and West Virginia), others provide 12 days of respite care per year (Florida, Kentucky, and Utah). In South Carolina, resource parents can receive up to 6 days of respite care per federal fiscal year. In Arkansas, formal respite care should not exceed more than 7 days per 3 months.

Montana reimburses respite care provided to eligible foster children (see above) for 111 hours in a year. Arizona reimburses 144 hours per year respite care. In Nebraska and Oklahoma, the maximum allowable respite is set by the amount of reimbursement provided. Nebraska reimburses respite care till the amount of \$40-\$160/month (depending on age and level of care) while Oklahoma issues \$200 voucher towards respite care every 3 months. Many of these states may provide additional respite care on a case-to-case basis subject to an approval process. They may have specific restrictions on the number of consecutive days respite care can be used and how respite is earned (for example, number of hours earned every month). Many states stipulate that unused respite does not carry over to the next year.

Arranging for Respite Care: Not all states clearly state who is responsible for arranging respite care for resource parents. Some states (Alaska, Arizona, Connecticut, Idaho, New Hampshire, Rhode Island, Texas, and Vermont) mention that for any respite care provided for foster children exceeding a certain number of hours, notification or approval by department or agency official is required. In many of these cases, it is not clear whether the resource parents are responsible for arranging for their own respite care or whether the department or agency personnel arrange respite care. A few jurisdictions or states (Iowa, Tennessee, Ohio, Pennsylvania) clearly state the respite should be arranged and approved by the child's worker as far in advance as possible, while some explicitly state resource parents responsible for arranging respite care (Arizona, Oregon, North Carolina, South Dakota, West Virginia, Wyoming), though there might be restrictions that apply to the qualifications of a respite care provider and resource parents are required to notify/seek approval.

Some states lay down the rules for selection of respite care provider, that is, eligibility criteria for respite care providers. In some states, only other licensed resource parents and/or day care providers can act as respite care providers (Kansas, North Dakota, South Carolina, Texas, West Virginia, Wyoming), while in other states eligibility criteria include responsible adults selected by the resource parents who have passed state and federal background checks (Oregon, South Dakota, Tennessee, and Vermont).

What the Survey Says

79% of the total respondents (n=24) said that their state has a policy on offering respite care. In an open-ended question, respondents were also asked to define how their jurisdiction defined respite care. Most respondents (n=14) defined respite care very broadly as offering respite care as a support service to provide temporary relief for foster parents. Two respondents added time restrictions as a way to qualify respite care, with one defining it as "any care over 6 hours outside of the certified foster home"; another respondent classified it as "temporary, (over 24 hours)

intermittent care of a foster child by an individual other than the child's out-of-home caregiver, regardless of whether the respite provider is paid by the lead agency".

Arrangement of and Restrictions on Respite Care: Respondents were also asked about the maximum number of respite care days available to foster parents in a year. Their responses are below:

Table 13: Survey responses on respite care allowances

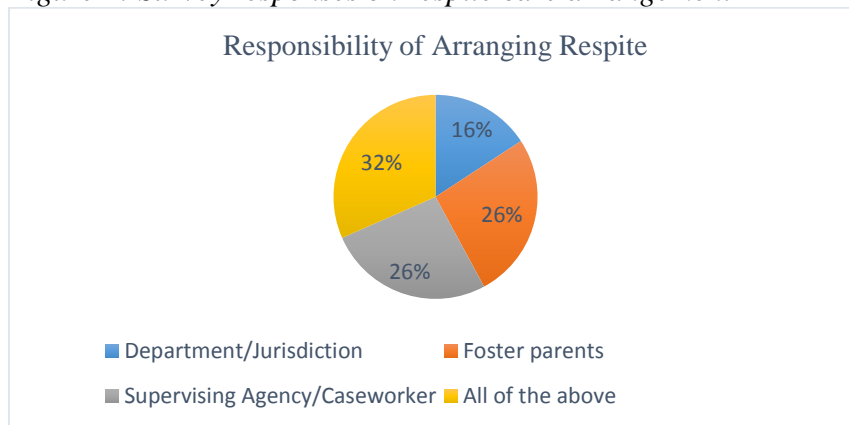
Respite care - No. of days /year (n=19)	Responses (%)
Up to 10	31.5%
11-14	26.3%
15-23	--
24-30	15.8%
Depends case-to-case	10.5%
Open-ended/Unlimited	15.8%

Eleven respondents answered the question on the minimum number of hours (at a time) of respite care. 6 respondents (54.5%) indicated that respite care can be sought for even just one hour. 3 respondents indicated that to qualify as respite care, at least 6 continuous hours are required. 2 respondents indicated that respite care can be sought when foster parents want over one full day (24 hours) away.

Respondents were also asked who is responsible for arranging respite care. A majority indicated that any or all of the following may be involved in arranging respite care – the department/jurisdiction, agency personnel, caseworker, and foster parent. Please see figure 4 below.

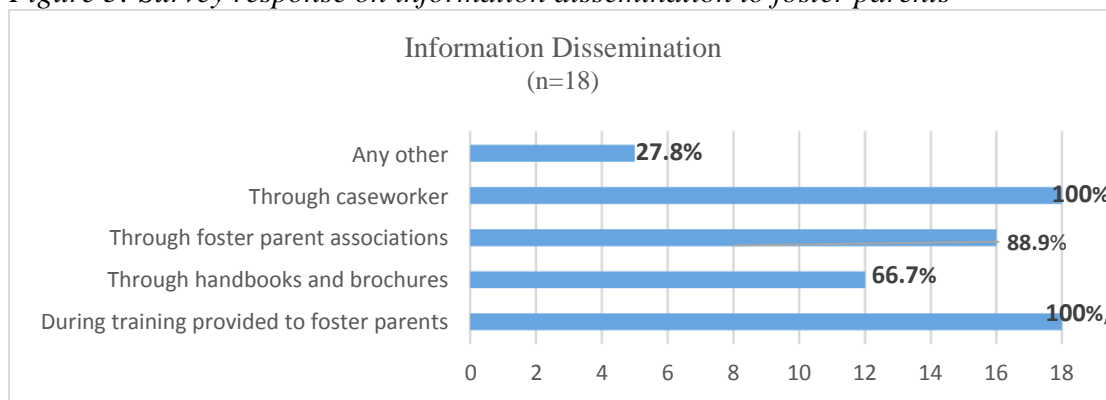
An open-ended question on the approval process for respite care providers was asked. 12 respondents answered the question. Some jurisdictions require respite care providers need to be licensed/fully certified foster parents (n=3), or for the respite provider to meet the same requirements as a foster/adoptive provider (n=2). One respondent indicated that for unlicensed respite care providers, additional assessments including walk-through home visits by the social worker may be required. Many of the respondents indicated that the foster parents make requests through their caseworker for respite care, and then this request requires approval by the department/agency. Another respondent stated that foster parents must choose a respite care provider from a list maintained by the county office or select another licensed foster parent on their own and convey this information to the resource manager.

Figure 4: Survey responses on respite care arrangement



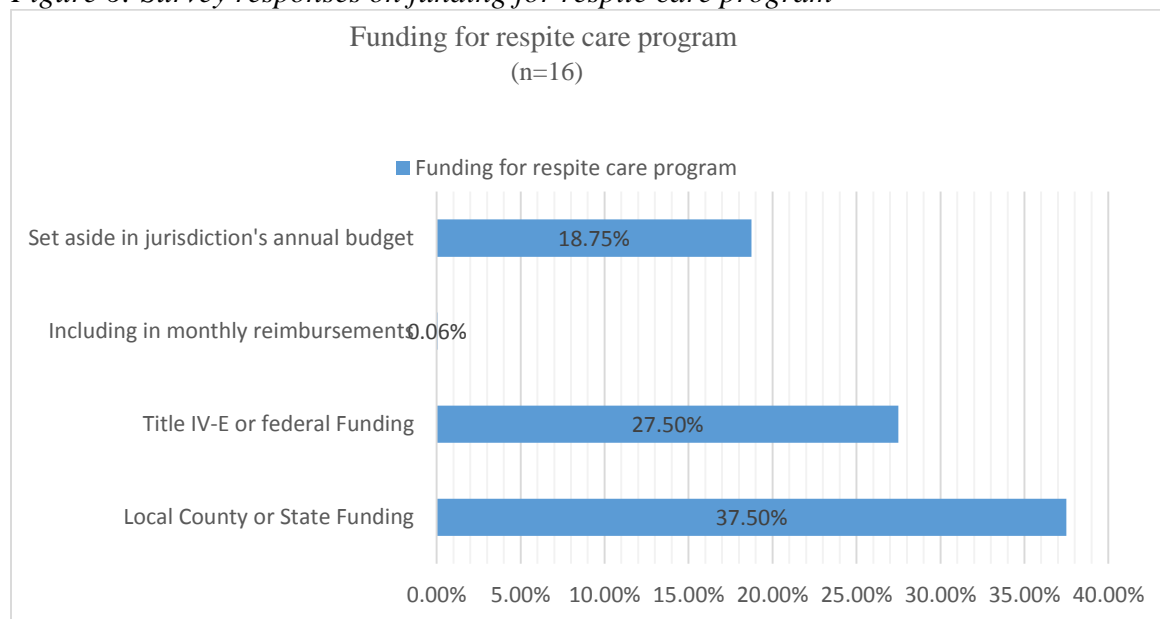
Information on respite care: Respondents were also asked if respite care required approvals by the department or state. 73.7% of the total respondents (n=19) answered in the affirmative. Also, respondents were asked how information regarding respite care is shared with foster parents. Their responses are charted in the figure below. In addition to the means of communication listed below, other means include (i) through the state administrative code, (ii) Newsletters for foster parents, contractors recruiting and retaining foster parents (n=2) (iii) Facebook page intended for foster parents, (iv) through the licensing staff (n=2).

Figure 5: Survey response on information dissemination to foster parents



Respondents were also asked how their respite care program is funded by the jurisdiction. Their open-ended responses have been coded in the figure below.

Figure 6: Survey responses on funding for respite care program



Reimbursement for Respite Care: Respondents were asked an open-ended question on the reimbursement process for respite care providers. Jurisdictions handle this differently across the board. While some foster parents may be responsible for paying the respite care providers (later reimbursable by department, or from the monthly board payments), in other cases the jurisdiction may be responsible for directly reimbursing the respite care provider (in lieu of an invoice submitted by the provider or based on approval by caseworker). The various ways in which the reimbursement process is handled by different jurisdictions (n=17) is listed below:

- (i) Payment for respite care services may be directly reimbursed to the respite provider (through the monthly payment process) in cases where respite care was pre-approved by the jurisdiction (n=3).
- (ii) Respite care provider submits a foster care invoice for the period of respite which is then reimbursed to the respite care provider (n=6)
- (iii) The foster parent can pay the respite care provider and submit for expense reimbursement (n=3)
- (iv) Foster parent receives a stipulated amount (such as \$25 a day) and is responsible for negotiating with and paying the respite care provider (n=2)
- (v) Foster parent is responsible for arranging and paying for respite care from the standard monthly board payments (n=3)

Limitations of Respite Care: Another open-ended question posed to the respondents asked them to identify some of the limitations of their current respite care policy. The most common limitation identified by respondents was the lack of respite care providers in their jurisdictions

who can be approached when foster parents request respite (n=9). This may be due to a reasons such as –

- (i) The requirement that respite care providers need to be licensed foster care provider. Especially because such licensed foster parents may not have extra room and board available or may not be conveniently located (n=3),
- (ii) Lack of availability or unwillingness to provide foster care to children with special needs or teenagers with behavioral problems (n=2),
- (iii) Finding suitable respite care providers due to the restrictions placed on eligibility of the respite care provider (licensing requirements etc.).

Two respondents indicated that they were in the process of identifying more respite care providers and expanding their respite care program. Another major limitation that the respondents indicated was the lack of financial resources (n=4); two respondents indicated that the running out of funding for respite care prior to the end of the year often provides a challenge and the department may then have to find creative ways to meet the demand for respite care. Another respondents stated that the foster parent's responsibility in searching for their own respite care provider is also a limitation.

Jurisdiction policies on babysitting/child care: Foster parents were asked about the policies in place on babysitting or child care. Majority of the respondents stated that the federal law titled Reasonable and Prudent Parent Standard is used where a foster parent is expected to make decisions about short-term child care for their foster child using the same standards they would use for their own child. (n=9). In other cases, restrictions on the babysitter's age; age restrictions imposed vary across jurisdictions, such as over the ages of 14 years (n=3), 16 years (n=2), or 18 years (n=1). Some states require babysitters to be certified and approved by the agency (n=2), others require them to be enrolled in formal programs (n=1). Foster children may be restricted from being the babysitter for their foster family (n=1).

Summary

There is a great deal of variation across jurisdictions on how respite care is defined, arranged, and paid for. Respite care is typically defined across states as temporary reliefs provided to foster parents where both the foster parent and respite care provider receive payment. This might be distinguished from babysitting or informal childcare based on the number of hours for which respite is required or based on the restrictions placed on who can be a respite care provider. Also, arranging respite care may vary across states. In some cases, foster parents may be responsible for arranging for their own respite care provider (who meets the eligibility criteria set by the state); in other cases the agency or department may have some role in assigning respite care providers or it may be a joint effort between the foster parents and the department/caseworker. Reimbursement of respite care may also vary accordingly. Although the importance of respite care is recognized by most states, survey respondents noted the lack of sufficient financial

resources as well as the poor availability of respite care providers as two of the most significant challenges they face when attempting to offer respite care services to more foster parents.

Policy regarding cell phones and computers

Foster children deserve the opportunity to reach their full potential, despite their difficulties, and access to technology through devices such as computers and cell phones can make all the difference. Only a few states have a clear policy regarding usage of cell phones and computers for foster children.

What the Online Search Says

Only Alaska and Arkansas published a short policy regarding using cell phones or computers. Alaska published some guidelines for the resource parents regarding usage of cell phone and computer. The resource parents should set the times when the cell phone can be used, texting, use of minutes, when it must be turned off, keeping it charged, where to store it, what to do if someone calls too often or leaves a mean message. Also, the resource parents ask to be aware of a child's computer activities and educate them about online risks. Parents involvement in the child's online activities will help protect the child from Internet predators and sexually explicit materials. It is recommended to use parent-control features to block certain material from coming into the computer. In Arkansas, the Division generally does not provide cell phones. If a resource family choose to allow a child in care purchase or use cell phone, the division will not be responsible for any expenses.

What the Survey Says

The participants were asked if there is any policy regarding usage of computers or cell phones by foster children in their jurisdictions. Only 18 participants responded and two common answers were found (1) foster children are allowed to use computers or cell phones and should be supervised by the foster parents; and (2) there is no specific policy. In addition, the responders were asked who pays for computers/cell phones for foster children. For computers – in general the agency does not pay for computers for foster parents or for foster children. In most of the jurisdictions, the foster parents can purchase through community resources, grants, or funds. In one state a laptop is provided for school children during middle school years. Also, older youth may receive a laptop as part of transition planning, depending on availability of funds through the Independent Living Program (ILP) or grants in the state/jurisdiction. For cell phones – the agency does not pay for cell phones for foster children, and it would be up to the foster parent decision. In some states the foster child can use the allowance for this purpose.

Many respondents pointed to the “Reasonable and Prudent Parent” standards that were enacted as part of the “Preventing Sex Trafficking and Strengthening Families Act” (Public Law 113-183) as guides on how foster parents are required to handle cell phone and computer use. This standard suggests that careful and sensible decisions be made by the foster parents in order to insure that the health, safety, and well-being of a foster child are being maintained while also

encouraging appropriate development. These standards generally govern issues pertaining to whether a foster parent allows a foster youth to participate in extracurricular activities, attends vacations/trips with the family, issues around babysitting (or being cared for by a babysitter) and also participating as part of a foster family (including issues pertaining to appropriate technology use).

Summary

In today's world, it is important that children and youth in foster care will get the opportunity to reach their full potential and access to technology (Kerman, 2000). In many states the policy is that foster children are allowed to use computers or cell phones based on the "Reasonable and Prudent Parent" standards. Foster parents must ultimately use their best judgment when deciding whether to provide access to new technologies and in supervising the online activities of young people in their care. In most of the states the department does not pay for devices directly, but the foster child can use portion of the allowance for this purpose or can apply for a grant or fund.

Placement of Vulnerable Populations

In order to learn more information on specific policies targeted at foster parents providing care to foster children who may be vulnerable due to their circumstances, we included a number of questions on the survey about specific policies. Such vulnerable foster children/youth include children/youth who identify as Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ), are undocumented immigrants, may have been victims of sex trafficking, or may be pregnant or parents. In order to learn more about policies and practices targeted at foster families providing care to such vulnerable children, we included a number of questions on the survey.

What the Survey Says

Policies on foster youth who identify as LGBTQ: Of the 23 respondents, 56% stated that their state has specific policies around foster children who identify as LGBTQ. The respondents who replied in the affirmative were then asked follow-up questions.

Of them (n=13), 46% indicated that foster parents who care for LGBTQ youth may receive additional training. Two respondents specified the type of additional training or resources provided to these foster parents – support groups offered by the local LGBTQ coalition and varied resources such as family therapists or counselors based on the type of community. 54% of the respondents indicated that foster homes most capable of serving LGBTQ foster youth are identified while 69% indicated that foster parents who care for LGBTQ youth are not provided any additional resources. The social worker/case worker, training programs, newsletters, and foster parent recruitment and retention websites are various means used to disseminate information and resources to these foster parents. One respondent indicated that their jurisdiction is in the process of developing additional training.

An open-ended question on the survey asked about the policies in place for LGBTQ youth in foster care. Three respondents highlighted their non-discrimination policies in place at the agency and state pertaining to anti-harassment and non-discrimination based on sexual orientation, gender identity, and gender expression.

Two of the respondents also stated that foster youth were protected by department regulations on foster youth rights (which includes the right to determine preferences for gender identity and sexual orientation. Two respondents indicated that they have an LGBTQ Practice Guide. One of these respondents mentioned that practice guidelines are aimed at establishing “operational practices that reinforce our commitment to respect the dignity of lesbian, gay, bisexual, transgender, questioning, intersex, asexual, 2-spirit, and gender non-conforming people (LGBTQIA2S, aka LGBTQ)” as well as creating a safe environment and ensuring equal access to all available services, placement, care, treatment, and benefits provided by child welfare services department. One respondent said that the Reasonable and Prudent Parent Standard

policies include LGBTQ children. Two respondents indicated that they are in the process of developing/updating their policies around LGBTQ foster youth.

Policies on undocumented immigrants: The table below illustrates the responses by survey participants on their policies on undocumented immigrants. Majority of the respondents indicated that they did not have any specific policies on foster children who are undocumented immigrants. An open-ended question was included in the survey on how services provided to undocumented foster children/youth are funded. Most respondents indicated that it was funded the same way as services to all foster children – these sources included county or state funds, IV-E funding etc. One respondent indicated that non-profit funding may also be utilized. One respondent indicated that their state was currently updating policies associated with undocumented immigrants. Another respondent stated that they have a unit of staff who are dedicated to helping foster youth obtain legal status and only after this adoptions are finalized.

Table 13: Survey responses on policies for undocumented immigrants

Policies on undocumented immigrants	Yes (%)	No (%)
Does the state have specific policies around foster children/youth who are undocumented immigrants? (n=23)	30.4%	69.6%
Do foster parents who care for foster children/youth that are undocumented immigrants receive additional training? (n=7)	--	100%
Are foster homes most capable of serving foster children/youth who are undocumented immigrants pre-identified? (n=7)	28.6%	71.4
Are foster parents that serve foster children/youth who are undocumented immigrants provided additional resources? (n=7)	14.3%	85.7%

Policies on foster children/youth who were victims of sex trafficking: The table below charts the responses of the states on their policies about foster children/youth who were victims of sex trafficking. Majority indicated that they had specific policies pertaining to the issue. In an open-ended follow-up question, the respondents stated that there are currently policies in place as per federal law requirements. Current policies target training, screening of foster children/youth, and placement. Many of the respondents noted that they are in the process of developing policies and trainings and currently examining ways to address the needs of this population better. For jurisdiction that have specific policies around this population, information regarding additional training/resources may be provided through their case manager, local or state agency, through the training center, through newsletters, flyers, documents. All the respondents indicated that the caseworker is the primary source when foster parents require additional information. One of the respondents appreciated the additional training, resources, and awareness that has become available to the state for the purpose of identifying and supporting this population. However, the respondent indicated discomfort “with the fact that we, as Child Welfare Services, have been

federally tasked with serving minor sex trafficking victims whose parents are not the perpetrators. When the child/youth has been trafficked due to acts or omissions of the parents, we would always already be serving these children. The new laws create a difficult situation, where Child Welfare Services must now be involved in minor sex trafficking cases, even when the parents are fully protective.”

Table 14: Survey responses on policies for sex trafficking survivors

Policies on Survivors of Sex Trafficking	Yes (%)	No (%)
Does the state have specific policies around foster children/youth who have been identified as victims of sex trafficking? (n=22)	77.3%	22.7%
Do foster parents who care for foster children/youth that were victims of sex trafficking receive additional training? (n=17)	35.3%	64.7%
Are foster homes who are most capable of serving foster children/youth who were victims of sex trafficking pre-identified? (n=17)	35.3%	64.7%
Are foster parents who serve foster children/youth who were victims of sex trafficking provided additional resources? (n=17)	52.9%	47.1%

Policies on foster youth who are pregnant/parenting: Majority of the respondents indicated they had specific policies pertaining to this population. These policies state that such youth are to be provided with assistance on decision-making about the future of their child. One respondent indicated their jurisdiction has a policy that guides decisions on whether the child of the foster youth can be placed with the mother.

Table 15: Survey responses on policies for pregnant/parenting foster youth

Policies on Pregnant/Parenting Foster Youth	Yes (%)	No (%)
Does the state have specific policies around foster children/youth who are pregnant (or are parenting)? (n=23)	60.9%	39.1%
Do foster parents who care for foster children/youth who are pregnant (or are parenting) receive additional training? (n=13)	23.1%	76.9%
Are foster homes most capable of serving foster children/youth who are pregnant (or are parenting) pre-identified? (n=13)	57.1%	42.9%
Are foster parents who serve foster children/youth who are pregnant (or are parenting) provided additional resources? (n=13)	57.1%	42.9%

More information is provided to foster parents who provide care to pregnant/parenting foster youth during their in-service training, through newsletters, state training website, and the caseworker. One respondent indicated that these foster parents receive special training and certification to assist the teen parent in developing the skills necessary to provide a safe, stable, and permanent home for her/his child(ren). In this case, caregivers are responsible for keeping their certification up to date by completing 12 hours of parenting classes at a local community college annually.

Summary

The majority of respondents indicated that they had specific policies in place to ensure the well-being of vulnerable populations such as foster youth who identify as LGBTQ, are victims of sex trafficking, or pregnant/parenting. These policies include more general guidelines on non-discrimination and anti-harassment policies or federal policies that protect the rights of these foster youth while some jurisdictions have specific policies in place for these populations.

Majority of the respondents indicated that they do not have specific policies in place for foster children/youth who are undocumented. Additional resources and training maybe available to foster parents in the form of specific support groups, targeted training sessions (e.g. screening of sex trafficking victims, certification for foster parents taking in pregnant/parenting foster youth), and counseling. Current policies on these populations address training, screening of foster children/youth, and placement. Many of the respondents also noted that they are in the process of developing and expanding current policies as well as examining ways to address the needs of these populations better.

Summary and Discussion and Best Practices

The purpose of this study was to understand the variety of policies and regulations in place to support family foster homes across the United States and to understand how transparent and accessible these policies/regulations are to the foster parents and to the public. To accomplish this we conducted an electronic search of information posted by state child welfare agencies on the web and develop a survey instrument used in collecting information from child welfare directors across the United States.

Research has suggested that what foster parents need is a clear understanding of their roles and responsibilities (Hudson & Levasseur, 2002). This clarity helps foster parents feel respected and provides avenues for foster parents to participate constructively in caring for the child placed in their home. In 1989, in a report to the Congress, the United States General Accounting Office posited that the recruitment and maintenance of foster families is challenging for a number of reasons including, "...a lack of support for foster parents in dealing with the more complex emotional, behavioral, and physical problems of today's foster children" (US GAO, 1989). Two decades later these results were echoed by the work of Murray, Tarren-Sweeney, and France (2010), who, through qualitative interviews with foster carers, suggest that foster carers face a tremendous burden of care and need additional support (training and agency support) to succeed in their mission and to provide a safe and comfortable family environment for the child and to provide the child's basic physical and emotional needs

Recommendations for Policy and Practice

Based on our review of the policies, regulations and foster parent handbooks available online, several recommendations for policy and practice emerge.

- I. Provide a clear statement on the rights and responsibilities of foster parents.** To mitigate some of the challenges faced by the foster families, agencies should provide a clear statement of what the agency expects from foster parents as well as what foster parents should expect from the agency. This clarity would help to lessen the stress and burden that foster parents experience by providing details of what their role and responsibilities are and how it fits with the agency's role related to the youth placed with them.

An important first step is the presence of a foster care provider (or foster parent) bill of rights and a concomitant statement of the agency responsibilities to the foster parents. Currently, 18 states have statements akin to a foster parent bill of rights (NCSL, 2016). The jurisdiction of Washington DC also has an express statement of the agencies responsibility to the foster parent spelled out in a similar manner. It is recommended that jurisdictions with statements

akin to a foster parent bill of rights clearly outline these in documents/information that are targeted at foster parents (such as foster parent handbooks, department websites, and newsletters).

Using information from a number of the foster parent bills of rights available online (NCSL, 2016), a list (see Figure 7) has been designed to offer a list of items that might be included in a foster parent bill of rights. This list should be looked at as a minimum list of rights which can be expanded upon.

Parallel to the foster parent bill or rights it would be useful for the foster parent and the agency to have a similar listing of the responsibilities that the agency has toward the foster parent. The presence of both will clarify that fostering carries both rights and responsibilities of both parties. The responsibilities of foster parents is spelled out through their training and contract documentation. Having a similar document of what agencies are responsible for will allow for transparency and understanding of roles. The list below is from the Washington, DC code of regulations (as amended by Final Rulemaking published at 59 DCR 10669, 10670 (September 7, 2012). related to foster parents working with the Child and Family Services Agency.

Agency Responsibility to Foster Parents

The agency shall:

- (a) Provide the foster parent with accurate information about the foster child, including the reason the foster child is in foster care, within three (3) business days after placement;
- (b) Provide the foster parent with medical records, including immunization records, for the foster child, within three (3) business days of placement;
- (c) Help the foster parent to understand her or his rights and responsibilities;
- (d) Include the foster parent in the development of any service agreements for each foster child in her or his care;
- (e) Inform the foster parent of the foster child's permanency plan, keep the foster parent updated as to the progress of the achievement of that plan, and allow the foster parent to provide input into the plan;
- (f) Explain payment criteria, including foster care board and care payments, clothing allowance, and any supplemental expenditures made to meet the foster child's needs;
- (g) Evaluate the foster parent's ability to provide for the needs of the household on a case by case basis. If a foster parent has a financial problem, CFSA or the agency may assist the foster parent in accessing assistance through community resources;

- (h) Provide appropriate supportive services, when available, that will enable the foster parent to meet the unique needs of the foster child and deal effectively with problems inherent in the foster child's adjustment to care;
- (i) Respond as soon as possible to crisis situations that may arise from the foster child's placement in the foster home;
- (j) Assist the foster parent in preparation for the separation of the foster child from foster care placement;
- (k) Explain and provide pre-service and in-service training;
- (l) Assist the foster parent in the selection, preparation, and completion of in-service foster parent training;
- (m) Re-evaluate the foster parent and foster home every two years in accordance with §6029 of this chapter, and whenever there are changes that may affect:
 - (i) The health, safety or well-being of the child; or
 - (ii) The foster home; and
 - (iii) Recommend either renewal, suspension, or revocation of the license as appropriate;
- (n) Act in accordance with § 6024 when abuse or neglect is suspected in a foster home; and
- (o) Obtain and maintain all pertinent records on the foster parent and each foster child for whom the foster parent has cared.

CFSA or the contracting agency shall maintain regular contact with the foster parent and the foster child. For a foster child placed in a foster home:

- (a) During the first four (4) weeks after a foster child is placed in the foster home, CFSA or the contracting agency shall visit the foster child in the foster home as frequently as is necessary to assure the foster child's adjustment to the placement but no less frequently than once a week;
- (b) After the fourth week, CFSA or the contracting agency shall visit the foster child as frequently as is necessary but no less frequently than twice a month. At least one (1) of the monthly visits by CFSA or the contracting agency shall take place in the child's foster home. The other monthly visit may be at the child's school, day care or elsewhere;
- (c) Every visit shall include a private visit with the foster child outside the presence of the foster parent except in those cases where the foster child is less than eighteen (18) months of age; and
- (d) The contacts shall be more frequent when required by CFSA policy, or in CFSA's or the contracting agency's professional judgment, it is appropriate.

Figure 7: Foster parent bill of rights

Foster Parent Bill of Rights

Foster Parents have the right

1. To be treated with dignity, respect, and trust as a primary provider of foster care and a member of the professional team caring for foster children;
2. To be free from discrimination against on the basis of religion, race, sexual orientation, color, creed, gender, marital status, national origin, age, or physical handicap;
3. To continue with his or her own family values and beliefs, so long as the values and beliefs of the foster child and the birth family are not infringed upon and consideration is given to the special needs of children who have experienced trauma and separation from their families. This shall include the right to exercise parental authority within the limits of policies, procedures, and other directions of the Division of Family and Children Services and within the limits of the;
4. To receive high quality and pertinent pre-service and appropriate ongoing training to facilitate the successful placement of children with the foster family;
5. To be apprised of information, laws, and guidelines on the obligations, responsibilities, and opportunities of foster parenting and to be kept informed of any changes in laws, policies, and procedures regarding foster parenting by the agency;
6. To receive timely financial reimbursement according to the agreement between the foster parents and the agency including information related to additional financial reimbursements which might be available based on the age/need of the foster child placed with them;
7. To all pertinent information on the child being placed in their home which could impact the health and safety of the foster parent or the foster child prior to the placement occurring, including:
 - a) Information on prior placements and the reasons that these placements ended;
 - b) A written copy of the child's individual treatment and service plan.
 - c) A written copy of the child's visitation plan with both siblings and birth family.
 - d) Additional pertinent information related to the care of the foster child as it becomes available.
8. To information on how to receive emergency services and reach agency personnel 24 hours per day, seven days per week;
9. To refuse placement of a child in the foster home or to request, upon reasonable notice, the removal of a child from the foster home without fear of reprisal or any adverse effect on being assigned any future foster or adoptive placements;
10. To participate in the case planning and decision-making process within the agency, including:
 - a) Planning of visitation with the child and the child's biological family with the foster parents recognizing that visitation with biological family is important to the child;
 - b) Providing input concerning the plan of services for the child to the caseworker and court and to have that input considered by the department
 - c) Notification in advance, in writing, by the agency or the court of any hearing or review where the case plan or permanency of the child is an issue, including initial and periodic reviews held by the court
 - d) Communication with other professionals who work with such child within the context of the professional team, including, but not limited to, therapists, physicians, and teachers, as allowable under state and federal law;
11. To be considered, where appropriate, as a preferential placement for a child where a child who was formerly placed with the foster parents has reentered the foster care system or as the first choice as a permanent parent or parents for a child who, after 6 months of placement in the foster home, is released for adoption or other permanent placement options
12. To be provided a fair and timely investigation of complaints concerning the operation of a foster home, including
 - a) The right to an explanation of a corrective action plan or policy violation relating to foster parents; and
 - b) The right, to the extent allowed under state and federal law, to have an advocate present at all portions of investigations of abuse and neglect at which an accused foster parent is present.
13. To have access to the foster parent hotline and the ability to put forward complaints related to the management of the foster child in their care

The foster parent bill of rights and agency responsibility to foster parents should be publicly available through the agency website so that it can be referred to and any changes can be clearly documented and updated. Another good avenue for the delivery of this information is through the foster parent handbook. For example, the Arkansas foster parent handbook clearly lists the responsibilities of the department to the foster parents as well as the responsibilities that foster parents have towards the department, the foster child in their care, and the child's family. Similarly, the Indiana foster family resource guide clearly outlines the bill of rights for foster parents, bill of rights for foster children, as well as the responsibilities of the Department of Child Services.

- II. Every jurisdiction should have a publicly available foster parent handbook that is regularly updated and widely distributed.** Foster parent handbooks provide a single source of clear information that is important to the foster parent in working with the agency and caring for foster children. A number of states have publicly available foster parent handbooks and the information available through foster parent handbooks include a foster parents bill of rights, a list of expectations foster families can have from their state partners, and information that is important for the foster parent to be able to do their job (state regulations, hotline numbers and clearly outlined emergency protocols, respite policy, etc.).

These handbooks should be regularly updated with the latest information and distributed widely during training, the placement of a child with a foster parent, and through the official websites of the department or agency. This foster parent handbook should have the aforementioned bill of rights and agency responsibilities and list ALL pertinent regulations related to foster parents. While it is becoming less likely that a foster parent will not have access to online resources, it is still important to have a printed document available and widely distributed in case there is a need for information in a scenario where a foster parent either does not have a computer or where the internet is inaccessible. At a minimum a printed foster parent handbook should have the bill of rights, the responsibilities, a series of frequently asked questions related to common scenarios in the state and information related to how to contact the state agency (hotline numbers, support services, etc.). Some examples of comprehensive foster parent handbooks include handbooks published by the states of Indiana, Massachusetts, New York, and South Carolina. These handbooks contain policies and regulations pertaining to foster parents written in user-friendly formats and also provide ample information on the various support services available to foster parents.

- III. Having some form of liability and property insurance is an important protective factor for foster parents.** There are a number of insurance related factors that should be explained prospective foster parents including issues pertaining to liability insurance, homeowners/renters insurance and automobile insurance. This information should be

included in the foster parent handbook and stated clearly so there is less likely to be confusion.

(a) *Liability Insurance.* Welcoming a foster child into their homes may leave foster parents vulnerable to lawsuits as well as property damage and loss related to their foster child. It is important for foster parents to have some form of basic coverage against loss or damage due to acts (or omissions) of foster children as well as lawsuits filed by biological parents.

Anderson and Marlett (2014) in their study on existing state programs protecting foster parents found that states typically employ one of the four following approaches to insurance – (i) Purchasing a foster parent liability policy to provide protection for licensed foster parents (e.g. Oklahoma and South Carolina) ; (ii) Providing a trust to indemnify foster parents for their losses (e.g. Alaska and Maine), (iii) Offering foster parent immunity from civil liability unless presence of gross misconduct, and (iv) Treating foster parents like state employees, thereby allowing them to seek refuge against civil liability unless there is gross negligence (e.g. Massachusetts). Providing foster parents with clear information on the forms of liability insurance coverage they require (and may be provided through state), the scope of the coverage, the amount of coverage provided, and the process for claiming reimbursement.

(b) *Homeowners/Renters Insurance.* Homeowner's or renters insurance is important for foster parents who open up their homes to foster children from varying backgrounds. Often, foster parents are encouraged to get homeowner's/renter's insurance and the type of coverage a foster parent has is checked during the process of home inspection and licensing. It is important to provide information on homeowner's/renter's insurance to foster parents, especially if certain forms of potential damages or losses are not covered by other forms of liability insurance. As Anderson and Marlett (2014) explains, it is important to know whether the foster child is considered as included on the list of the insured and thereby covered; in cases where foster children are considered insured, foster parents may not be protected from lawsuits resulting from injuries to foster children. As a result, a clear listing of coverage by homeowner's insurance, including coverage for any property damage caused by foster children should be explained during training.

(c) *Auto Insurance.* For foster parents with older youth placed in their home there can be the additional complication of auto insurance. Most states have processes in place to support foster youth learning to drive but not all of these jurisdictions have a clear policy on auto-insurance. Our results suggest that most jurisdictions require the foster parents or the foster child to cover the auto insurance by themselves through the maintenance payments. This was clarified in a 2009 California court case where the California Supreme Court ruled that the state child welfare system did not need to pay car insurance separately, but should have a maintenance payment rate high enough to include these items (Egelko, 2009).

The cost of insurance and the amount of these costs that are covered by the agency or not should be provided to foster parents during training and through the foster parent handbook. Foster parents should be required to have some form of liability insurance, and should have homeowners/renters insurance of sufficient quality to account for potential damage caused by a foster child placed in their home. If an older foster child (of driving age) is being placed in a foster home the foster parent should be made aware of the insurance expectations and who pays for this insurance.

Targeted and user-friendly brochures on insurance (for e.g. see Wisconsin fact sheet on liability insurance at Figure 8) can be a great way to disseminate this information during the initial placement of a child with a family or when a foster youth begins driver's education. Insurance information should be included in the foster parent handbooks, with details on suggested coverage limit, suggested deductibles and how much the state might provide toward the deductible, and what the process is to claim additional assistance through the state. Any forms that are required to make claims or access additional funds should be made publicly available through the foster care handbook and posted on line.

Figure 8: Snapshot of liability insurance fact sheet: Wisconsin

WHAT IS THIS LIABILITY INSURANCE PROGRAM FOR?

This program was created by the Wisconsin Legislature to ensure that foster parents are reimbursed for damages or loss they experience caused – on purpose or by accident – by children placed in their care and are not covered by private insurance policies.

WHO IS ELIGIBLE?

Any foster parent licensed in the state of Wisconsin is eligible to file a claim under this program when the child is in custody of the county or state and was placed in their home at the time the damage or loss occurred. However, this program is the "insurer of last resort" and should only be used when a private insurer will not cover any damages or loss.

WHAT KINDS OF DAMAGE OR LOSS ARE COVERED?

Foster parents are required to have homeowner's or renter's insurance (unless waived by the licensing agency) that covers negligent acts committed by foster children that result in bodily injury or property loss to the foster home resident's personal property, insurance on buildings on the property, coverage on vehicles, boats, snowmobiles, ATVs, etc.

This program is designed to cover injury or damage caused by the foster child to foster parents that is not covered by private insurance policies. In some cases, private insurers will not cover damage or loss. In addition, this program may cover injury or damage caused by foster parents to the foster child or for acts by foster parents for which they are sued by the child's parent. The state Foster Parent Insurance Program does not cover third party claims, unless the foster parent is sued by the third party.

It is recommended that all valuables such as jewelry, cash, keys, antiques and vehicles be safeguarded or protected from loss or theft.

WHEN MUST I FILE MY CLAIM?

If the damage or loss was suffered by foster parents, the claim must be filed within 90 days after the damage or loss occurs or is discovered.

Regardless of any other circumstances (e.g., waiting to hear from private insurers, the child going to court for a possible restitution order), the foster parents should file a claim with the social worker as soon as possible after the damage or loss occurs or is discovered. If restitution is granted by the court, the Department of Children and Families (DCF) shall be notified and restitution monies must be returned up to the amount of the paid claim.

HOW DO I FILE A CLAIM?

In order to file a claim, the foster parent should discuss the damage or loss with the agency that placed the agency, and ask the agency for a claim form (form DCF-F-CFS0116). The form must be filled out completely with as much detail as possible. The completed form, with any documentation, needs to be returned to the agency that placed the child. An IRS W-9 form, also known as Employee Identification Form, and a STAR Vendor Information Form are to be filled out by the foster parent and submitted with the DCF-F-CFS0116.

The foster care agency will complete another form (form DCF-F-CFS0117) and may request additional information and/or permission to view the damage. The agency will then forward all of the materials to the Department of Children and Families for review. The DCF-F-CFS2198, Foster Parent Insurance Program Checklist, will give additional information on filing the claim. Your worker or placing agency will need to determine the IV-E federal eligibility of the child.

WHAT INFORMATION SHOULD I SUBMIT WITH THE CLAIM?

The more documentation you have, the better. It is recommended that you photograph, videotape, or inventory your home and contents now. If damage or loss occurs, you can then photograph the damage and submit all of the photographs for comparison. You must submit written estimates on printed business forms or letterhead for repairs or replacement costs, receipts for replacement items, written insurance company estimates of damages, police reports, fire reports, or other documentation that

You will also need to submit proof that your private insurance will not cover any of the damages or loss by sending a current copy of a letter from your insurance agent.

In addition, the department is only able to reimburse foster parents for parts or section of a set of items. For example, if a couch is damaged beyond repair and it is part of a set of a love seat and chairs, we are only able to reimburse for the couch that is damaged.

IS THERE A DEDUCTIBLE?

The department is required to deduct \$100 for all claims submitted within the same state fiscal year (July 1 through June 30). If your private insurer pays part of the claim and charges a deductible, \$100 will be subtracted from that deductible.

If your claim is for less than \$100, you should file it with your agency in case you have another claim within the same fiscal year. For example, if you have a claim in August for \$50 and another in January for \$150, the \$100 would be deducted from the total of both claims.

HOW LONG BEFORE I RECEIVE MY CLAIM CHECK?

Claims are reviewed quarterly in January, April, July, and October. It takes about six weeks from the time your claim is approved for you to receive a claim check.

If your claim is incomplete or does not include adequate documentation, the processing time will be increased.

WHERE CAN I GET MORE INFORMATION?

For additional information, contact your social worker for the child who is placed in your foster home.

For each quarter, if the total claims exceed the state budget of \$15,000, plus applicable federal funds, the reimbursement will be prorated. If any funds are left at the end of the state fiscal year, these funds will be prorated to foster parents not receiving full reimbursement.

All forms necessary to complete a claim can be found on our website:

- IV. Information on foster child’s healthcare and the roles, responsibilities of foster parents should be clearly outlined.** Foster parents have the responsibility to provide a safe environment for each child and youth placed in their home. This includes a need to account for the health and well-being for each child placed in the foster parent's care, including medical and dental needs, ensuring that the child/youth maintains a connection to their families through visitation and providing appropriate clothing for the child/youth on a daily basis and for special occasions.

In all jurisdictions children in foster care are covered by Medicaid and that information should be provided to the foster parents in a clear manner at the start of any placement. The foster parent handbook should have a section providing foster parents with the specifics as to their role in the health care of their foster child. The state agency should provide foster parents with the child/youths Medicaid card (or number) and a list of providers who accept Medicaid coverage for routine and specialized medical care, dental and eye care, medical therapists, hospitalization, and mental health services. The foster parent should make the appointments and call to be certain that Medicaid patients are accepted before taking the child to the health care provider. Policies regarding the time frame for initial medical assessment after placement and for the comprehensive medical examination vary from state to state but should be clearly delineated in the material posted online and in the foster parent handbook.

- V. In cases where siblings are placed in different homes, agencies should clearly identify guidelines on preferred frequency of family visitation.** The preferred outcome for children in out of home care is the reunification with their family of origin. Agencies should explicitly state their policies related to family visitation (both parental and sibling visitation) for foster parents online and in the foster parent handbook. In some cases, where sibling have to be placed apart (for instance, because it is in the best interest of the children), establishing guidelines on minimum frequency of visitations scheduled as well as In most states, foster parents are expected to be involved in the process of developing the visitation schedule as well as work cooperatively as team members with case managers to conduct these visits (including transporting youth to these visits or hosting visits if it is safe to do so). This collaborative process makes sense for all parties and is recommended.

- VI. Clearly outlining various clothing allowances available for foster children will make it easier for foster parents and youth to appropriately plan for clothing needs.** In all jurisdictions, the monthly stipend has built into it an amount for clothing. The amount depends on the child’s age and varies between the jurisdictions. In most of jurisdictions the clothing expenditures must be approved/authorized by the social work caseworker. Another clothing allowance is an “*initial clothing allowance*”. Foster parents are issued an initial

clothing allowance for children placed in their home. This allowance may be paid for children entering foster care without sufficient clothing or for special needs clothes or shoes. In most of the states this amount must be approved/authorized by the social work case worker. Only a few jurisdictions have an “*extra for emergencies*” allowance. This allowance is mainly for an “exceptional circumstances” - for children with medical or extreme emotional/psychological needs. The “extra” range must be approved/authorized by the social worker. Some jurisdictions include in their monthly stipend special reimbursements for uniforms, sports, proms etc. Best practices around clothing allowances and the availability of funds for special events (such as for sports equipment, formal wear for dances, or graduation gowns) should be spelled out clearly in the foster parent handbook. Being clear about what percentage of the monthly maintenance payment has been set aside for clothing and whether there is availability for additional expenses (or if there is a need to save from the maintenance payments) need to be documented clearly. Survey respondents suggested that special clothing reimbursements of up to \$250 per year was available to foster parents with appropriate receipts and pre-approval. Clearly documenting this information makes it easier to appropriately plan for clothing needs, so that a foster child/youth may be properly attired for regular, sporting, and special occasions.

VII. It is important to involve foster parents in court hearings and provide them with information on their roles and responsibilities. In most of the states, foster parents have a legal right to be notified of the court hearings and to participate in the hearings. In many jurisdictions, the case manager has to notify to the foster family in writing at least two weeks in advance prior to the hearing. The foster parents can be present at the court hearing, and can share information/advocate about the foster child in the court, but are not required to either be present or to provide specific information. In addition, the social worker responsibilities regarding the hearing are to provide date, time and location of hearing, to prepare the foster parents for the hearing and to ensure transportation for the foster child. All information pertaining to the well-being of the child should be shared with the foster parents in a timely manner, including when court hearings occur, and the outcomes of these court hearings. The importance of the court hearing should be made clear to the foster parent as part of training and through documentation in the foster parent handbook. Providing foster parents with a clear understanding of the importance of these hearings will hopefully encourage them to fully participate in them either through attendance as an advocate for their foster child, or as part of the planning team to provide up to date information on how the foster child is doing in their home.

VIII. It is vital to provide foster parents with a list of emergency numbers and other important numbers. All the jurisdictions have emergency procedures, and have been posted their numbers phone or point of contact on their websites/policies/handbooks. The most

common are the hotline/warm line/emergency line/Child Abuse line. In most of the states, the foster parents can find a list of contacts on the agency website, and a list of situations that the foster parents must call immediately and whom to get in touch with. Foster parents should be informed, both through the foster parent handbook and online resources, what the appropriate hotline numbers are for specific situations and times. While a 24 hour hotline is preferable, not all jurisdictions have such a line (aside from their required child protective services reporting line) and instead have hotline numbers during the day and refer foster parents to other sources (warm lines) during the evening. However the jurisdiction decides to provide this type of assistance it must be clearly delineated through all of the communication sources. Ideally, this information would be provided through other sources as well (such as refrigerator magnets, or cards to keep by the telephone). Only in a few jurisdictions is there a hotline for foster parents to contact with problems that are related to the social worker or department. These hotlines are generally operated through the ombudsman's office but are also contracted through contracted family support agencies. It is important for states to provide a venue for foster parents to provide concerns/feedback on child welfare professionals and the child welfare system. This feedback forum must be independent of the caseworker in order for the foster parent to feel heard, but also must be able to be responsive. An empowered ombudsman's office is in good position to provide that level of independence and access.

- IX. A well-structured mechanism to receive feedback from foster parents will be helpful in better catering to the needs of foster parents.** It is recommended that foster parents are provided access to a hotline that can be used to contact with problems that are related to the social worker or department. There needs to be a standardized means for foster parents to provide feedback to the agency on the overall functioning of the child welfare system. Just under 2/3rds of respondents to the survey stated that they have a standardized format to provide foster parents this opportunity and these ranged from quarterly surveys on foster parent support and training, to occasional participation in the mandated quality assurance reviews, to surveys of foster parents every two or so years. As foster parents are the key to a successful foster care system, their feedback should be an important aspect of insuring a well-functioning foster care system. This feedback should be sought at least annually through online surveys and also through exit interviews at the time either they stop being foster parents or their foster youth transitions into a different placement.

Foster parents, as the primary caregiver of a traumatized child placed in out of home care, are the key to a successful foster care system. These foster parents must be prepared to work with the vulnerable children placed with them through adequate training and a clear understanding of their roles and responsibilities in the foster care system. Clarity regarding the roles and responsibilities of foster parents can only be accomplished through the provision of information to foster parents through many different venues, the most important being a foster parent

handbook available electronically and in hardcopy. The handbook acts as the avenue for foster parents to understand what is expected of them, what they can expect from the agency, and how to navigate the multiple scenarios that are likely to come up while fostering a child through the foster care system. The most important aspect through all of this is that it is in the agencies best interest to treat foster parents with respect as an equal partner in the care of the foster youth.

References

- Anderson, J.A. & Marlett, D. C. (2014) Foster parent liability risk. *Journal of Insurance Regulation*, 33, 265-287
- Child Welfare League of America (CWLA). (2007). Hitting the M.A.R.C.: Establishing Foster Care Minimum Adequate Rates for Children. Retrieved on-line from <http://www.cwla.org/ADVOCACY/marcssummary.pdf>
- Child Welfare Information Gateway. (2016). Court hearings for the permanent placement of children. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: <https://www.childwelfare.gov/pubPDFs/planning.pdf>
- Child Welfare Information Gateway. (2015). Healthcare coverage for youth in foster care—and after. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from: https://www.childwelfare.gov/pubPDFs/health_care_foster.pdf
- Egelko, B. (January 23, 2009). State off hook for foster kids' car insurance. San Francisco Chronicle. <http://www.sfgate.com/bayarea/article/State-off-hook-for-foster-kids-car-insurance-3253875.php>
- Fawley-King, K., Traska, E.V., Zhang, J., & Aaronsa, G.A.N(2017). The impact of changing neighborhoods, switching schools and experiencing relationship disruption on children's adjustment to a new placement in foster care. *Child Abuse & Neglect*, 63, 141-150.
- Hudson, P., & Levasseur, K. (2002). Supporting foster parents: Caring voices. *Child Welfare*, 81(6), 853-877.
- Kerman, B. (2000). *Foster care program needs assessment: results of the foster parent and foster youth interview*. Casey Family Services, New Haven, CT
- Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child & Family Social Work*, 16(2), 149-158. doi:10.1111/j.1365-2206.2010.00722.x
- National Conference of State Legislatures (August 25, 2016). Foster Care Bill of Rights. <http://www.ncsl.org/research/human-services/foster-care-bill-of-rights.aspx#Parents>

US General Accounting Office. (Aug 3, 1989). Foster parents: Recruiting and preservice training practices need evaluation . (No. HRD-89-86). Washington, DC: Government Printing Office. Retrieved from <http://www.gao.gov/assets/150/148055.pdf>

U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2016). *The AFCARS Report*. Retrieved from: <https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport22afcarsreport23.pdf>

Appendix I: Policy Data Matrix

Data Matrix

Foster Care Handbooks

Alabama	2001	Montana	1980
Alaska	2012	Nebraska	2002
Arizona	2014	Nevada	Clark County, 2010
Arkansas	Revised, 2013	New Hampshire	Revised, 2014
California	There are four handbooks: County San Diego (2012), Fresno County (2014), San Bernardino (2012), San Matro (2005)	New Jersey	Revised, 2015
Colorado	Revised, 2011	New Mexico	2011
Connecticut	Revised, 2016	New York	2010
Delaware	---	North Carolina	Catawba Valley (cannot find the year of publication)
Florida	There are two handbooks (Safe Children Coalition, 1997; and Family Integrity Program, 2007)	North Dakota	Revised, 2014
Georgia	Revised, 2003	Ohio	Yes (cannot find the year of publication)
Hawaii	Not a handbook only a summary of important information for DHS foster families, from 2010	Oklahoma	Revised, 2014
Idaho	--	Oregon	Yes (cannot find the year of publication)
Illinois	Revised, 2014 (there are four handbooks for implementation plan, based on the region)	Pennsylvania	Not available for state. Counties and agencies are responsible to provide information to parents. Philadelphia city and Centre county have handbooks
Indiana	2008, 2013	Rhode Island	By Department of Children, Youth and Families (2005)
Iowa	2002	South Carolina	2008
Kansas	2012. Also found a manual from 2016 (placement services standard manual)	South Dakota	2014
Kentucky	2014	Tennessee	2013
Louisiana	Revised, 2009	Texas	Yes (for the agency)
Maine	--	Utah	2010

Maryland	--	Vermont	2014
Massachusetts	2003	Virginia	Fairfax County
Michigan	2006	Washington	--
Mississippi	--	West Virginia	Legal guide on "advocating for the best interest of the child" for foster parents available. No general handbook. It appears some of the agencies may have handbooks, but the links on the website do not work
Minnesota	There are three foster parent handbooks for each county (Blue Earth county, Hennepin County, and Wright County)	Wisconsin	2008
Missouri	2015	Wyoming	2002

Liability Insurance for Foster Parents

Alabama	Foster care providers, licensed or approved by DHR to maintain homes for a child are covered by the State of Alabama General Liability Trust Fund. The fund provides basic liability indemnification for deaths, injury, or damage arising out of negligent or wrongful acts or omissions committed by a covered individual while in the performance of their duties in the line and scope of their employment.
Alaska	Under certain circumstances, a foster family may be reimbursed up to \$5,000 for damages and loss. These may include financial losses resulting from physical injury inflicted by a foster child to a member of the foster family household or to property of the household not covered by other insurance policies.
Arizona	State of Arizona provider program that oversees claims for damages caused by children in care. Coverage includes:(1) General Liability such as bodily injury, property damage or personal injury resulting from the direct or incidental care of a child in care (2) Damage to Personal Property which includes physical damage or destruction of the real and personal property. However, the damage must actually be caused by the child in care.
Arkansas	Foster parents must carry homeowner's or renter's insurance and general liability insurance, which may be included in the homeowner's policy. Any claims that are not covered by home owner's insurance for damages or destruction to a foster parent's personal property or to the property of others due to the actions of a child placed in a foster home will need to be filed with the Arkansas Claims commission.
California	Care providers are generally are not liable for damages caused by the children. However, the care providers may be liable for damages resulting from improper supervision. This liability insurance covers certain valid claims of bodily or personal injury to foster children that occur during the foster care relationship, The Fund's coverage limit is \$300,000 for all claims per licensed home during a single calendar year (Fresno).
Colorado	---
Connecticut	---
Delaware	---
Florida	"In some cases, damage done to your person or property by a foster child may be reimbursed though the State's Institutional Claims Fund. The form must be completed and submitted to the Family Integrity Program as soon as possible after the incident. The Family Integrity Program must file the paperwork with the Florida Attorney General's office within 120 days of the incident. The fund will not pay for losses covered under your personal homeowner's policy, but will pay the deductible on your insurance. Report the incident immediately to the child's assigned Social Worker. You will be asked to provide the following information: 1) Original written estimates or receipts for repair or replacement costs, 2) Related medical bills or receipts, 3) A physician's statement/diagnosis, 4) Official report documenting the incident, 5) Names, addresses and telephone numbers of all witnesses and people involved."
Georgia	(1) The foster parent is covered in the event a foster child is injured and a claim or lawsuit is brought against the foster parent by the birth parent or child's guardian (2) The foster parent is covered for "incidental malpractice" for failure to provide necessary medical care, therapy, proper diet or other medical needs of the foster child (3) The

	foster parent is covered for personal injury claims such as libel, slander, false arrest. Wrongful eviction or entry and alienation of the affections of the foster child from his/her birth parents (4) The foster parent is covered for injury or damage caused by a foster child to others for which the foster parent is held responsible (5) The foster parent is covered in the event he breaches a contract (written or oral) entered into in conjunction with his/her activities as a foster parent. Also can find property damage insurance. It will cover the loss of property in excess of \$100.00 to a maximum of \$1,000.00 for each incident. However, as of July 1, 2003, there is a \$100.00 deductible per occurrence for real or personal property owned by or in the care, custody, and control of the foster parent. Can find details about exclusions.
Hawaii	Licensed DHS resource caregivers providing care for DHS foster children are included in a limited liability insurance coverage purchased and provided by the Department. It is also highly recommended that all resource caregivers should purchase homeowner or renter's insurance.
Idaho	---
Illinois	FC damage reimbursement program- This program provides secondary insurance coverage for foster parents (over and above any other valid and collectable insurance held by the foster parents) for property damage and bodily injury caused by a child while the child is "in the care, custody and control" of the foster caregiver. DCFS automatically provides this coverage at no cost to all foster families and relative caregivers. (Physical damage to the property of others- \$5000 per fiscal year. Physical Damage to the Property of the Foster Family- \$5,000 per fiscal year, Bodily Injury to Others and Bodily Injury to Members of the Foster Family - \$5000 each.
Indiana	Handbook: many offices provide liability insurance for foster parents, respite care, foster parent recognition, camp fees for foster children, and a variety of other opportunities throughout the year. Foster parent insurance can provide liability coverage, for instance if as a FP you are sued by a birth parent or neighbor. It can also cover injury or damages caused by a foster child to you or your home as a supplement to your homeowners or renters insurance, and to the person or property of someone else. It cannot cover any claims for the use, maintenance or ownership of a vehicle or watercraft. Policies -Reimbursement under the policy would occur only after denial or partial coverage occurs under a personal insurance claim (i.e. homeowner's or auto policy coverage) and after a \$250 deductible is met by the foster parent.
Iowa	DHS is authorized by law to administer the Foster Home Insurance Fund. DHS has a contractor that provides this service. Coverage is provided for: (1) Property damage at replacement costs or medical care for bodily injury as a result of the activities of a child in family foster care (2) Attorney fees in defense of civil claims filed against a foster family arising from the foster care relationship (3) Court awarded claims against the foster family on behalf of the child, or the child's parents, guardian, or guardian ad litem. The foster parent liability insurance has the following exceptions: - First \$100 for claims arising out of one or more occurrences during a fiscal year. - Claims over \$300,000 per foster family home in a fiscal year. - Personal injury incidents involving motor vehicles, aircraft, recreational vehicle, or watercraft owned, operated by, rented, leased, or loaned to a foster parent.

	<ul style="list-style-type: none"> - Exemplary or punitive damages. - An occurrence which does not arise from the foster care relationship. - A loss arising out of a foster parent's lascivious acts, indecent contact, or sexual activity. Claims filed by foster parents against the fund must be submitted within two years of the occurrence.
Kansas	KDHE regulations require foster families to obtain accident & liability car insurance. The foster parent understands that the agency takes no responsibility for replacing or repairing any items damaged by the child in care.
Kentucky	---
Louisiana	The Department of Social Services assumes limited liability for damages caused by a foster child living in a foster home. A claim may be paid to the foster parent in the following situations: (1) When it is shown that the placing worker knew the child was destructive and failed to share this information with the foster parents; (2) When the foster parent has signed a foster parent liability agreement which is included in the OCS Form at the time of certification and damages to a third party are not the result of negligence of the foster parent or third party.
Maine	---
Maryland	Family law and COMAR requires that the SSA provide liability insurances to FP. This insurance coverage for: (1) bodily injury and property damage that the FC causes to a person or property of a person other than the FC and (2) actions against the FP by the natural parents for any accident to the FC. The Department shall under certain conditions provide liability insurance premiums from State funds, for FP. Excluded from coverage are claims: (1) Alienation of affection, (2) accidents involving vehicles which are licensed for road use (3) payment to the FP for injury of damage caused by the FC to the FP which otherwise covered by insurance. (website)
Massachusetts	Under Massachusetts General Laws Chapter 258, Section 1 (the Massachusetts Tort Claims Act), a Department of Social Services licensed foster/pre-adoptive parent is considered to be a "public employee" for tort liability purposes with respect to claims against the foster/pre-adoptive parent for injuries or death made by or on behalf of a foster child, provided that the conduct of the foster/pre-adoptive parent "was not intentional, or wanton and willful, or grossly negligent." – handbook.
Michigan	---
Mississippi	Mentioned in handbook.
Minnesota	Youth released from custody at age 17+ must have proof of liability insurance.
Missouri	---
Montana	The insurance covers foster parents, relatives of the foster parents living in the foster parent's home and foster children under the age of 18 who are under the care and supervision of the department placed in the home.
Nebraska	Nebraska statute mandates the department to provide insurance coverage for liability and damage for foster parents. Any foster home or adoptive home licensed or approved by the Department or Indian Tribal Councils within Nebraska is covered by the insurance for the period of time that an HHS or HHS-OJS ward is placed in the home.
Nevada	FP must have liability insurance - failure to maintain the insurance in force is a basis for the revocation of a license.
New Hampshire	Individuals who provide foster care to children are entitled to liability insurance coverage, pursuant to RSA 170-G: 3 VI and VII.

New Jersey	Provides a resource parent liability program that includes property damage/loss and legal representation (handbook)
New Mexico	---
New York	Foster parents are exempt from liability for damages to certain real or personal property caused by a foster child who is over age 10 and under age 18. Foster parents also are exempt from responsibility for damages done to public property belonging to a municipality, a school district, or state government. Foster parents also generally are not liable for damages caused by a foster child under the age of 10. (handbook)
North Carolina	---
North Dakota	Policy: North Dakota provides property damage liability coverage for licensed foster homes subject to certain conditions. This coverage is secondary to the foster parent's own insurance. The foster care liability insurance carried by the Department specifically excludes anything related to motor vehicles.
Ohio	Administrative code: a foster caregiver shall be immune from liability in a civil action to recover damages for injury, death, or loss to person or property allegedly caused by an act or omission in connection with a power, duty, responsibility, or authorization under this chapter or under rules adopted under authority of this chapter. By county- Clinton County: The manual states that the county extensively researched the possibility of implementing a program to provide foster parents with liability insurance. Based on legal advisement, the County has decided (as of 2008) to not provide liability insurance or other compensation for damages incurred accordingly to foster parents at the time of their initial certification. Foster parents are advised that they can purchase such liability insurance on their own accord.
Oklahoma	Handbook: Liability insurance is provided for resource families for damages incurred by children in DHS custody pursuant to the terms of the policy. Questions related to resource parent liability insurance are referred to the designated insurance company. Damages are subject to a \$250.00 deductible.
Oregon	Foster parents have liability insurance as provided by the Oregon Tort Claims Act through the state's Risk Management Division. Foster parents "are encouraged to be proactive, using the information from "A Guide to Controlling Risk" provided on the next page. A sample copy of the form that is used to make a claim is on page 27. "You may obtain copies from your branch or by calling the Risk Management, immediately report any loss to your certifier." Property and liability insurance covers property damage, injury claims and lists the processes for filing claims.
Pennsylvania	If the county agency directly approves and supervises foster family homes, foster parents are required to purchase or obtain general liability insurance and fire insurance coverage for the premises where foster family care is provided as a condition of approval. The county agency is also allowed to purchase the liability insurance on behalf of persons seeking approval as foster family parents. Philadelphia handbook: does not mention liability insurance and who needs to purchase it.
Rhode Island	Regulations: Foster care maintenance payments for a child in care may cover the cost of liability insurance with respect to the child. No specification in handbook or regulations about amount or nature of liability insurance.

South Carolina	<p>No information in policy.</p> <p>Handbook: Liability insurance and DSS self-insurance are two types of insurance available to foster parents. Liability insurance is provided by DSS if coverage is available. The liability insurance covers lawsuits against foster parents and damages to a foster parent's home up to \$5,000, with a \$250 deductible. It does not cover damage involving vehicles (moving or not moving, including boats), regardless of how the vehicle was damaged. DSS self-insurance covers damages under \$500, with a \$50 deductible. There must be a \$50 minimum to file a claim. The DSS self-insurance will pay the \$250 deductible of the private insurer's liability coverage. It also covers damages involving motorized vehicles up to the \$500 limit; however, vehicle insurance must be the first payer. "It is important for you to remember that, as a foster parent, you should never agree to pay damages caused by a foster child. A foster parent is not liable for such damages; nor is DSS. If someone is injured or has property damaged by a foster child, be sure to refer that person to DSS for information about steps to follow."</p>
South Dakota	To be covered by monthly reimbursement rate to the foster parents.
Tennessee	<p>Handbook states: A foster parent under contract with the services may wish to secure liability insurance. Failure to comply with Department policies or rules relating to care of foster children or acts of gross negligence may place the resource parent at legal risk. Resource parents must decide whether they feel the need to carry liability insurance coverage for any additional potential liability.</p> <p>Handbook refers foster parents to check in with Local Resource Parents Associations for information regarding liability insurance. If a lawsuit is brought against a resource parent, the resource parent may be entitled to representation paid for by the state or for representation by the State Attorney General's office in case the alleged negligent or criminal acts were within the scope of the resource parents "job." The resource parent must have been acting within the scope of their responsibilities and in compliance with DCS policy and the foster care placement contract to remain within liability. As long as a resource parent provides proper care and supervision of the foster child, they are not legally responsible if the foster child should damage someone else's property. Homeowner's insurance may cover damage caused by a foster child.</p>
Texas	<p>Policy: Although foster parents could be held liable only through negligence or by expressly authorizing acts of the foster child which caused property damage or bodily injury, DFPS encourages foster parents to check with their insurance agency about liability coverage. Special insurance is available to protect foster parents against certain damages or liability. The Texas State Foster Parents, Inc. has information about such insurance. Note: State funds are not available to pay for foster-parent liability insurance.</p>
Utah	<p>The State Division of Risk Management will provide liability coverage for resource parents for acts committed by foster children in their care. It is not necessary for Resource parents to file a claim on their personal homeowner's insurance. Limited liability insurance is available for any damages caused by a child in foster care to a resource parent's property up to \$1,000 with a deductible for the first occurrence. Within a year's period of time, any additional claims will have a reduced deductible. Damages caused outside of the resource home may be resolved by State Insurance or the Court. Whenever possible, the child in foster care will be ordered by the Court to be</p>

	responsible for the damages caused. Otherwise, the Division will be responsible for the cost of the resource parent's defense and any judgment up to \$250,000.
Vermont	<p>Policy: A foster parent may be reimbursed for damages done by a foster child, who is living in the home if:</p> <ul style="list-style-type: none"> - The foster parent submits a written report, within one month of the occurrence to the district director, which includes a brief summary of the incident and an estimate of the cost of repair or replacement of the damaged items; - A district office staff member submits a written report to the district director within six weeks, describing the damage based on personal observation; and - The district director approves the claim.
Virginia	Policy: Reimbursement/basic maintenance payment is expected to cover liability insurance with respect to a child.
Washington	<p>(1) The foster parent liability fund authorized under RCW 74.14B.080 allows for insurance coverage for foster parents licensed under chapter 74.15 RCW. The coverage includes personal injury and property damage caused by foster parents or foster children that occurred while the children were in foster care.</p> <p>(2) Such insurance covers acts of ordinary negligence but does not cover illegal conduct or bad faith acts taken by foster parents in providing foster care. Moneys paid from liability insurance for any claim are limited to the amount by which the claim exceeds the amount available to the claimant from any valid and collectible liability insurance. The limits of coverage under the foster parent liability are:</p> <p>(1) Up to twenty-five thousand dollars per occurrence. "Occurrence" means the incident which led to the claim.</p> <p>(2) The claim must be for a third party personal injury or property damage arising from a foster parent's act or omission in the good faith provision of family foster care and supervision of a foster child.</p> <p>(3) The department must not make a payment of claims from this liability fund if the foster parent is not liable to the third party or the foster child's birth or adoptive parent or guardian because of any: (a) Immunities; (b) Limitations; or (c) Exclusions provided by law.</p> <p>(4) The foster parent must, first, exhaust all monetary resources available from valid and collectible liability insurance before seeking payment from this liability fund. Coverage under this foster parent liability fund must be in excess of any other available liability insurance.</p> <p>The policy discusses what is covered and can be reimbursed, eligibility, limitations. The per occurrence/total amount the department will pay as the result of any one occurrence must not exceed: (a) Five thousand dollars for all property damages and losses; or (b) One thousand dollars for all personal bodily injuries regardless of the number of foster parents or their household members who sustain property damages, losses, or personal bodily injuries.</p>
West Virginia	<p>General Liability Insurance: This insurance protects the department including its employees and the foster/adoptive parents for negligent acts of the foster child that causes injury or damage to persons other than the foster/adoptive parent.</p> <p>Property Insurance: This insurance protects the foster/adoptive parent for property damage caused by the foster child to the foster/adoptive parents' own property. Losses are adjusted on an actual cash value basis (replacement</p>

	cost less physical depreciation.) Each loss is subject to a \$2,000.00 deductible with the foster/adoptive parent responsible for the first \$300.00 of the loss. The boarding care payments policy mentions that the basic foster care maintenance payment (general boarding care reimbursement) is expected to cover liability insurance with respect to a child.
Wisconsin	<p>Wisconsin has a Foster Homes Liability Insurance Program. Brochures with information on the insurance are given to foster parents. From the brochure: This program was created by the Wisconsin Legislature to ensure that foster parents are reimbursed for damages or loss they experience caused – on purpose or by accident – by children placed in their care and are not covered by private insurance policies (that foster parents are required to have).</p> <p>In addition, this program may cover injury or damage caused by foster parents to the foster child or for acts by foster parents for which they are sued by the child's parent. The state Foster Parent Insurance Program does not cover third party claims, unless the foster parent is sued by the third party.</p> <p>The brochure also mentions when to file the claim, how to file it, and what information to submit with the claim. The department is required to deduct \$100 for all claims submitted within the same state fiscal year. If the private insurer pays part of the claim and charges a deductible, \$100 will be subtracted from that deductible. For each quarter, if the total claims exceed the state budget of \$15,000, plus applicable federal funds, the reimbursement will be prorated. If any funds are left at the end of the state fiscal year, these funds will be prorated to foster parents not receiving full reimbursement.</p>
Wyoming	---

Homeowner or Renter Insurance

Alabama	Foster parents should check with their insurance company, any if there is a premium the foster parents have to pay.
Alaska	---
Arizona	---
Arkansas	---
California	---
Colorado	Home insurance is required.
Connecticut	---
Delaware	---
Florida	---
Georgia	---
Hawaii	It is highly recommended that all resource caregivers should purchase homeowner or renter's insurance.
Idaho	---
Illinois	---
Indiana	---
Iowa	If the foster parent is a homeowner, he/she needs to carry their own insurance. The Foster Home Insurance Fund will cover losses only in specific cases.
Kansas	Foster family care providers are strongly encouraged to maintain appropriate renter's, homeowner's, and household insurance to cover physical damages that might occur as result of a child or youth being placed in the foster family's home.
Kentucky	The foster parent must report property damages to the local worker for information about filing a claim. All claims of \$1000 and above must be submitted to the home owner's insurance of the foster parent(s) prior to filing a claim.
Louisiana	Damage by a foster child to property owned, occupied, rented or controlled by the foster parent is the responsibility of the foster parent. Foster parents are encouraged to seek household insurance coverage.
Maine	---
Maryland	---
Massachusetts	A foster parent is not obligated to access his/her own insurance unless s/he chooses to do so.
Michigan	---
Mississippi	Company will honor this coverage. If the foster/pre-adoptive parent and their insurance company.
Minnesota	---
Missouri	---
Montana	The Commonwealth and not the foster/pre-adoptive parent.
Nebraska	---
Nevada	---

New Hampshire	Foster parents are required to have homeowner's or renter's insurance coverage.
New Jersey	---
New Mexico	---
New York	---
North Carolina	---
North Dakota	Home Property Damage Policy (revised 3/2008) created to assist licensed foster care parents for property damage caused by act or omissions of a foster child. Coverage: \$100 deductible per claim. \$5,000 maximum payout per claim, \$10,000 maximum payout per year/per claimant. Exclusions claim procedure outlined in handbook.
Ohio	By County. For Butler County, the agency does not pay damage caused by a foster child while in the foster parents' home. "All parents should talk with their insurance agent regarding coverage of a foster child placed in their home." Clinton County also does not pay for damages that may be caused by foster parents. Parents may choose to purchase liability insurance to cover property damage.
Oklahoma	Damage caused by foster children after assessment can be compensated through liability insurance.
Oregon	Foster parents' personal homeowner's insurance should not be affected when a foster child is placed in your home (nor will it pay for damage done to the home by foster children).
Pennsylvania	By county. No state-wide policy.
Rhode Island	---
South Carolina	---
South Dakota	Covered under monthly reimbursement. Foster parents must maintain adequate insurance coverage on homes and autos.
Tennessee	Not specified. Resource Parents may be eligible for reimbursement of damages done by a foster child. But no limits are not specified "The process is as follows: · Contact your Family Services Worker for assistance in filing a claim with the State Division of Claims. · The Family Services Worker will see the damages and will receive estimates of costs from the Resource Parent. · The State Division of Claims Administration Tennessee Claims Commission will process your claim for possible reimbursement."
Texas	---
Utah	---
Vermont	According to the handbook: "If the child damages your home accidentally or on purpose, you may be eligible to be reimbursed for the costs of repairing the damage. Contact your social worker or resource coordinator as soon as possible after the damage has occurred, and they will explain the process."
Virginia	---
Washington	The Foster Parent Reimbursement Plan (FPRP) provides some financial relief to foster parents and their household members who incur property damages, losses, and emergency medical treatment expenses which are caused by their

	foster/respice care/VPP children during placement in their foster family home. Not covered: losses to motor vehicles, aircraft, watercraft; unsubstantiated as having been caused by foster/respice care provider; valuable items such as antiques, heirlooms, jewelry etc.
West Virginia	---
Wisconsin	Policy: Information brochure on insurance: Foster parents are required to have homeowner's or renter's insurance (unless waived by the licensing agency) that covers negligent acts committed by foster children that result in bodily injury or property loss to the foster home resident's personal property, insurance on buildings on the property, coverage on vehicles, boats, snowmobiles, ATV's, etc. Policy: Administrative code guidelines state that foster parents can request a waiver from the agency from insurance, but cautions against giving such waivers in the best interest of child and foster parents.
Wyoming	---

Driving License and Auto-Insurance

Alabama	Department cannot be responsible for car insurance, requires that all cars have liability insurance, the FP have to pay the child insurance. If a foster child has a driver's license and is allowed to drive the FC vehicle, the FP or the child will be financially responsible for the insurance. The child may work and earn money to pay for his/her insurance.
Alaska	A youth in care who wishes to drive must have a driver's license or instructional driving permit to operate a motor vehicle. A youth in state custody may drive a vehicle only with Department approval by the Children's Services Manager, a Chief Juvenile Probation Officer, or the Juvenile Justice Deputy Director. The following will need to be supplied to the Department before approval will be considered: <ol style="list-style-type: none"> 1. Signature of authorized adult (either the youth's parent, or the court-appointed, legal guardian) 2. Certified proof of insurance 3. A letter of support from the authorized adult 4. If the youth is in DJJ custody, permission will be sought from the DJJ Chief Probation Officer or Deputy Director.
Arizona	When a youth is a ward of the court, the Department of Child Safety or any representative cannot sign for a driver's instruction permit or a driver's license. Neither DCS nor any representative accepts responsibility for the actions of the minor when driving a motor vehicle. The person/foster parent who signs the application of the minor accepts all responsibility for the actions of the minor when driving a motor vehicle.
Arkansas	The Director of DCFS may authorize an employee or any foster parent to sign an application for a youth in foster care to obtain an Arkansas Learner's Permit or Intermediate Driver's License. The youth in foster care must meet requirements set by the Division and the State of Arkansas, and be approved by the Director. The foster parent may apply for reimbursement for the additional cost to add the child to their automobile insurance. Participation in both of these programs is voluntary.
California	Youth in Out of Home Care who want to apply for a learner's permit must notify their social worker before doing so. Consent will be required from either the parents or the Department. Foster parents should make clear the expectations and obligations associated with the privilege of using the family's car. Foster parents may co-sign a contract to buy a car if they wish (they are not obligated to), but they are advised not to since they would be liable for any failure to pay. foster parents who allow this must have their own insurance policy extended to cover under-25 drivers. (Fresno).
Colorado	---
Connecticut	If a youth is committed to DCF and is between 16 and 17, they may want to take a certified driver's education course in order to obtain a driver's permit or license. DCF will pay 50% of the cost of the initial driver's education course. If additional hours are required, the extra cost will be the youth's responsibility. All requests for permission for a youth to drive a car and to pursue a driver's permit must be submitted to the youth's social worker. Requests are carefully reviewed with the youth, foster parent or caretaker to determine if the youth is a

	responsible individual and that a driver's permit is desirable. A licensed parent cannot sign permission for a DCF child to obtain a driver's license.
Delaware	---
Florida	The agency is not able to authorize a minor to get a driver's license. The Florida Division of Drivers Licenses allows a "responsible adult" to sign authorization for minor who are not in the custody of either parent. The minor's birth parents are able to sign consent and should be asked first if the child wishes to get a driver's license. By signing for the minor to get a license, you are assuming responsibility for the minor's activities as a driver. Your insurance may be impacted when the youth registers your address for their license as a teenage driver in the home.
Georgia	If parental rights have not been terminated, the birth parent must give written consent by signing form 9, which consents for the youth to obtain a license and/or operate a vehicle. This form also documents the parent(s)' understanding of their ultimate responsibility for any liability that occurs. The foster parent or other substitute caretaker must provide written permission for a youth to use their personal vehicle, with the full understanding that their only protection is their own personal insurance. The foster parent must sign to acknowledge the liability which is assumed when a youth is permitted to drive and that the youth is covered by the foster parent's policy.
Hawaii	DHS is to sign the driver's license application for any youth for whom DHS has PC and who is qualified to apply for a driver's license. Consult your auto insurance agent regarding appropriate coverage & liability issues before you allow a foster youth to drive your car.
Idaho	---
Illinois	The foster parents can make a decision regarding signing for driver's training and for driver's permit and driver's license. Also, foster caregivers must have proper insurance which insure child. Regarding to car ownership- they have to ask the caseworker for approvals or consents.
Indiana	No Department employee or FP allowed to sign for any foster child's driver's license or permit without written authorization from the Child and Family Services Program Manager. Any Department employee or foster parent signing without the approval of the Child and Family Manger assumes full personal responsibility and liability for any driving related damages that may be assessed against the child. Those damages will not be covered by the Department. The Dep may make payment for driver's trainind. license and permits for children in the Department guardianship when obtaining a driver's license is part of an older teen's Independent Living Plan.
Iowa	If you allow the child to drive your own personal vehicle. All foster children who have a vehicle registered to them must carry insurance. <u>driver's education fee waiver</u> - Students who qualify for free or reduced-price school lunch also qualify for free or reduced fees for driver education. Foster parents need to be aware that even if the school district contracts to have an approved driver education provider, the district still must provide free or reduced driver education fees to all free or reduced students in their district.
Kansas	Youth must have approval from his/her birth parent(s) and /or guardian or case manager to participate in driver's education. Before a child in foster care may drive permission must be obtained from the child's parent or legal guardian. Permission to drive must be included in the child's case plan, and the child must have a valid driver's license and insurance.

Kentucky	---
Louisiana	Louisiana law requires all automobiles to have liability insurance. DSS cannot be responsible for car insurance for foster children. The agency recommends that foster parents obtain \$300,000 worth of liability insurance for a minor youth driving their car.
Maine	---
Maryland	---
Massachusetts	---
Michigan	addresses it for youth in transition: Payment for vehicle insurance is only available for a vehicle with a title in the youth's name. The expense of a driver's education course may be paid for a state ward who is at least 15 years of age. The found source may be paid for a state ward board and care, , and if only requires a supervisor's approval in MiSACWIS. The max amount the local office can authorize is \$300. The documentation from the driving school detailing the cost of the service must be attached to the case service authorization and filed in the child's case file. Only the parent(s) or legal guardian may sign a driver's license application for temporary wards of the court. The worker may sign the driver's license application for the youth only if the youth is a MCI ward. Signing the application does not normally result in civil liability for negligent operation of a motor vehicle on the part of the youth; liability may result for the owner of the vehicle or for the youth.
Mississippi	---
Minnesota	---
Missouri	---
Montana	---
Nebraska	---
Nevada	---
New Hampshire	---
New Jersey	---
New Mexico	---
New York	---
North Carolina	---
North Dakota	Foster children who wish to drive must have the signature of a person who is willing to sign as a responsible party. There must be an agreement with and involvement of the child's custodian and foster parent(s). The parent should be the first resource to consider assuming responsibility and providing insurance coverage for the child. In circumstances of planned permanent living arrangements, the custodial agency may determine that the foster parent(s), if willing, may assume responsibility and provide insurance coverage. This is not an agency expectation. Appendix to handbook details laws and policies regarding motor vehicle operation by youth in foster care.
Ohio	--
Oklahoma	Handbook just states that resource parents should help foster youth learn driving and get their license to prepare them for transition.

Oregon	Handbook: "Car insurance: This is not provided. If you allow your foster child to drive your car, you are responsible for providing insurance."
Pennsylvania	By county or state. Foster parents typically responsible for including foster children on their auto-insurance. No state-wide policy. Center County: Permission to obtain driver's permit must be obtained from biological parent.
Rhode Island	---
South Carolina	Handbook: Foster parents can assume responsibility if birth parent does not, but foster parents are not encouraged to sign for the child's/adolescent's driver's license (foster parents assume a great deal of legal and financial liability if they sign). DSS will encourage birth parents to sign for the adolescent's driving license. DSS cannot assume responsibility for a foster adolescent getting a license.
South Dakota	Foster parents must approve a foster child's driving or buying a car and have an elevated level of trust with the youth. DOC recommends the youth be solely responsible for the purchase price and insurance cost of any vehicle they seek to own. DOC will not assist financially in any auto purchase or vehicle related expenses and does not encourage foster parents to be co-signers. The youth should clearly demonstrate the ability to pay for and maintain the vehicle, taxes, insurance, licensing and other related ongoing expenses associated with vehicle ownership.
Tennessee	Department of Children's Services staff may not sign consent for a foster child to secure a driver's license. A Resource Parent may, but is personally accepting financial responsibility for that youth. Should a Resource Parent decide they want to allow the child this opportunity, they should adhere to the following guidelines: <ul style="list-style-type: none"> · If parents are available, they should be consulted. · Insurance coverage must be provided by the Resource Parents, the child, or birth parents. · The department must verify that the child is properly insured. · If the child leaves the resource home, the Resource Parent should notify the Department of safety of this fact and of their intent to discontinue financial responsibility.
Texas	Foster Care Handbook for the youth state that DFPS does not provide automobile insurance for youth. If a youth is enrolled in the Education and Training Voucher (ETV - a federally-funded (Chafee) and state-administered education program) these funds may be used to pay for automobile insurance if funds are available. "Foster parents are not required to put you on their car insurance plan."
Utah	DCFS policy states that caseworkers shall not ask resource parents to sign for a driver's license. Utah law requires that a parent or legal guardian shall sign for a license. Biological parents shall be encouraged to take this responsibility. Even when resource parents have been given guardianship of a child and DCFS has custody, a caseworker shall not ask a resource parent to sign for a driver's license. Due to personal liability incurred, caseworkers shall not sign for a driver's license. The agency shall not be liable for obligations incurred should a caseworker or foster parent sign for a driver's license of their own accord. A parent, foster parents, or responsible adult who is willing to assume the liability of a minor driver and provide for motor vehicle insurance for the youth may sign the minor's application for a driver license. Youth may be enrolled in driver education at their local high school when they have reached 15 years of age or

	<p>older. A parent's signature is not required for a youth to participate in a driver education course. Youth, after the age of 17 years and 6 months, should be encouraged to take driver education whether or not they have an adult willing to authorize a learner permit or driver license or have appropriate insurance coverage.</p> <p>Youth who attend a driver education course in public high schools are eligible for a school fee waiver. A private driving school may be used for youth who are unable to attend driver education at the local high school due to scheduling conflicts etc. Special Needs Funds or Chafee Funds (TLN or TLP) can be used to pay for the driver education course (\$250.00 maximum). Reimbursement: Foster parents who are willing to sign and authorize a youth's application for a learner permit and driver license may be reimbursed only for the additional cost at the minimum requirement of Utah's No-Fault Law insurance liability limits. The foster parent will obtain a quote from their automobile insurance provider for the addition costs of adding a youth to their personal insurance policy. Reimbursement will only be for additional costs to the foster parent's current liability insurance coverage. The foster parent must provide acceptable documentation from the insurance agent or agency of increased costs.</p>
Vermont	---
Virginia	---
Washington	<p>Policy on normalcy states - Caregiver acts as the "parent/guardian" for the purposes of the Intermediate Driver's License Law.</p> <ul style="list-style-type: none"> - Caregiver must provide and pay for insurance for the child driving and agrees to maintain insurance and pay for insurance until child reaches 18 or another responsible adult assumes financial liability risks for the child. - Driver's education classes - Driver's training - Driver's test - Issuance of a driver's license
West Virginia	Consent by the Department for Driver's license/Junior Operator's License requires general agreement between parents, social worker, and foster parents. The child's foster parents must be willing to provide a vehicle registered with the state Division of Motor Vehicles and has appropriate liability insurance.
Wisconsin	Getting a driver's license is a major milestone in the life of a teenager. The decision for a teenager in foster care to pursue his or her driver's license should be discussed with the teenager, the teenager's parents, caseworker, foster parent, and any other professionals who may have important information about his or her ability to meet the requirements of having a driver's license. The teenager's parent or legal guardian retains the ability to give consent for a teenager to drive.
Wyoming	When a foster child reaches the legal age for driving, the DFS District Manager is the only individual who can sign the application for a permit or a driver's license. Foster children are not to drive the foster parent's car unless this is cleared by the agency. The agency does not cover the additional expense of insurance coverage.

Foster Care Reimbursements

Alabama	Mileage for transporting the child (parent visit, court, doctor), per diem to FP attending to training outside the country. In general, the FP get monthly payment for a child's care, based on the child age that covers the cost of the room and board, clothing, medicine chest supplies and incidentals.
Alaska	Licensed foster care providers will receive monthly reimbursements for providing care to a child (base/standard rates, emergency shelter rates, and augmented rates), a foster family may be reimbursed up to \$5,000 for damages and loss. "One-time costs" are goods or services that are not included in the reimbursement because they are one-time or short-term costs that exceed \$100. You may request one-time funds for a foster child when there are no other resources for payment. Also, can ask for travel funds.
Arizona	The reimbursement rate is determined by DCS after reviewing the assessed or documented needs of the child. can find extra like : book/education allowance- up to \$82 per school year. Passport allowance, special needs (\$22) like: birthday/holiday, Also, supplemental Extra school tuition and fees (\$165), high school graduation, (\$220) and diaper allowance-special.
Arkansas	DCFS makes a monthly board payment to foster parents. This monthly board payment includes payment for room and board, clothing, ongoing school and personal supplies, and a small allowance for the child. The amount must be used for the child. There are occasions when the regular board rate is inadequate when caring for a child with special needs. Foster parents may identify and document those needs so that the Family Service Worker can request authorization from the Area Director for a special board rate. Additional expenses: school material and school fees, graduation expenses, senior ring (\$250), holiday allowance, emergency medical services and drugs not purchasable by Medicaid, non-medical transportation, and child care or babysitting fees when required to attend training. Also, the foster parent will give an allowance to the child from the board payment.
California	By county - Fresno County Handbook: "The agency does not pay resource parents to care for children, but we do reimburse them. Reimbursement money is to be used for the child's room and board, clothing, toys, educational supplies, personal hygiene items, and care and supervision. Fresno County can reimburse for some mileage expenses. School expenses, such as books, activity fees, costs of field trips, school club dues, and art supplies, may be reimbursed. Special attire for senior proms, graduation, school jewelry or pictures, or religious ceremonies may also be reimbursed. Tutoring expenses may be reimbursed if the service is remedial, requested in writing by the school, and not available from any other source."
Colorado	Each child will be assigned a daily rate which will account for their room and board and needs, which will be paid to the foster parent monthly for each day the child is in care. This rate is based on a child's individual needs in the areas of behavior, life skills, social skills, developmental needs, and mental health needs. Each child will receive a Personal Needs check each month to cover certain expenses. The following is an explanation for what Personal Needs money is intended for, and what is expected of the foster parent(s). examples: convenience items, clothing, elective or cosmetic dental treatment, watches etc.

Connecticut	Just mentioned - "The monthly foster parent reimbursement includes money to provide an allowance to the foster child. An allowance is a good way to teach about money management, savings, and how to maneuver banking systems. Children can open a savings account in their own name".
Delaware	Foster parent receives a nontaxable stipend to care for each child placed in their home. The range can be anywhere from \$13-\$55/day. Can find the rates-website.
Florida	Foster parents receive a daily or monthly board rate for the care of children in their home as well as money for clothing, allowances and incidentals the children will need. This is not considered income by the IRS. "You may receive reimbursement for taking a child to medical and therapeutic appointments, school conferences, and parent visits. Mileage is not reimbursed for transporting a child to school or daycare unless prior authorization has been granted to do so."
Georgia	"You may be reimbursed for the cost of necessary trips to clinics, hospitals, medical and dental appointments, psychological appointments, etc.," the agency is responsible for the financial care of the child. FC per diem-The basic per diem rate is reimbursed to foster parents who care for children with basic parenting needs. A level of care per diem is available for children with special needs, approved by the State. Moreover, the agency pays a set fee for child care expenses and registration fees when foster parents must work outside the home or attend preapproved parent development training. Also, the cost of registration to training/travel/ swimming and basic water rescue, may be reimbursed. Foster parents are reimbursed for the pre-approved purchase of car seats and helmets. Table with all the items that should be reimbursed on handbook.
Hawaii	If the child requires a higher level of care and you are able to provide the extra service/support, the child may be eligible to receive DOC up to \$570 per month. Also, Resource caregivers may be reimbursed for group activity fees such as soccer or baseball. Tuition waivers for City and County Summer Fun Programs are available for those who apply.
Idaho	---
Illinois	The amount of the licensed monthly reimbursement payment is based on the age of the child and is commonly referred to as the "foster care board rate." There is option to "one-time payment" but have a maximum allowable amount. Also, the Family Reunification Special Service Fee is a reimbursement made directly to the caregiver for reunification activities to support a child with the permanency goal to return home. It is a reimbursement that can cover expenses such as transportation, entrance fees, and food that are part of activities supporting foster children and their parents. A caregiver who engages the parent in up to 12 activities in a month would result in a \$400 reimbursement. Sibling visit- the caregivers will receive reimbursement of up to \$50 per month for mileage. Caregivers who support sibling visitation by supervising visits may also request reimbursement through their caseworker at a rate of \$25 per hour (excluding travel time) for a maximum of four hours (\$100) each month. the DCFS will pay for child care (both parents are working, you can find a list of day care). Also the federal government program provide cash assistance up persons age 65 or older/blind/disabilities.
Indiana	FP entitles to daily payment. The payment is meant to cover the reasonable cost of food, clothing, shelter, daily supervision, travel expenses for visitation with the child's family and travel to and from the child's school, personal

	<p>incidentals for the child, and school supplies. Children with special needs - the cost may increase. (All the rates in the policy document). The FP may receive an additional amount for travel expenses for a child placed in the foster home if the foster parent travels more than 162 miles in a month for specific purposes (a list). DCS requires foster parent's to submit an invoice for services.</p>
Iowa	<p>The basic monthly payment provides reimbursement for care provided the previous month. The payment is for the added expenses of providing basic family foster care in your home, including personal spending money for the child (allowance), food, clothing, shelter, school expenses, grooming, ordinary transportation, recreation, and training appropriate for the child's age. Also, Fifty dollars (\$50.00) is available per year for required school fees exceeding \$5.00.</p> <p>Receipts are not required but best practice would be for you to maintain the receipts in the child's folder.</p> <p>Transportation Reimbursement- When your responsibility includes providing transportation related to family or preplacement visits outside the community where you live, you may receive an additional \$1.00 per day in the child's maintenance payment. This transportation payment may apply whether or not the child is eligible for a difficulty of care payment or sibling allowance. Foster parents can also receive Medicaid reimbursement for travel expenses when:</p> <ul style="list-style-type: none"> - The closest medical facility that can meet the child's specific needs is outside of your home community, or - A physician has referred the child to a specialist in another community. Other reimbursement that may be available for a child in your home include: - A difficulty-of-care payment for children with special needs (defined in DHS rules) - Medical and dental transportation - Clothing allowance - Respite care - School fees - Day care - Other amounts determined by the case plan (the rates mentioned from 2005).
Kansas	<p>A guideline for how the reimbursement should be used to meet those needs is as follows: clothing and personal items, day care, allowance, family activities etc. Reimbursement for transportation to medical appointments and therapy may be requested by prior approval through the medical transportation contractor. Foster parents are reimbursed at a minimum of \$.34 per mile for transporting the child or youth to family visitations, case plans, or court hearings, respite care only. KVC does not reimburse mileage for day-to-day transportation such as school, school activities, day care, etc.</p>
Kentucky	<p>The SSW specifies the daily rate (per diem) for care of a child placed in the resource home. Reimbursements occur through debit cards or direct deposit. The rates can be found in the handbook (p15). There are three level of care: basic, advanced and degreed. The CW facilitates payment of childcare services for foster parent who work outside the home, another procedure regarding FP who do not work outside the home. FP may be reimbursed for training expenses when the following conditions are met: mileage, babysitting of the FC, tuition or fees to assist the FP with</p>

	meeting ongoing training requirements. the max is \$100 per family per a year or \$200 per year for an advanced, medically of care plus.
Louisiana	Reimbursements may be available, based on the Agency's budget. Foster parents must talk with the child's foster care worker to confirm the availability of reimbursable funds prior to making a purchase for a foster child when a reimbursement will be expected. Board payment-can find the rates (p65). Expenses for vacations cannot be reimbursed. There are other items funded by the agency: long distance telephone calls, suitcase and babysitting fees. Initial placement incidental purchases. Swimming pool alarms are a reimbursable item \$25.
Maine	---
Maryland	---
Massachusetts	Age-based stipend; receipt able reimbursement program (handbook).
Michigan	Stipend - The room and board portion of the maintenance rate is intended for food, shelter, personal care, transportation and sundry medical supplies not available through Medicaid. The allowance and personal incidentals portion is intended to cover the child's weekly allowance and out-of-pocket expenses such as magazines, books, recreation, gifts, contributions, expendable school supplies, etc. The exact determination of how much and on what basis the foster family provides the allowance to the youth is a matter for joint family and worker determination of care (DOC) Supplements.
Mississippi	DOC (difficulty of care) rate - 22cents per point (handbook) and basic FC rate dependent on age (handbook) montly mailed voucher for reimbursement.
Minnesota	MISS. CODE ANN § 43-15-17, provides that, upon court order, the parent(s) are responsible for reimbursing Division of Child Support Enforcement for foster care payments made on behalf of his/her child, based upon financial ability to pay, until such time as there is a termination of parental rights regarding the child or the child is adopted. FP mileage; reimbursement to DFCS for board payment; itemized receipt. A Graduation Stipend is available to all youth in custody who receive a high school diploma & A College Graduation Stipend is available for youth until their 21st birthday who complete a two-year community college, four-year college/university or full completion of a vocational program. Birthday and Christmas allowance.
Missouri	Maintenance reimbursements - also addition training incentives (handbook) link to exact amounts.
Montana	Children in foster homes and groups homes qualify for the Montana State Supplemental Payment. Diaper allowance ensures that each infant and toddler in foster care has an adequate supply of diapers. Each eligible child may receive a diaper allowance of \$1.32 per day. Supplemental Services Allowance provides payment of a special needs allowance to assist with unusual foster care expenses as defined in Policy Section 405-5.
Nebraska	Based on the child's needs and behaviors. This includes payment for room and board, supervision, child care, transportation, respite and personal needs. For each age range, there is a minimum payment amount and a maximum payment amount.
Nevada	Current basic rate for payment to a licensed foster family is \$425 monthly for the care of a child up to the age of four, and is raised in increments, depending on age, to \$597 for a child between the ages of 15 and 18.

New Hampshire	Rates are set that reimburse foster family care providers for providing supervision, board, care, and clothing to children in placement. Rates for foster family care are reviewed and set by the Fiscal Unit at NH DHHS State Office. Specific rates listed on website.
New Jersey	Rate table available online with charts listing \$ based on age and "level" (A - D).
New Mexico	Rates listed in chart based on age and level.
New York	The annual board rate, which is set according to the child's age and other factors, is intended to reimburse you for the cost of caring for the child. Local departments of social services and ACS set their own rates, up to the maximum allowed by OCFS. The local DSS or ACS will determine the appropriate rate for each foster child. There are three foster care levels of care/payment categories for foster boarding homes: Normal (Basic), Special, and Exceptional (handbook).
North Carolina	Monthly board rate listed in handbook based on age (\$474-\$634). "You must obtain prior written approval from the child's foster care workers, for any items or activities for which you desire reimbursement. Please ask well in advance as resources are limited and approval must be received from the child welfare program manager."
North Dakota	Foster care Maintenance Payment Policy Manual: The family foster care rates are reviewed and revised annually, based on legislative action. The standard family foster care maintenance rate includes food, clothing, shelter, school supplies, a child's personal incidentals, and liability insurance with respect to a child. Basic rate + clothing and incidentals by age (0-4, 5-12, 13+) computed monthly. And then payments are made using daily rate X number of days in care: paid daily (effective July 1, 2015) - \$25.49 (0-4 years), \$29.22 (5-12 years), \$32.06 (13+) Therapeutic Foster Care - Professional Association of Treatment Homes: \$66.23/day separate from treatment cost. According to handbook: Reimbursable expenses policy clearly outlined - mileage, meals, lodging, child care expenses, registration fee. Handbook explains all reimbursements and conditions clearly.
Ohio	Uniform per diem foster care maintenance rates (2009). Day care reimbursements, respite care, training stipends may also be available by county. Day Care expenses may also be reimbursed if the expenses are employment related and the care plan provider is approved by the agency - Butler County.
Oklahoma	Monthly reimbursement and clothing rates per age: 0-5 years: \$365.00 6-12 years: \$430.00 13+ years: \$498.33 Difficulty of Care payment available for children who meet the criteria. Handbook outlines 5 levels of difficulty of care criteria. Resource parents are asked to contact the child's child welfare specialist regarding the qualifications. Child care paid for families working a minimum of 20 hour per week outside the home. Monthly foster care reimbursement is also expected to cover clothing for special activities, school pictures, rental and prom clothing, birthday and holiday gifts.
Oregon	Foster care payment schedule: (effective 11/01/03): Based on child's age: 0-5: Room/board + clothing replacement + personal allowance: \$378; 6-12: \$393, 13+: \$485

	<p>Mileage reimbursement rate: Medical: \$.25/mile, nonmedical: \$.405/mile</p> <p>School expenses: Very limited, need supervisor approval: music instrument rental - max./yr: \$75; graduation: \$45; GED testing: \$20, vocational school fees: \$350/yr max.</p>
Pennsylvania	Varies by county. Per diems are determined by the counties and providers.
Rhode Island	<p>Regulations do not specify reimbursement rates</p> <p>According to handbook:</p> <p>Medical care—through Neighborhood Health Plan of Rhode Island.</p> <ul style="list-style-type: none"> - Foster board—to reimburse families for the child’s expenses. For additional information see Foster Care Rates Determination, page 8. Standard board rates are: - Age 0-3 is \$14.39/day - Age 4-11 is \$13.64/day - Age 12 and over is \$15.79/day <p>Clothing allowance, WIC, licensed day care for eligible working foster parents who can prove working status</p> <p>According to RI website (http://www.ri.gov/press/view/5016)</p> <p>DCYF reimburses for transportation costs to medical appointments, provide holiday and birthday allowance each year, and respite care Foster Board rates not updated since 2001.</p>
South Carolina	Handbook: Reimbursement rate is designed to contribute to but not completely cover - food, shelter, clothing, and incidentals. Reimbursement rate set by state legislature. Did not find rates on policy or handbook.
South Dakota	<p>The current rate is \$36.05/day (effective July 1, 2012). The daily rate is to be used to meet the food, clothing, shelter, daily supervision, school supplies, personal incidentals, liability and property insurance, and expenses of the youth in the home as well as provide a financial supplement to the family.</p> <p>A 30-day rate equals a monthly payment of \$1081.50. This rate covers a variety of local travel (taking the youth to counseling sessions, travel for school, etc.), weekly allowances, prom activities, sport-specific clothing/shoes/equipment and other incidentals as may arise within the month.</p> <p>Handbook states it is above the foster care rate recommended in an Oct 2007 University of Maryland study of nationwide foster care rates.</p>
Tennessee	<p>Administrative policy on foster home board rates: Reimbursement for boarding rates (for expedited, regular, special, and extraordinary), clothing allowances, transportation, and personal allowance outlined. Expedited - not to exceed \$7/day; for regular and special, intranet link on policy does not work.</p> <p>Regular: Age 0-11: \$24.86, 12+: \$28.50; Special: 0-11: \$27.35, 12+: \$31.35</p> <p>Extras: Christmas - Voluntary donations to foster children are placed in a special fund which allocates money for special needs including Christmas. Birthdays - DCS does not provide money for birthday gifts. The expectation is that the resource family will provide necessary birthday items. Graduation - Through the Chafee Independent Living Funds there are monies available for graduation and senior year expenses. Vacation and family trips - DCS does not provide money for family trips/vacations.</p>

Texas	Daily reimbursement rate: 24-hour residential child care rates: Basic: \$41.94, Moderate: \$40.44, Specialized: \$51.99, Intense: \$92.43 (effective 2013).
Utah	<p>Level 1 foster care: 0-5 yrs: \$15.60/day, 6-11: \$16.60, 12+: \$17.60/day.</p> <p>Level 2 foster care: \$18.60 - 20.60/day.</p> <p>Level 3: 28.95 - 30.95/day.</p> <p>Description:</p> <p>238.00 Board & Room, Incidentals, Hair Care Allowance 41.00 Clothing Care & Supervision (remainder) Base rate \$9.00 + Care & Supervision</p> <p>Medically fragile child: \$10/day. Mileage reimbursement: 0.38/mile for foster care general, foster care case activities, visitation, transportation to school of origin.</p>
Vermont	Reimbursement: Payment includes an allowance for room and board as well as money specifically targeted for the child or youth to use for clothing, incidentals (e.g., shampoo, school supplies, cosmetics, etc.) and personal spending. Reimbursement rates vary depending on the training and experience of the foster parents and age of the children in their care.
Virginia	0-4: \$462; 5-12 \$541, 13 and over - \$686 including room and board, clothing, personal care etc., allowance maximum independent living stipend - \$644.
Washington	<p>A basic rate payment (Level 1) is paid to all foster parents for costs related to food, clothing, shelter, and personal incidentals. In addition, there are three levels of supplemental payments (Levels 2, 3 and 4) which are paid to foster parents who care for children with varying degrees of physical, mental, behavioral or emotional conditions that require increased effort, care or supervision that are above the needs of a typically developing child.</p> <p>0-5 years: Basic: \$562.00, level 2: \$739.00, Level 3: \$1085.51, Level 4: \$1364.30; 6:11 years: ranges from \$683.00 (basic) - \$1485.30 (level 4); 12 and older: \$703.00 (basic) - \$1505.30 (level 4)</p> <p>Child care: Payment for child care during a foster parent's work hours is available for caregivers with part time or full time employment.</p> <p>Medical and Health: Every foster child receives medical and dental coverage while in foster care.</p>
West Virginia	<p>Boarding care payments: Cover ordinary basic maintenance and child care needs and covers - food, clothing, shelter, daily supervision, school supplies, a child's personal incidentals, liability insurance, reasonable travel for visitations and schools. The current boarding care rate for a foster/adoptive family is \$600.00 per month per child. (as of Sept 2015).</p> <p>The current boarding care rate for a specialized foster/adoptive family is at least six-hundred dollars (\$600.00) per month per child, but the rate is determined by the Specialized Agency. The Specialized Agency is paid a \$50.00 dollar per day per child per diem rate.</p> <p>Rates for specialized foster care are set at the state level. These rates are considered all inclusive except for medical and placement clothing. The current boarding care rate for a specialized foster family is fifty dollars (\$50.00) per day per child. See Transportation cell for transportation reimbursement</p>

	Child care services are available for children in state's custody when the foster/adoptive or kinship/relative providers are employed or participating in an educational program.
Wisconsin	<p>Policy: The Uniform Foster Care Rate (UFCR) Setting Policy (2012) explains the four components of basic rate, supplemental rate, exceptional rate, and clothing allowance and gives examples by case study. A point distribution system is used to ascertain rates by Department based on administrative rules. Foster parents also qualify for child care assistance for foster child as long as the foster parent is in an activity that qualifies under the Wisconsin Shares Program, including employment or education courses.</p> <p>Handbook: States foster parents are provided with non-taxable payments intended to reimburse them for the cost of caring for the child. Defines basic rate, supplemental rate, exceptional rate, and clothing allowance. Determination of eligibility/reimbursement rate to be made between 30 days - 6 months. Foster parents may request redetermination. Handbook states that foster care licensing agency is required to provide foster parents with a copy of a brochure explaining Uniform Foster Care Rates and how to appeal the rate.</p>

Healthcare and Dental Coverage

Alabama	Most children in foster care are eligible for Medicaid. The social worker is instructed to make sure the foster parent is given the plastic Medicaid Card or the Medicaid number. FP are NOT responsible for payment of medical care. The card must be presented when the child is taken for medical or dental appointments or when prescription drugs are purchased at the pharmacy. If the child needs services not covered-must talk with SW. Child shall be examined at least once a year for the duration of the placement, a form must be completed by the physician and given to the social worker. <i>Immunizations:</i> The Department of Public Health requires that DHR give permission in writing before a foster child can receive an immunization at the local public health department.
Alaska	Medical expenses are typically covered through the Medicaid program or through the parent's medical insurance for the child. Non-emergency medical services must be pre-approved through the child's assigned worker. Policy regarding medications, emergency shelter. All children in OCS custody are required to have an EPSDT well child exam within thirty (30) days of being placed in out-of-home care. Every child in care needs to be immunized and have regular well-child exams according to the schedule outlined by the EPSDT Program.
Arizona	Resource parents should have access to the medical records of children in their care. CMDP is the health plan for most of Arizona's children in out-of-home care, dental is covered. A card will be given to the FP; Each child is to have a completed EPSDT examination within 30 days of placement. Policy regarding urgent care, ER, dental and vision exam, immunization.
Arkansas	Medicaid, Medicaid card, in order to comply with health care standards in the interest of good clinical practice and effective service to children in foster care, an abbreviated health record ("Medical Passport") shall be completed by the Family Service Worker or Health Services Specialist for each child. The Medical Passport will include initial health screening, timely comprehensive health assessments and a descriptive health plan for each child. A child who enters the custody of DHS shall receive an initial health screening - not more than 24 hours after placement if the reason was an allegation of severe abuse and not more than 72 hours after removal for all other children. policy regarding prescription drugs, ED etc.
California	Medi-Cal card for the child, an initial comprehensive medical examination should occur no later than 30 days after initial placement, cover dental exam, a medication guide (log).
Colorado	The Medicaid card shall be given to the foster parent for Medicaid eligible foster children as soon as possible after placement. Previous medical records should be obtained and pertinent information from those records, including immunization records shall be given to foster parents within four weeks of the initial placement, Written authorization to obtain routine medical and dental care for the foster child and to obtain emergency medical and dental care. list of procedures is published (pg18), Psychotropic PRN Policy. A general medical examination for each foster child must be completed or scheduled with a physician or a nurse practitioner prior to or within fourteen (14) calendar days following placement at the family foster care home. The family foster care home or governing

	body shall ensure that each foster child receives a dental examination every six months or as required in writing by a dentist.
Connecticut	Each child in an out of home placement, regardless of the child's legal status or Medicaid eligibility, shall have an up-to-date Medical Alert in LINK. It shall include information consistent with the "Health Passport Health Summary" (DCF-741HS) and shall be updated according to new information from providers including information on the DCF-742, "Report of Health Visit". Each child placed in an out-of-home placement shall, within 72 hours of removal, receive an initial medical screening evaluation to identify if he or she has an acute medical or mental health care need or has a chronic medical or mental health condition which requires medication. Each child placed in out-of-home care shall, within 30 days of such placement, receive a trauma-informed Multidisciplinary Evaluation (MDE).
Delaware	Upon entry into Delaware's foster care system, children and youth in foster care are categorically eligible for Medicaid and enrolled in managed care (Task Force report).
Florida	Children in foster care are covered by Medicaid. Within seventy-two hours of initial placement, all children are required to receive an Early and Periodic Screening, Diagnosis and Treatment Services (EPSDT)/Well-Child Checkup. The FPs should get medical card. The FP is responsible to take the child to medical appointments. A list of schedules for subsequent exams has posted. the insurance also cover dental and hearing services. and can find the policy regarding medications.
Georgia	The Care manger will provide with info about the child's physical and mental health, the worker will arrange a physical exam for the child, Children covered under Medicaid are automatically enrolled in the EPSDT program. Children who are not Medicaid eligible will receive their routine health screenings from a private health provider. Expenses not covered by Medicaid are paid for out of state and county funds. Routine dental care should begin by age 3 and may be obtained through public or private (Medicaid) providers. Routine examinations should occur at least annually and all corrective treatment completed. There are some children who need unusual dental or eye care or special health services, the Case Manager will help to identify and select places to go for help.
Hawaii	Children in foster care are covered by the State's Medicaid Program. You should receive medical card information for each child. Medical treatments or medication for the resource caregivers or members of the home may be provided up to \$500 per incident or \$500 per person, depending upon a doctor's recommendations for a child's physical condition such as Hepatitis B, etc.
Idaho	Every child placed in alternate care will receive a medical card each month. Foster parent shall follow and carry out the health or dental care plan for a child as directed by a qualified medical professional, provide prescription medication as directed by a qualified medical professional.
Illinois	All children in foster care are eligible for healthcare through the Illinois Department of Healthcare and Family Services medical card. Each child will receive his or her own medical card. The CW should bring to the FP the child's medical card, medication or prescription, health related equipment, and form to be taken to comprehensive health evaluation. the CW must review with the FP the child medical status. The caseworker must take the child for an <u>Initial Health Screening</u> to determine his or her immediate health needs before a child is placed with a foster

	<p>family. If a child is placed with a foster family within this 21-day time frame, the foster caregivers are responsible for taking the child to a Health Works primary health care physician for the <u>Comprehensive Health Evaluation</u>. DCFS, as the legal guardian of children in foster care, must give consent for medical treatment. You can find a list of health responsibilities of the FP. The caseworker and agency can also request behavioral health services for children and families.</p>
Indiana	<p>All children in foster care will be eligible for Indiana Medicaid that provides coverage for most routine and specialized medical care, dental care, eye care, medical therapies, hospitalization, and mental health services. FP who care for infants and children up to age 5 are eligible to participate in the Women, Infant and Children (WIC) program when the foster children are Medicaid eligible. Medical card will be provided. The foster parents shall schedule an appointment for a time within ten days of admission to the foster family home to have the child examined by a physician and follow all recommendations. Also, DCS will make sure that children in foster care have access to any needed behavioral health services.</p>
Iowa	<p>All children in foster care whose care is paid for by DHS are eligible for the medical. DHS will mail a Medical Assistance Eligibility Card to you monthly for each child in your care. The Medicaid program covers only medically needed services. At the time of placement, the child's worker should give you information about the plan for the child's physical or medical care. Children in foster care should receive medical care as follows:</p> <ul style="list-style-type: none"> -Pre-placement and annual medical examinations by a physician, or a nurse practitioner working under the supervision of a physician. - Immunization against common contagious diseases. - Administration of routine diagnostic laboratory procedures, such as blood or urine examinations, and tests for venereal infection or tuberculosis in accordance with state or local public health standards, at physician's discretion. - Semi-annual dental exams, annual eye and ear examinations, and routine treatment of illnesses. - Emergency medical care in cases of sudden illness or accident. Have to Keep the child's social worker up-to-date about the medical care the child receives. This information is also shared with the child's parent or guardian. family planning services, HIV testing.
Kansas	<p>Children or youth that come into DCF custody are issued a Medical Card. The Medical Card is to cover medical and dental expenses for the child or youth, including over-the-counter and prescription medication, lice treatment and other medical needs. It is the responsibility of the foster parent to arrange for a medical screening within 30 days of the child or youth's placement and a dental screening within 60 days of the child or youth's placement in the foster home. In addition, the foster parent is responsible for arranging any doctor's appointments (injury/illness), medication checks (renew prescriptions, blood level checks, etc.) and counseling appointments.</p>
Kentucky	<p>Children in care are required to have an initial health screening within 48 hours of placement and a health exam scheduled within two weeks of placement. In addition, children are required to have an annual dental, hearing and vision screening. Children are also required to have a mental health screening within 90 days of placement.</p>

	Resource parents will be responsible for scheduling medical appointments and assisting DCBS in transporting a child to the doctor. The 106A form is utilized to authorize medical treatment to assure that a child in care receives prompt medical attention. The child's worker provides a copy of the 106A form to the resource home parent upon the child's entry into the home. A medical passport must be maintained continuously. Resource home parents are to give a child's prescribed medications only with a physician' prescription or authorization. Each child entering care has their own medical insurance. The majority will have a medical card.
Louisiana	All foster children receive a Medicaid card for obtaining medical services. A child entering foster care must have a medical exam. If the child had an exam 30 days prior to entering foster care, this is acceptable. However, if the child has not had a recent exam, one must be completed within seven calendar days of child entering care. FP should keep written records of a child's medical and/or dental treatments, illnesses or injuries which occur during the foster child's stay in the foster home. The foster parent should schedule the child's routine annual eye or dental exam. These services must be obtained from a Medicaid or KidMed provider. A medical card is provided to foster parents for those children in their care. Most medical expenses are covered by the child's medical card. Foster parents can be reimbursed for certain prescription drugs and medical emergencies when the child's medical card does not cover these expenses. Mental health treatment is available too.
Maine	Foster parents shall assure that foster children receive preventive and ongoing medical, dental and psychological care, they shall request a medical history at the time of placement, shall have on file a medical consent form for each privately boarded foster child, signed and dated by the private placement agency, or the child's parent or guardian, shall maintain a health record for each foster child. policy regarding prescription medication.
Maryland	The local department of social services have the responsibility to enroll the child in the Maryland Medical Assistance Plan (MA--MD) as soon as possible after the initial placement. The SW has to ensure that each child entering out of home placement has an initial health care screening, provided by a primary care physician (PCP) who is certified by the Maryland Healthy Kids Early and Periodic Screening, Diagnosis and Treatment program preferably prior to or within 24 hours of removal, but not later than 5 days from removal. Also, has to ensure each child has a completed comprehensive health assessment within 60 days of entering out of home placement. Ensure children in care shall have an annual well-child examination. ensure that appropriate follow-up appointments are made, that referrals are made and followed up on, and that evaluation, diagnosis and treatment are secured to meet the child's health care needs. Schedule dental care for children one year and older, which shall include: checkups every 6 months, and dental treatment. Schedule a vision exam once a year in addition to any vision screening performed as part of the EPSDT exam. Maintain the child's Health Passport which contains historical and current medical information needed by the caretaker and physician to ensure that the child's health needs have been identified and are being addressed. Enter all documentation into MDCHESSIE. Upon entry the SW shall obtain the signature of a parent or legal guardian on the consent to health care and release of records. you can find further info on - the child's passport, sharing medical info, Health care services, forms, definitions etc.

Massachusetts	Child with any injuries will be immediately treated or if no injuries than the child must have a medical screening within 7 day after child enters the department care; comprehensive medical exam is completed within 30 days after entering custody and a dental visit completed with 6 months if child is 3 or older.
Michigan	Children in care have physical examination with 30 days of placement and receive another every 14 months. Current immunizations. Dental exam within 90 days of placement.
Mississippi	Must provide timely access to medical and dental care by qualified person to meet child's needs; physical within first 30 days of placement (handbook).
Minnesota	Automatically eligible for Medicaid coverage. within 90 days must have dental exam followed up every 6 months; mental health assessment within 30 days followed up to meet individual needs; all recommended immunizations; within 72 hours of placement a health screening should take place and within 30 days a complete physical assessment done. Each child 4 years old and older shall receive a mental health assessment by a qualified professional within thirty (30) calendar days of foster care placement. Every foster child shall receive recommended mental health services pursuant to his/her assessment, and should be screened for possible Fetal Alcohol Spectrum Disorders (FASD) to identify services to meet individualized needs.
Missouri	All FC eligible for healthcare services, based on location provided through MO HealthNet; sexual health included (birth control).
Montana	Medicaid reimbursements; residential treatment facility (PRTF) or acute psychiatric hospitalization; chemical dependency; HIV/AIDS (all in policy) --- Youth Rights list right to physician exams, dental exams, psychological services, healthy food, avoid exposure to second hand smoke, allowed to parent children of their own and not be pressured into getting an abortion/putting child up for adoption.
Nebraska	Complete medical and dental exam within 14 days of initial foster care placement and annually; access to routine medical care and emergency medical care on a 24 hour a day, 7 days a week basis.
Nevada	Medical exam within 24 hrs of placement. Must submit medical and dental forms monthly to ensure meeting appointment requirements. Psychotropic Medication Administration Logs are required for all foster children.
New Hampshire	Each child receives a Comprehensive Health and Developmental Assessment within one month following placement. Includes: a complete physical exam, including any necessary immunizations; screening for vision, hearing, and lead; intensive screening/monitoring for mental and emotional problems, cognitive and motor delays; referrals for preventive dental care and treatment as well as reviews behavior (website).
New Jersey	Medical exam upon placement(30 days), semi-annual dental exams, preventative services and immunizations, and mental health care, Medicaid, Child Health Units (CHU) located in each CP office where nurses are there to provide services.
New Mexico	---
New York	Medical exam within 30 days of placement, periodic physical examinations (timeline listed for age groups), mental health exam, vision & hearing assessment, immunizations, dental care.
North Carolina	Most foster children qualify for Medicaid, which covers medical and dental care, approved therapy or counseling services, optometric needs, and most prescription medications. Most foster children qualify for Medicaid, which

	covers medical and dental care, approved therapy or counseling services, optometric needs, and most prescription medications. The Medical examinations (including TB skin tests) are required of the foster parent at the initial licensing. Policy goes over FP properly providing medication to FC.
North Dakota	A child's health care needs are paid through Medicaid or health insurance. Healthcare responsibilities are to be shared by parents, social worker, and foster parents. Role of the foster parent on consent and medical treatment, immunizations, preventative services, health tracks, prescriptions - reimbursements, and medical transportation - reimbursements stated.
Ohio	Policy – “A foster caregiver shall be responsible for following instructions of the agency which placed the child for providing health care services to each foster child.”
Oklahoma	Children in DHS custody receive medical care through SoonerCare which is Oklahoma’s Medicaid program. All children in DHS custody and residing in out-of-home care are assigned to and receive their medical benefits through SoonerCare. When the SoonerCare case is certified, two medical cards are sent to the county office. The child welfare specialist retains one card and the other is given to the resource parent. Resource parents are responsible for making medical appointments, getting the child to the appointment, getting prescriptions filled and following doctor’s directions for medical care. Ages at which children are to get their health check-up is listed in handbook. Resource parents are expected to pay for any medication or supplies available without a prescription and all personal hygiene items from the foster care reimbursement.
Oregon	Medical coverage for most children placed in foster care is provided through the Oregon Health Plan (OHP). A few foster children are covered by private insurance through their parent’s employment (Third Party Resource — TPR) and it should be noted on the OHP identification card. In these cases the OHP and/or the TPR card should be brought to all medical appointments. A Medical Care ID is issued to foster children. Annual health, eye, and regular dental check-ups required. If foster parents wish a certain plan or primary care provider, the caseworker should be asked to notify the Medical Assistance Specialist (MAS). Foster parents have only until the first Medical Care ID is sent to them to state a preference. That could be one week to 30 days. Handbook highlights the role of the MAS and Exceptional Needs Care Coordinator, and provides information on emergency cases, surgery, and routine checkup, mental health services and psychotropic medication. Foster parents are responsible for making medical appointments for the child.
Pennsylvania	Pennsylvania Code: FFCA to ensure medical and dental appraisal by physician within 60 days of child admission to foster care. Subsequent frequency of physical exam based on age of child (23 months or older = once a year appraisal) Initial dental appraisal and dental exams once in 9 months subsequently. FFCA in charge of immunization, ensuring medical care when needed, and maintaining medical records. For Philadelphia: health insurance through Medical Assistance. Foster parents not required to have their own coverage.
Rhode Island	Department arranges for child to receive medical examination by a licensed practitioner Caregiver needs to inform Department of medical care or treatment provided. Caregiver responsible to arrange timely and ongoing medical care including routine examinations and follow-ups. Caregiver cannot make any decisions regarding major medical

	or surgical interventions except in emergencies. Caregiver provides a copy of child's health record to the Department or child placing agency responsible for the future planning and care of the child.
South Carolina	Healthcare for foster children who are U.S. citizens and qualifiable aliens are covered by Medicaid. Foster parents are responsible to obtain Education and Health Passport and Medicaid information from DSS; notify DSS as soon as appointment is scheduled; not schedule surgeries or other medical procedures without prior notice to DSS of such plans; Make appointments for routine medical care with physician and/ or dentist who accepts Medicaid; If physician or dentist does not accept Medicaid, makes financial arrangements with DSS prior to services being provided; take Education and Health Passport to medical appointments.
South Dakota	DOC youth are eligible for Medicaid. The youth will be assigned a Medicaid number and card while in foster care. Family responsibility: it is the foster families' responsibility to use medical providers that accept Medicaid payment for services. Foster families are not responsible for paying for medical expenses incurred by a youth as long as they take the youth to Medicaid-approved healthcare providers. This includes dental, vision, and medical services. The foster family must fill out the necessary forms when these services are rendered.
Tennessee	Policies on TennDER care Early Periodic Screening and Treatment Option and Dental Services for foster children. Well-being and Information History forms need to be filled out by social worker and travel with the child. Resource parents are expected to carry them to all health and dental appointments and maintain prescription records. In the event of a medical emergency, a resource parent must immediately obtain emergency assistance for the child, the FSW or on-call worker should be notified of this as soon as possible. All children/youth in DCS custody shall be provided routine and emergency dental care as part of an overall health care program. Regular dental care, including prevention, diagnosis, and treatment, is important and necessary to restore and maintain the oral health of our children and youth.
Texas	Foster Care Handbook: The Health Passport is a secure and confidential electronic system for storing medical information of children and youth in the care or custody of the Department of Family and Protective Services (DFPS). The information is shared with medical providers who treat children and youth, the caregivers responsible for providing consent to their medical care, and DFPS staff. Policy: According to the Texas Administrative Code, DFPS is legally obligated to provide medical coverage to children who are in DFPS managing conservatorship. Handbook for one agency states that foster parents are responsible for meeting their foster child's medical needs. The Treatment Plan will identify routine medical needs and any special medical needs a child might have. foster parents are required to provide documentation for all medical appointments. Handbook also lists immunization, dental and vision care, nutrition etc. requirements.
Utah	Within 30 days of removal or court-ordered custody, whichever occurs first, the child will receive: A Well Child CHEC (Child Health Evaluation and Care) exam, scheduled with the child's Primary Care Physician. Children under two years to have check-ups following a Periodicity Schedule outlined in the handbook. Children above 3 years are required to have dental exams and children above five years of age are required to receive a mental health assessment. "The caseworker will notify parents of any medical, dental, or mental health needs or appointments for their child." Handbook also states that foster parents are required to follow the Practice Guidelines and established

	Utah Codes on issues of family planning. The Codes state that no agency can use state funds to support health care providers that provide contraceptive or abortion services to unmarried minors without prior written consent of the minor's parents or guardian. About sex education: Utah Code states that “instruction shall stress importance of abstinence from all sexual activity before marriage and fidelity after marriage as methods for preventing certain communicable diseases.”
Vermont	Children in state care are covered for medical expenses either through their parents’ insurance or Medicaid. Foster parents responsible for arranging the child’s routine health and dental care and immediate medical treatment. If possible, the child should remain under the care of the same physician and dentist. If appropriate, the child’s parents should remain involved in his or her medical care. The social worker must give permission for anesthesia, surgery, and psychiatric services. After hours, call the Emergency Services Program (ESP) for permission.
Virginia	Policy and Fairfax County handbook simply states medical and dental expenses covered by state.
Washington	Foster parents are responsible for ensuring that children receive appropriate medical and dental care and for arranging an early and periodic screening, diagnosis and treatment (EPSDT) exam for children who are in their care for more than thirty days. Health and dental care are covered by Medicaid.
West Virginia	Policy: Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) requirements - also known as HealthCheck required for every child in foster care. An initial HealthCheck appointment is required at the time a child enters placement. Appropriate appointments to be made by the Foster Care Liaison for initial checkup within 72 hours of placement. Policy states periodicity of health checkups based on age and risk. Outlines dental care requirements, immunizations, eye care, emergency services etc. The role of foster parents in this is not clearly outlined in each except in emergency health services. All children in foster care are eligible for the Medicaid program. DHHS is to issue a Medical Card for each child in foster care on a monthly basis.
Wisconsin	Handbook: Each child in foster care has medical coverage, either through Wisconsin’s Medical Assistance program (MA) or their parent’s health insurance. The child’s parent or guardian typically signs a form authorizing medical care for the child. Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) requirements — also known as Health Check — require that a child covered by Medical Assistance have a specific number of physical and dental screens every year, depending upon the child’s age. Handbook also states regulations on when to arrange Health Check screen, immunization, emergency medical health care protocols, and specialized hair and skin care.
Wyoming	Every child who is placed into foster care should have a Health Check (well check) examination within 30 days of placement. It is important to schedule this examination as soon after placement as is reasonable. All medical expenses are paid by the agency. A foster child should have a written medical authorization when he arrives in your home. Foster parents are trusted to handle minor illnesses and accidents as they would for their own children. For major illnesses and emergencies, call the doctor first, then notify the caseworker or their supervisor. The agency manager, social services manager or the child's parents must sign for any surgical procedures. Foster parents should not pay any doctor or dental bills or prescription costs, as they cannot be reimbursed. The doctor or dentist should send the bill to the DFS office or if the child is eligible for Title XIX and has coupons, to the state

	Medicaid office. Over-the-counter drugs are not reimbursed. All foster children should have routine six month dental and eye care exams. Medicaid covers all dental care, except cosmetic care.
--	---

Clothing Allowance

Alabama	The board payment includes an amount for clothing. Some children may need special clothes or shoes- The foster parents should discuss with the social worker.
Alaska	If the amount and quality of the child's clothing does not meet a minimum standard, a limited one time clothing allowance for any one placement may be approved. The clothing allowance does not apply when the child moves from foster home to foster home. Requests for additional clothing may be made for children with medical or extreme emotional/psychological needs.
Arizona	Every child receives a monthly clothing allowance and personal allowance. Emergency/Special Clothing allowance up to a maximum of \$150, also for school needs, passport, special needs. high school graduation, or camp. Emergency Special Clothing – Extra allowance up to a maximum of \$100.00 per child, per state fiscal year can be requested from the Child Safety Specialist in circumstances due to actual emergencies such as theft, fire, flood, etc.
Arkansas	Division may issue an initial clothing order for the purchase of new clothing; The foster parent will give an allowance to the child from the board payment. The amount of the child's allowance is decided by the foster parent, based on the child's age. Money for clothing and personal needs paid monthly to foster parents is based on the age of the child. The foster parents are to spend that amount of money for the child. Money may be spent monthly or may be saved and used for a larger purchase at a later time. All receipts from the purchase of clothes must be retained and turned in to the Resource Worker at the quarterly visit. With the approval of the County Office Supervisor and Area Director, it is permissible to obtain another clothing order. This should happen only in an exceptional circumstance. The foster parent may request a "Replacement/Supplemental Clothing Order." These requests may not exceed \$400.00 in one quarter. The foster parent should contact the Family Service Worker in the event that this need should arise.
California	Children placed in foster care are eligible to receive a clothing allowance under certain circumstances. An initial clothing allowance, not to exceed \$276.00, can be authorized by the social worker (SW) and social work supervisor (SWS) when a child is first placed in foster care and has a less than adequate supply of clothing. Special clothing allowance- can be approved only in specific circumstances. an allowance is provided, it should be given freely and not linked to the amount of chores a child performs. Allowance is not to be used for the child's basic needs (Fresno).
Colorado	Personal Needs money is to allow the child the opportunity to purchase personal items that they desire, must be given to their own bank account (clothing, health and hygiene items, convenience items, cell phone etc.)
Connecticut	---
Delaware	---
Florida	The FP may be eligible to buy new clothing only if the child is initially sheltered to foster care. This funding is not available if a child moves from one foster care to another, children 0-5 can receive \$60, 6-12 \$100, 13 and up \$150. Furthermore, foster children are eligible for an annual clothing allowance every July. 0-4 y/o receive \$200. 5-17 y/o receive \$300. A diaper allowance is paid for children up to age three.

Georgia	Initial clothing- the maximum allowable amount is determined by State policy. The maximum amount of money allocated for initial clothing is \$150 for birth through 12 years of age and \$300 for ages 13 and over. Annual clothing-may not be purchased in the same calendar items of clothing that replace worn an outgrown articles may be purchased with portions of the per diem which are allocated for this purpose year in which a child enters care. Funds for special clothing are dependent upon the County DFCS budget.
Hawaii	A purchase order for closing are available up to a limited amount per year, depending on the child's age. Contact the child's SSA or SW before purchasing any clothing for reimbursement. Reimbursement for sports uniforms and assistance on purchasing clothing for proms, etc. (up to \$125 per child per year) is also available.
Idaho	A foster parent shall follow the children's agency policy regarding a child's personal possessions, allowance, and money. When a child moves from a foster home, the foster parent shall provide the child or the children's agency with all of the child's possessions, including money.
Illinois	The monthly licensed foster care payment includes funds to pay for a child's clothing according to age, including school clothes and school uniforms and new clothing needed due to changes in season and normal growth. The caseworker/agency may request additional funds from DCFS for clothing under the specific circumstances.
Indiana	The amount paid each year for clothing for the foster child in your care. In some DCS Offices, this may be a one-time allowance when the child first comes to your home (\$200). Other offices will allow clothing to be purchased as needed during the year. Additional clothing payments may be available in special circumstances. The department permits an annual personal allowance for every child regardless of age once the child has been in placement for at least 8 days. DCS will reimburse up to \$300 annually for each child. CS will provide a special occasion allowance on the child's birthday of up to \$50 and during the December holidays of up to \$50.
Iowa	When the DHS worker determines that a child needs clothing when the child is placed in a foster home, the worker may authorize an allowance, not to exceed \$250, to purchase clothing. A second clothing allowance, not to exceed \$200, may be approved not more than once within a calendar year by the worker when a child needs clothing to replace lost clothing or because of unusual growth or weight change. Receipts are not required but may be requested by the child's caseworker. It is best practice to keep the receipts and show them to the child's caseworker. Documentation of the purchase of clothing for the foster child should be a part of the folder that you keep on the child.
Kansas	The FSC must attempt to obtain clothing from the child or youth's referring agency prior to requesting a Clothing Allowance. A Clothing Allowance is available for some children or youth served in foster care or relative placements depending on the contracting agency.
Kentucky	Resource parents are issued an initial clothing allowance for children placed in their home (can find the rates based on the child's age-handbook). Also, an annual supplemental school closing allowance is issued to a child age 3 or older (\$50 3-10, or \$100 11+). Clothing expenses include children's apparel such as diapers, shirts, pants, dresses, suits, footwear, belts, and clothing services such as dry cleaning, repair and alterations, and storage. Ongoing monthly expenses for clothing, a child's allowance and incidentals are included in the per diem.

Louisiana	A child, when first placed in foster care, may be in immediate need of clothing. An initial clothing allowance may be provided only once for each child of any age at the time he first enters care. The monthly clothing allowance included in the board payment is to be used to replace and add to the child's clothes. Due to unexpected circumstances-the FP has to talk with the CW. Allowance - The agency provides an allowance for the child in his monthly board payment. It is important that the child receive this money on a regular basis. Also, the agency provides for the foster child a small amount of money in his monthly board payment for gifts for the child.
Maine	---
Maryland	---
Massachusetts	According to website yes, but can't find in the regulations/policies.
Michigan	The portion of the maintenance rate intended for clothing is for incidental clothing needs through the year. The semi-annual clothing payment made each September and March is to provide for seasonal clothing needs for children in foster family care. Both rates have been established on the premise that a child has an average wardrobe at the onset of foster care.
Mississippi	Clothing allowance in parent handbook based on age \$415-\$793. initial clothing allowance: An initial clothing allowance is available for children at the time of the child's first placement out of their parental home. In all cases, approval for an initial clothing allowance must come from the case manager. The allowance must be utilized during the first 60 days of the initial placement (blue earth county).
Minnesota	A chart available in policy listing amount by age and need.
Missouri	A link to chart with amounts listed based on age and need.
Montana	The clothing allowance is intended to ensure that a child in care has at least a basic wardrobe, appropriate for the weather and equivalent to the clothing of children in the same community, within the limits of the funds available for this purpose. Each eligible child may receive up to \$200 per six-month period.
Nebraska	Age 0-12 years: \$682.94 (\$11.00 of which is for personal incidentals, \$37.50 is for clothing) Age 13 & older: \$773.17 (\$22.00 is of which is for personal incidentals, \$56.25 is for clothing).
Nevada	An annual clothing allowance for each child in licensed foster care of \$213.
New Hampshire	Handbook just says that clothing is included in payment.
New Jersey	Rate listed in rate table depending on age (initial, regular and over sized)
New Mexico	Amount listed in care rates table.
New York	Local departments of social services set their own clothing allowance rates up to the maximum allowed by New York State. A regular clothing allowance, based on the child's age, is generally included with the board rate and is paid as a part of the monthly check. An emergency clothing allowance may be obtained in special situations. (inventory list) (handbook) .
North Carolina	Listed in handbook based on age (\$30-60 a month) which is included in the board rate.
North Dakota	Computed in the daily reimbursement given to parents. Handbook: states that when necessary, foster parents 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 maintenance

	<p>payment. Check with agency for the specific policy and procedures.</p> <p>The initial clothing allowance must be requested and expended during the first five months after the child's entry into foster care. A special clothing allowance may be authorized to replace clothing lost in a fire, flood or other disaster, or because of a child's sudden growth spurt. This allowance is for emergency and extraordinary circumstances only.</p>
Ohio	<p><u>Butler county</u>: Clothing inventory checklist at the beginning of the initial placement. If it is determined that the clothing is insufficient, the caseworker can request a purchase order not exceeding \$200 for children 0-11 years or \$300 for children 12-18.</p> <p><u>Clinton county</u>: monthly clothing allowance \$40 (included in reimbursement), emergency/initial clothing allowance - \$150. Other allowances available based on availability of funding: tux and shoe rental - \$100, prom dress - \$150, school jacket - \$200</p>
Oklahoma	Foster parents are expected to utilize the clothing allowance included in the foster care reimbursement to provide adequate clothing for the child placed.
Oregon	<p>One-time emergency clothing voucher, not to exceed \$12, may be issued to a local store to allow you to purchase clothing for the child. A one-time standard voucher up to \$125 may also be issued later in the placement.</p> <p>If a child returns to care, a supplemental voucher up to \$125 may be issued.</p> <p>Some DHS offices allow foster parents to purchase the clothing up to the approved voucher amount and then submit the receipts for reimbursement. This allows you to shop at more than one store, but it may take up to six weeks for reimbursement.</p>
Pennsylvania	<p>Set by counties and providers</p> <p>Philadelphia: Private agencies handle clothing allowances differently.</p> <p>Handbook specifies the need to contact social worker about policy</p> <p>Centre County states children in foster care are expected to have a minimum clothing inventory (by age). \$400 lump sum twice a year allocations in February and July. Foster parents are required to submit vouchers and receipts for proof of purchase to agency.</p>
Rhode Island	<p>As per regulation: Caregiver ensures that each child has adequate clean, well-fitting and seasonal clothing that is age and gender appropriate. Clothing of a child in care must not be shared, and the child is permitted to take clothes when leaving care. In the event of an unplanned discharge, the caregiver makes reasonable provisions to protect the child's property. All allowances for clothing for a child in care must be expended exclusively on clothing for that child.</p> <p>According to handbook:</p> <p>Clothing allowances—three times a year to help cover the costs of dressing the child, in April, August, and mid-November. If the child has been removed by the time the check is received, the check must be returned to DCYF.</p> <ul style="list-style-type: none"> - Age 0-3 is \$100 - Age 4-11 is \$150 - Age 12 and over is \$250

South Carolina	Handbook: In addition to the general reimbursement payment, there usually are initial and quarterly clothing allowances for each foster child in your care. These funds are subject to annual approval through the legislature.
South Dakota	The family is eligible to receive an initial, one time, allowance of \$100 for clothing when the youth first enters the home. The family is also eligible to collect an additional \$100 clothing allowance for those youth entering the home during the school year. These two allowances require the approval of the Community Corrections Specialist (CCS) and are only reimbursable upon submitting an original sales receipt for the approved purchase items to the CCSs.
Tennessee	Each child entering state custody and in need of clothing are eligible for the initial clothing outlay. Regular clothing allowance is included in the foster care board rates.
Texas	Although the DFPS daily foster care rate includes basic clothing costs, supplemental clothing costs paid by the county for DFPS foster care children are allowable as Title IV-E costs if the costs are documented as having been bought for a specific child who is eligible under Title IV-E. One agency-specific handbook states \$150 may be reimbursed from a one-time clothing allowance depending on the initial clothing needs of the child.
Utah	Handbook: Current clothing allowance: \$41/month. Foster parents are expected to save receipts for purchases with this amount. From website of agency that asked follow-up questions to Utah DCFS in clarification: "it is appropriate for a foster parent to save the \$ 41per month for several months, but only with caseworker approval." Reasons to "save up" these funds include purchasing school clothing, formal wear, or to meet winter clothing needs. Also, "DCFS officials indicated that renting formal wear is an acceptable use of a child's clothing allowance, but only with case worker approval."
Vermont	An initial clothing voucher of up to \$100 may be issued if a child comes into care without adequate clothing and efforts to recover the child's clothing are unsuccessful.
Virginia	Policy: In addition to payment for clothing in monthly maintenance payment rates, supplemental clothing allowance is available: 0-4: \$309, 5-12: \$386, 13 and above: \$464. Supplemental clothing allowance should pay for needed clothing at initial placement, placement changes, back-to-school, as the child grows, lost/destroyed items. Supplemental clothing is used for - every child each year in foster care, the child of a foster child, a new foster care episode. It is at the discretion of the Local Departments of Social Services as to how to reimburse the purchaser for the use of the supplemental clothing allowance for the children in its custody.
Washington	\$200 clothing vouchers will be authorized for children placed by Children's Administration at initial placement whether the child is placed in a licensed foster home or with an unlicensed caregiver. Additional clothing vouchers up to \$200 may be authorized, not to exceed one time per year after initial placement, when there is an exceptional clothing need.
West Virginia	<u>Initial Clothing allowance:</u> Child's worker shall assess initial placement of clothing needs and personal inventory. Child's initial foster care clothing allowance may be up to \$300. Foster parents are to provide purchase receipts to the child's worker. This is reimbursable after expenditure by foster parents or social workers can provide vouchers for the amount.

	<p><u>School clothing allowance:</u> Children from the age of four (4) to age eighteen (18), or twenty-one (21), are entitled to the annual school clothing allowance. School clothing checks are mailed directly to the Department's foster/adoptive parents.</p> <p><u>Supplemental/replacement clothing:</u> It is the responsibility of parents to maintain appropriate clothing. The policy guidelines state that 15% of the monthly boarding care payments should be utilized for the child's clothing needs and personal items.</p>
Wisconsin	<p>Policy: Initial clothing allowance may be paid for children entering foster care without sufficient clothing. 0-4 years: up to \$225, 5-11 years: up to \$263, 12-14 years: Up to \$300, 15-18 years: Up to \$300. Apart from that, basic maintenance rate (fixed monthly payment) includes clothing</p> <p><u>Foster parent handbook:</u> Mentions that initial clothing payment is available but does not mention the amount</p>
Wyoming	---

Transportation

Alabama	Foster parents can be reimbursed for mileage costs incurred in transporting foster children in situations that eliminate the necessity of caseworker travel. Some examples are transporting a child for parental visitation, to court hearings, or to the doctor's office. Officers of the Alabama Foster Parent Association can be reimbursed for mileage and per diem to attend Quarterly Business meetings. The Department can also pay mileage for foster parents to attend training sessions. Per Diem can be paid to foster parents attending training outside their county. It must, however, be approved by the County Department.
Alaska	Routine transportation of a child in care is the responsibility of the resource family. This includes transportation to family visits, medical facilities, school events, social and sport activities, religious activities, shopping, and counseling appointments. A vehicle used for the transportation of children should be licensed in accordance with state and local law. (Reimburse the costs of transportation that exceeds 50 miles a week per child to frequent (home visit, medical issues)).
Arizona	Resource parents are expected to transport the child to all medical, dental, behavioral, school, social and extra-curricular activities. The reimbursement rate is determined by DCS after reviewing the assessed or documented needs of the child, including the transportation.
Arkansas	Foster parents must have proof of current insurance and a valid vehicle safety record check. A motor vehicle safety check will be conducted on each household member who will be responsible for transporting children in foster care. The foster family members must be in compliance with the Arkansas Motor Vehicle Safety program. Foster families should have their own transportation available to transport the child to appointments/activities. Transportation costs such as attending staff, court, visits with parents or siblings, and all medical appointments will be reimbursed.
California	Foster parents are expected to provide transportation for the child. Only drivers properly licensed for the type of vehicle operated are permitted to transport children, all children must be properly secured in a car seat. Only drivers properly licensed for the type of vehicle operated are permitted to transport children.
Colorado	family foster care home or certifying authority shall ensure that each foster child is provided with the transportation necessary for implementing the foster child's family service plan, any vehicle used by the family foster care home in transporting foster children shall be properly licensed and the vehicle shall be maintained in accordance with Colorado law.
Connecticut	---
Delaware	---
Florida	All Foster Parents who drive must have a valid driver's license. All cars driven by Foster Parents or anyone transporting foster children must meet applicable Florida motor vehicle laws, have liability insurance coverage in place always and must be equipped with seat belts. Also, foster children can ride in a car with a teenager driving.
Georgia	The FP share the responsibility of getting the child to scheduled appointments. The transportation of children to various appointments is a shared responsibility between the foster parent and DFCS. The foster parenting role requires that you assume much of the responsibility of the day to day needs of the child. In some instances, this role

	may have to be negotiated with the Case Manager. The FP may be reimbursed for the cost of necessary trips to clinics, hospitals, medical and dental appointments, psychological appointments, etc., through the non-emergency transportation (NET).
Hawaii	“If you transport the child for therapy appointments, interactions with birth family, school meetings, IEP meetings, etc. or you attend child-related trainings, you may be reimbursed at the current state mileage allowance rate.”
Idaho	A foster parent, or any person that transports a child, shall possess a valid Idaho driver's license, be insured in accordance with Idaho Law, and abide by all traffic laws including the requirement that all children are in proper safety restraints while being transported. A foster parent shall have or arrange for safe, reliable transportation of any foster child in their care to assure the child has access to school, community services, and the children's agency. Driver's license - No Department employee or foster parent is allowed to sign for any foster child's driver's license or permit without written authorization from the Child and Family Services Program Manager. Any Department employee or foster parent signing for a foster child's driver's license or permit without the approval of the Child and Family Services Program Manager assumes full personal responsibility and liability for any driving related damages that may be assessed against the child. Those damages will not be covered by the Department's insurance.
Illinois	The caseworker has the primary responsibility for arranging transportation for family visits. Caregivers are encouraged to provide transportation for the children to family visit. Also, DCFS will reimburse foster families for transportation to sibling visits and compensate them for supervising short and overnight visits.
Indiana	Just mentioned that one of the foster parents' responsibilities is to provide transportation to the foster child.
Iowa	The FP is expected to provide transportation for the foster child as appropriate and as indicated in the Family Case Plan (schools and community activities). Also has to be responsible for taking the foster child to all appointments around any services that the child needs, unless the FP has made other arrangements through the child's worker.
Kansas	Foster parents are responsible for transporting children or youth in their home within the first 30-mile radius (60 miles roundtrip). Foster parents are responsible for transporting children and youth in care to school, medical appointments, therapy, job, visits, case plans, court and extra-curricular activities. KDHE regulations require the person who transports be at least 18 years of age, have a valid driver's license and proper insurance. The vehicle must be in good working condition and have working seatbelts. Seatbelts or car seats must be used when transporting.
Kentucky	Non-medical transportation expenses for FP are rolled in to the daily per diem rates. Extraordinary transportation reimbursement may be considered on a case by case basis; however this applies only after a resource home can justify that the transportation allowance in the per diem has been exhausted. For all children receiving Medicaid, the cost of non-emergency medical transportation is supported by the Department of Medicaid Services.
Louisiana	Foster parents shall comply with all the state laws for cars including current car inspections, liability car insurance and child restraint systems. Daily transportation is the responsibility of the foster parent and is not reimbursable. The foster parent may be reimbursed for transportation expenses under the following circumstances: (1) required or allowed by OCS for the welfare of the child for medical and other professional appointments, authorized family

	visits or Family Team Conferences within the state; and/or (2) Free transportation to school is not available and the local school board will not reimburse the foster parent.
Maine	Foster parents who transport foster children in their own vehicles shall comply with all State of Maine laws governing motor vehicle operation, including current driver license, vehicle registration, inspection, insurance, and use of age appropriate passenger restraint systems.
Maryland	A FP shall assure that the child has legal and safe transportation to and from school. Medical and dental appointment, social events, event by the agency and friends.
Massachusetts	Family's ability to assume responsibility for transportation must be assessed every six months and encouraged by the DSS social worker. The family's need for transportation services must be reviewed quarterly at each Progress Supervisory Review or every six months at a Foster Care Review
Michigan	Only addresses it for youth who have aged out of care otherwise FP are expected to provide daily transport care but can discuss with caseworker if it is a problem.
Mississippi	Included in transition services, and access to hospital.
Minnesota	Licensed Resource Parents are also approved volunteers who may be reimbursed for mileage for transporting children to obtain needed medical and mental health services, as well as for authorized visitation with a parent, sibling, relative or prospective adoptive parent.
Missouri	Mileage reimbursement may be provided.
Montana	Transportation allowance.
Nebraska	Transportation up to 100 miles or \$21 in a month; The foster parents may provide transportation themselves or purchase transportation from a provider. Children to travel to: a. Child care; b. Health-related treatment or care; or c. Department or other community resource to receive services as a part of a child protective services safety plan and/or case plan; 2. Parents or usual caregivers to travel to: a. Health services; b. Department or a community resource to receive services as a part of a child protective services safety plan and/or case plan; or c. Visit a hospitalized child included in the family unit or in foster care; and 3. Biological parents or usual caregivers with children in foster care to receive services directed toward returning the child home.
Nevada	Foster parents who provide transportation to qualifying medical appointments for Medicaid-eligible children may be entitled to reimbursement of transportation costs. Foster parents shall not be required to transport a child outside of Washoe County. Does not otherwise reimburse for transportation within Washoe County. Transportation out of Washoe County may be eligible for reimbursement if it furthers the goals of the case plan and has been prior-authorized by the Department. Any person who provides transportation to the child must have liability insurance
New Hampshire	FP expected to provide transportation. Can get Medicaid transportation reimbursement (handbook).
New Jersey	Reimbursed for transport to school.
New Mexico	---
New York	The board and care rate includes the cost of the child's transportation for the usual daily living situations, school functions, religious activities, medical visits (including mental health appointments), dental visits, treatment conferences, and periodic court hearings.

North Carolina	Included in board rate.
North Dakota	<p>Handbook: Foster parents are expected to provide transportation for the child for the typical daily living situations, school functions, church activities, medical visits (including mental health appointments), dental visits, treatment conferences, and court hearings. Foster parents are asked to discuss reimbursement with the social worker for exceptional transportation costs.</p> <p>It is important to obtain prior approval before incurring and claiming reimbursement for any transportation expense.</p>
Ohio	Information on safe transportation available in manuals of the County.
Oklahoma	<p>Transportation reimbursement for 3 trips per child per month available for: visit with parents, visit with siblings, court hearings, medical, mental health, dental or vision appointments (when not in the community), where round trip mileage is above 25 miles.</p> <p>In the above cases, if resource parent cannot provide transportation for any of these, the Child Welfare worker will be responsible for providing transportation. In cases requiring excessive transportation, Difficulty of Care payment may be provided or SoonerRide services may be used.</p>
Oregon	Foster parents are encouraged to accompany their foster child to medical, therapy and other appointments. Foster parents are expected to transport a child to visits and appointments. If you are required to transport your child out of the area for medical or other approved reasons, DHS will reimburse you, based on specific rates, for motels, parking, meals and mileage. Approval for overnight lodging depends on the distance and the child's needs. Contact the child's caseworker at least 10 days before each out-of-area appointment to obtain authorization and forms.
Pennsylvania	<p>County level - county agency supposed to establish and ensure adherence to written policies and procedures regarding transportation. Minimum: any vehicle used needs to be inspected under Vehicle Code, valid driver's license; safety restraints for children (and children under 4).</p> <p>For Philadelphia (according to handbook) foster parents along with social worker are responsible for transportation arrangements for children. It also mentions the minimum standards and that extraordinary or special transportation costs need to be approved and can be reimbursed by agency.</p>
Rhode Island	<p>Caregiver must have access to reliable transportation to ensure access to school, community services and the Department Vehicle compliance, child safety restraint.</p> <p>Child must be transported in vehicles covered by liability insurance and anyone transporting child must have valid driver's license.</p>
South Carolina	<p>Foster parents are responsible for providing daily transportation. Regular transportation such as trips to school or recreational/sports meetings, events not reimbursed.</p> <p>Foster parents must obtain consent from DSS before a child is involved in out-of-state or out-of-country travel for any reason; consult with county licensing worker about reimbursement for travel.</p>
South Dakota	<p>Foster parents are responsible for providing transportation to children for medical, court, visitation travel.</p> <p>Reimbursement for transportation included in monthly transportation rate.</p>
Tennessee	The Family Service Worker (FSW) or Foster Parent Support (FPS) staff can request reimbursement for trips over 50 miles one way, or multiple trips made within a week beyond the normal care of a child/youth. The daily board rate

	includes regular transportation cost reimbursement. In the event the extraordinary transportation is of a recurring nature, a special circumstance board rate can be considered to provide for the additional cost of transportation. If the extraordinary transportation cost is of non-recurring basis (sporadic or infrequent) then mileage reimbursement can be approved.
Texas	Foster parents are expected to pay for their mileage out of their foster care reimbursement. Foster parents are responsible for all transportation for their foster children unless otherwise stated (including healthcare visits, court visits, visit friends, extracurricular, and therapy visits). Foster children are not allowed to walk to or from school unless approved by the agency. "Arrow also requires an annual driving record to be submitted to the office that documents any driving violations that have occurred during the past year."
Utah	Foster and Proctor parents shall provide transportation. In case of an emergency a means of transportation shall be arranged by the foster or proctor parents. Mileage - visitation, case-related activities, and medical miles are reimbursed. Routine trips are not. Foster parents are required to provide transportation for children to school and related activities, medical and dental appointments, mental health therapy, visitations, court hearings, religious activities and other routine personal or family activities.
Vermont	Foster parents are expected to routinely provide or arrange transportation for the child - to go to school, afterschool activities, doctor's appointments, childcare, family time, and court hearings. Foster parents can work with their team to resolve any challenges Transportation to medical appointments, including counseling, eye care, and dental care, can be arranged for and reimbursed through Medicaid transportation. Mileage reimbursement is available for foster parents transporting their students to school and school-related activities to a different school district (original school of the child).
Virginia	Foster parents responsible for transporting children to school, medical appointments, visitations, court visits etc. Travel to original school, medical appointments, and some visitations may be reimbursed.
Washington	Foster parents are required to follow policy guidelines on transportation safety Foster parents are also required to develop a transportation plan with the child's DSHS worker to ensure school attendance.
West Virginia	Federal funding is available to cover education related transportation costs for children in foster care who remain at their home school after being placed. Education agency must work with child welfare agency to arrange transportation. This is paid through education funding when available. If not, foster parents may be eligible for supplemental boarding care payments. Policy specifies car safety requirements based on age of child and states that foster parents may also be reimbursed for costs of transporting foster children to visits with the biological family/pre-adoptive visits, and medical appointments.
Wisconsin	A foster parent is responsible for providing or arranging for a child's necessary transportation, unless otherwise determined by the child's team or treatment team and possess a driver's license for transporting foster children. If the foster child is attending a school that the child was attending prior to placement in out-of-home care, foster parents may be assisted with transportation costs under 'exceptional payments'. Basic maintenance payment includes basic transportation.

Wyoming	---
----------------	-----

Court Hearings

Alabama	The foster parents have the right to notice about an opportunity, to be heard, including timely information concerning all court hearings.
Alaska	Each parent, child, child's tribe, child's resource family, and guardian must be given notice of court hearings and are entitled to be heard at the hearings.
Arizona	Resource Parents are considered an interested party to an action concerning a child who is in their care or who has been in their care within the last six months. They are also entitled to receive notice of and given an opportunity to be heard at any review or hearing concerning the child.
Arkansas	FP - Participate in court hearings and present information about the foster child, when required.
California	Federal law now gives foster parents the right to be heard in court, subject to certain restrictions. Mentioned on the bill of right: the FP will receive notice of Dependency Court hearings to determine the appropriateness of the Department's permanency plan, and have the opportunity to be heard at the hearing.
Colorado	---
Connecticut	"Pursuant to Connecticut General Statutes Section you as a foster parent shall receive notice and have the right to be heard for purposes of this section in Superior Court in any proceeding concerning a foster child living with you. Under this section of the statute, you also have the right to be heard and comment on the best interests of a child which is brought not more than one year after the last day that you provided care for the child."
Delaware	---
Florida	---
Georgia	---
Hawaii	The FP has the right to be notified in advance, in writing, by the Division of Family and Children Services or the court of any hearing or review where the case plan or permanency of the child is an issue, including periodic reviews held by the court or by the Judicial Citizen Review Panel, hearings following revocation of the license of an agency which has permanent custody of a child, permanency hearings, and motions to extend custody.
Idaho	---
Illinois	Caregivers have the right to receive notice of all court dates. Notification may be written or verbal, and is usually given about two weeks in advance to enable attendance. Current and former caregivers of a child have the right to request to be heard in juvenile court.
Indiana	---
Iowa	"As a foster parent, you have a right to receive notice of any hearing involving a child in your care, and you have a right to be heard."
Kansas	K.S.A. 38-2261 provides the right of foster parents and parents to submit a report to the court at the time of each court hearing.
Kentucky	---

Louisiana	Foster parents have the right to attend court hearings and to be heard regarding the children in their home in accordance with the Louisiana Children's Code regulations. They shall be notified and invited to the court hearing by the child's OCS worker.
Maine	---
Maryland	---
Massachusetts	Goes over the typical court hearings that take place in child welfare cases and the FP on their role throughout (handbook).
Michigan	Handbook goes over court process.
Mississippi	x
Minnesota	Components of a court order; legal services.
Missouri	x (handbook).
Montana	Required judicial hearings.
Nebraska	Handbook on it.
Nevada	Parents to participate in case planning and attend court hearings.
New Hampshire	Goes over the typical court hearings that take place in child welfare cases and the FP on their role throughout.
New Jersey	Goes over the typical court hearings that take place in child welfare cases and the FP on their role throughout.
New Mexico	Handbook exclusively on court and legal obligations, definitions, etc. (close to 500 pages). Children's Code, the Abuse and Neglect Act authorizes the state to act in these cases through the Children, Youth and Families Department (CYFD). CYFD's decision making is based on a consensus model involving clinical social workers and children's court attorneys, all of whom are trained and practice exclusively in the area of child protective services.
New York	Goes over types of hearings and FP rights and roles (handbook).
North Carolina	Court hearings overview provided in handbook - goes over timeline.
North Dakota	Legal rights of foster parents and types of court procedures/hearings outlined in the Handbook. Under the Adoption and Safe Families Act (ASFA), foster parents have the right to receive notice of, and the opportunity to participate in, any permanency hearing on a child placed in their home Foster parents are not recognized with legal standing, or as a party, in a case in juvenile court but always have the right to retain counsel.
Ohio	---
Oklahoma	Handbook provides information on the juvenile court process including custody hearing, adjudicatory hearings, review hearings etc. and discusses resource parent participation "Resource parents have the right to participate in the court proceedings that concern the foster children placed in their home and to offer information and comments directly to the court. Resource parents are to be given adequate. prior written notice of review and permanency hearings, by DHS Child Welfare." For the permanency planning report resource parents for the child are asked for information in the preparation of this report and may also submit additional comments for the court's consideration.

Oregon	Foster parents are notified, in writing, of all court hearings for a child in their care. These hearings provide important opportunities for you to learn more about the case and contribute. Foster parents are expected to talk with their case worker if they have information to share in court. If called to testify, they should make a copy of records to take to the hearing. Handbook outlines the types of court hearings that foster parents are invited to, provides tips on appearing in court, and outlines the role of the Court Appointed Special Advocate (CASA).
Pennsylvania	Agency is expected to inform foster parents. Counties/agencies have guides.
Rhode Island	DCYF provides notice to foster parents, pre-adoptive parents and relatives, with whom children in the care of the Department are placed, of any review or hearing held in Family Court with respect to those children. Foster parents have the right to attend these court proceedings and to present verbal/ file written reports with the Court. In accordance with Rhode Island General Law 14-1-30.2, foster parents and pre-adoptive parents are not deemed to be parties to the proceedings and not entitled to: 1. Present testimony through the presentation of witnesses. 2. Question or cross examine witnesses in any such Court proceedings.
South Carolina	Handbook: Foster parents Must receive written notice of the date, place, and time of all hearings pertaining to the foster child (see Appendix B) 1. Has the right to attend all hearings and to address the court concerning the child. Information disclosed at these hearings should remain confidential. 2. If unable to attend, has the right to be informed of the results of the hearings as they relate to the child's needs (e.g., change in visitation or permanency plan).
South Dakota	Handbook: Foster parents are responsible to accompany foster youth to all court appearances. Keep the Juvenile Corrections Agent (JCA) and Community Corrections Specialist (CCS) informed of these appointments.
Tennessee	Handbook details legal obligations and court appearance requirements.
Texas	Foster parents have legal right to be notified of all court hearings. After a child has been placed for 6 months in their home, foster parents have "standing" with the court to advocate for the child's best interest.
Utah	Foster and proctor parents are required to follow Agency rules and work cooperatively with the Agency, Courts, and law enforcement officials. Foster parents have the right to petition juvenile court, under certain circumstances, regarding removal of children in foster care and termination of parental rights.
Vermont	DCF Family Services Manual: DCF must give verbal or written notice of all post-disposition court hearings to the child's resource family. Resource families have the right to an opportunity to be heard, but not necessarily to be present during the entire court hearing. Handbook: Explains the court process and the role of the foster parent - types of case hearings, other things to know, notice of hearings, and continuances.
Virginia	---
Washington	---

West Virginia	Handbook on legal guide addresses the issue of court hearings. Clarifies the different types of hearings/appearances, role of guardian ad litem the top 10 ways foster parents can work with the guardian ad litem - such as attending significant hearings, attend MDT meetings etc. The handbook also provides contact information for assistance.
Wisconsin	Handbook: Foster parents may be asked by the court or by an administrative review panel to share information prior to or during court proceedings or permanency plan reviews. Foster parents, in order to provide information effectively, must be prepared. Handbook provides tips on how to prepare for court appearances. It also provides a visual map of the CPS Process. Handbook also states: "foster parents have the right to receive notice of court proceedings related to the child in their care. Currently, foster parents also have an opportunity to be heard by the court. Foster parents can ask to make a statement in court or can submit written information to the court about the foster child in their care, but the court doesn't have to allow a foster parent the ability to speak in court. Federal law has changed, and state law is being revised to reflect that foster parents have the right to provide information to the court rather than just having the opportunity to provide information. "
Wyoming	---

Sibling Placement and Visitation

Alabama	Foster parents shall allow visitation rights and telephone and mail contacts of the family.
Alaska	Foster parents are expected to support the visitation schedule set up in the case plan.
Arizona	The Department shall make efforts to maintain frequent visitation or other ongoing contact between all siblings unless documented evidence that visitation or ongoing contact would be contrary to the child's or a sibling's safety or well-being.
Arkansas	Visits will be based on the families' needs and reasons for the home placement. If a child has a sibling, the Family Service Worker shall arrange sibling visits. Sibling visits shall take place at least once every two weeks unless, in the exercise of professional judgment, the children's best interests require less frequent visitation.
California	Social workers are responsible to ensure that visitation occurs as indicated in case plans, and that the type and frequency of visitation progresses over time.
Colorado	---
Connecticut	---
Delaware	---
Florida	Almost all children need to have regular on-going contact with their siblings and most foster parents will be encouraged to arrange these contacts. If siblings are placed separately, frequent and regular visitation must occur. Foster parents should support these connections and work cooperatively with the Case Manager to schedule visits.
Georgia	Support the child's visits with birth parents, siblings, and/or other relatives. It is important that the case manager will be involved in the planning.
Hawaii	Before reunification, it may involve interaction between the birth parents and sibling. The FP has the right to participate in the planning of visitation with the child and the child's biological family with the foster parents recognizing that visitation with his or her biological family is important to the child.
Idaho	---
Illinois	Each foster parent shall receive training regarding the importance of maintaining sibling relationships, Foster parents shall help and support children in developing a relationship with their siblings and encourage and facilitate contact between the sibling.
Indiana	It is the fundamental right for children to visit with their parents and siblings.
Iowa	The child's worker will establish a plan for family contact and visits. The visit plan will be written in the Family Case Plan.
Kansas	Foster parents will accept and encourage contacts between the child and his/her parent and siblings and cooperate by: supporting the child's contact with the parents and siblings, having the child ready for each contact, providing transportation and clothing packed for overnight visits etc. A visitation plan is a part of the Child Case Plan.
Kentucky	---

Louisiana	The FP have to support relatives' and siblings' rights to reasonable visitation unless restricted or denied by the court.
Maine	The foster family shall support the foster child maintaining connections with his/her family members, including the child's parent(s), grandparents and siblings, and shall cooperate with visitation arrangements in accordance with the case plan.
Maryland	The social services shall provide a child residing in out of home placement at least once monthly siblings visits. In the establishment of the visitation plan, the siblings, caseworker and resource family shall negotiate and agree upon the terms of the visitation plan.
Massachusetts	Schedule for regular and ongoing sibling visits is established, unless such visitation is harmful to one or more of the siblings.
Michigan	Siblings are entitled to be placed together when in foster care outside their own family. If this proves impossible, the reasons are to be recorded in the DHS-65, Initial Service Plan. When separated, the relationship between siblings must be maintained by a detailed plan of visits, phone calls, and letters. Visits must occur monthly.
Mississippi	Follow visitation plan for child.
Minnesota	Minimum of two monthly visits unless reason for less is to child's benefit.
Missouri	Frequently (weekly +) (handbook).
Montana	x (also included in youth's rights).
Nebraska	Written visitation plan.
Nevada	Family visits will occur as often as the case plan warrants. During the visit all parties will abide by the WCDSS Foster Home Visitation Guidelines. (21 guidelines)
New Hampshire	---
New Jersey	Maintain regular contact unless unsafe.
New Mexico	Mentioned in child bill of rights.
New York	Placing siblings together is mandated by state law except when deemed not to be in the child's best interests.
North Carolina	Siblings shall be placed together, whenever possible, unless contrary to the child's developmental, treatment or safety needs. When it is unsafe for siblings to be placed together then it is the responsibility of the agency to provide for frequent supervised or unsupervised visitation and ongoing contact for the siblings in order to maintain their ties to one another.
North Dakota	Role of and expectations from foster parent regarding family/sibling visitation detailed in the handbook. Foster parents need to confer with the social worker to change visiting plans. Visits need to be scheduled. However, if the parent, foster parent, and social worker agree, unscheduled visits may be allowed.
Ohio	---
Oklahoma	Visitation begins no later than one week following the child's removal from home and a visitation schedule that considers the child's needs is developed and includes more than one time per month visitation thereafter until the

	<p>child is returned or the permanency plan is no longer reunification.</p> <p>All efforts are made to place sibling groups together in both temporary and permanent placements. When this is not possible, siblings need to have frequent contact with each other. Resource parents should expect to work with the Specialist and other resource parents where siblings are placed to develop a sibling visitation plan, with input from the children if age-appropriate.</p>
Oregon	A “contact” or visitation plan must be established within 30 days of custody. The DHS staff person (case worker or SSA) who is responsible for supervising the visit will work with you to establish a schedule and location.
Pennsylvania	Not specified
Rhode Island	<p>Foster parent shall support visitation between the child and his or her family as outlined in the child's case plan</p> <p>In accordance with the child’s case plan, there shall be reasonable opportunity provided for the child’s use of the foster home telephone to contact family and friends.</p> <p>A foster parent shall not restrict or censor correspondence to or from the child, except in accordance with the child’s case plan.</p>
South Carolina	DSS recognizes the right of siblings to be placed together while in family foster care. If siblings are placed in separate homes, one in your home and one in another, you may be asked to encourage communication and contact between them. When more than two siblings are separated, you may be asked to encourage communication and contact among three or four siblings.
South Dakota	<p>All outside family visits or contacts must be approved by the JCA and CCS assigned to the foster home. Typically, contacts are minimal in the beginning (usually for the first 30 days) in order to facilitate the transition into the home.</p> <p>"The youth may begin to earn telephone calls and visits with approved family members after the initial 30-day period has passed." No specific mention of sibling visiting or placement.</p>
Tennessee	Resource parents are expected to work as team members with child's birth family and social worker to decide on visitation schedule and adhere to it.
Texas	<p>If siblings are initially placed separately, it is critical to reunite them as soon as possible. Diligent efforts to reunite the siblings should occur within 60 days and these efforts must be documented. In the event siblings cannot be reunited within 60 days, continued documentation of all efforts to reunite the siblings must be kept in the record and addressed at the initial and subsequent Permanent Planning Team meetings</p> <p>At a minimum, siblings placed with separate caregivers, whether these are parents, relatives, or substitute caregivers, should have at least monthly contact with each other unless there are documented reasons not to do so. When possible and appropriate, caregivers should be encouraged to schedule and handle sibling visitation as often as possible.</p>
Utah	Foster parents are responsible for making the child available for parent-child visits and/or sibling visits with the schedule negotiated by the Child and Family Team. Visitation may not be contingent upon the child’s behavior.
Vermont	Family time Guidelines in place for regulations on face-to-face meeting with parents/siblings on recommended practice timeframes and different considerations.

Virginia	Policy: Where siblings are placed in separate foster homes, the local department, child-placing agency, or public agency shall develop a plan to encourage frequent and regular visitation or communication between the siblings. The visitation or communication plan shall take into account the wishes of the child, and shall specify the frequency of visitation or communication, identify the party responsible for encouraging that visits or communication occur, and state any other requirements or restrictions related to such visitation or communication as may be determined necessary by the local department, child-placing agency, or public agency.
Washington	---
West Virginia	State statute requires placing siblings together. When siblings are placed separately, the Multidisciplinary Treatment team must develop a visitation plan to maintain sibling relationships and contained in Uniform Case Plan. Child's worker is responsible to ensure visitation plan is followed. The child's worker is to provide a copy to the foster parent and foster parent should provide routine transportation for visitation, if possible.
Wisconsin	Handbook: "Although every effort must be made to place siblings together, sometimes this is not possible. Children must also have face-to-face interactions with their siblings at least one time per month when they are not seeing each other as part of the family interaction plan. Additional family interactions between siblings must be encouraged, such as contact by phone, letters, and e-mail during the month.
Wyoming	Handbook: "Visits between the placed child, parents and brothers and sisters are essential for the child's well being. Foster parents must, therefore, be able to share a youth with his family on a planned basis as arranged by the caseworker. Children may have visits arranged by a caseworker with other responsible relatives.

Training Requirements

Alabama	Training for FP is mandatory, the DHS offers basic foster care training, specialized FP training is also provided for FP who provide care to children with special needs.
Alaska	Core training- require FP to complete CT in the first-year licensure. All licensed foster parents are required to have ongoing yearly training. One-parent homes are required to have at least 10 hours of training per license year. Two-parent foster homes are required to have 15 hours per license year. The Alaska Center for Resource Families (ACRF) is a grantee of the Office of Children's Services and provides training, referral services, individual support and information to resource families.
Arizona	Families have to be willing to attended 30 hours of pre-service training, and 6 hours per year.
Arkansas	Foster parents must complete the Division's pre-service training curriculum which includes 27 hours of Foster/Adopt PRIDE training and three hours of DCFS orientation prior to placement of a child and First Aid training (acceptable online). Each foster parent shall annually participate in a minimum of 15 hours of approved training.
California	PRIDE -a pre-service course 25 hours in 10 weeks, in service training - may be available to support the FP as a foster parent, and special training is also available for medical and mental health training (Fresno county).
Colorado	It is the responsibility of each foster parent to complete 32 hours of training each year to maintain licensure.
Connecticut	The pre-licensing process involves attending an Open house to receive info on the requirements of being a foster parent. The licensing process for a foster or adoptive parent is a ten week group assessment training that all applicants attend. Each Licensed foster is required to complete post-licensing training of 18 hours annually. Every two years from initial licensing date, every family is relicensed and reassessed by the FASU unit to assure that the family continues to meet the licensing standards and regulatory requirements set forth by the State of CT. Reapproved families will have to meet PRIDE quality guidelines and have met post licensing training requirements.
Delaware	Website: pre-service training and office phone numbers.
Florida	Section 409.175 of the Florida Statutes mandates the Department of Children and Families or the designated child placement agency in the county to license and set standards for children in foster family homes. Parent preparation pre-service training shall include training for out-of-home caregivers on decision-making related to the balance of normalcy for children in care and their safety. Each FP has to complete 16 hours of in-service training (another handbook mentioned 8 hours).
Georgia	Families or the designated child placement agency in the county to license and set.
Hawaii	Foster parents who have been approved as placement resources for children in care are required to complete a minimum of fifteen (15) hours of Continued Parent Development each calendar year. Also, offers a variety of free and low-cost services to educate parents, etc. Parenting classes are available to resource families through a Department contract.

Idaho	(1) Each applicant for a foster home license shall receive an orientation related to the children's agency foster care program and services (2) Complete not less than ten hours of training no later than one year following the issuance of an initial foster care license (3) Complete not less than ten hours of training on an annual basis following the initial training specified in these rules (4) complete training identified by the children's agency as meeting the individual needs of the foster parent and complete any additional training. in their website- PRIDE (Parent Resources for Information, Development, and Education) is a 27-hour pre-service training for potential foster and foster/adoptive parents.
Illinois	Each foster parent shall complete, as a condition of license renewal, 16 clock hours of approved in-service training. CW agencies may require foster families under their supervision to complete additional training as a condition of continued supervision by the agency. As a provision of retaining the expanded capacity license, foster parents shall complete a total of 9 clock hours of approved training each calendar year. There is Virtual Training Center (VTC), 24 hours availability, registration information, transcripts, training announcements, and resources.
Indiana	Pre-service (10 hours), First Aid, adult, infant and child CPR, and Universal Precautions training are required for anyone wishing to become a foster parent. Once licensed, annual on-going training is required. The type of license that is held by the foster parent will determine the amount of training that is required (licensed: traditional, special needs and therapeutic). The FP must maintain continuous certification during the licensing period.
Iowa	In order to become a licensed foster family home, you are required by law to attend the 30 hours of pre-service foster parent basic training (PS-MAPP). Completion of this training is necessary before obtaining a full license. Pre-service training is provided free of charge to prospective foster parents, and is available through the community colleges. After it the worker will assess the family- “home study” is a written report containing documentation of the family’s compliance with foster home licensing requirements. The foster care license is effective for one year and must be renewed each year. in-service training - Each individual foster parent shall complete at least six credit hours of approved in-service training annually, before the expiration date on your license. At least three of the six hours must be in a group. Also, there is mandatory reporter training and training for treatment-level foster homes (at least 12 credit hours).
Kansas	Pre-service and on-going training are required in an effort to provide foster parents with current knowledge of the child welfare system. Pre-licensure training include a face to face-family foster home preparatory program and first aid training (3 hours). Also, in service training-Each licensee shall obtain at least eight clock-hours of training in each licensing year, including at least two clock-hours obtained through participation in group training, including workshops, conferences, and academic coursework.
Kentucky	All FP have to complete: The medication administration online training is titled Medication Administration Training. The Cabinet approved first aid online training is titled Non-Certified Basic First Aid Skills. Ongoing training- To maintain approval as a basic resource home, six hours of ongoing training is required annually (can find all the level and hours).
Louisiana	OCS is responsible for training and certifying the agency’s foster/adoptive families. an applicant has to complete the pre-service training approved by the agency as one of the requirements for certification. Each foster parent is

	provided a copy of the licensing handbook when they are certified. Foster parents must complete a minimum of 15 hours of approved in-service training each year (list of additional training resources, p56 (handbook)).
Maine	Foster parents shall participate in ongoing training of at least 18 hours for the licensee(s)' combined hours of training, with at least 6 of those hours completed by the secondary foster parent, if applicable, within the two-year licensing period. The training must be related to the needs of the children in foster care and approved by the licensing agency. At the time of initial and renewal licensure, the Foster Care Licensing Worker will provide the licensee(s) with a list of required training and of approved training options. Documentation of required training must be provided to the Foster Care Licensing Worker at the time of license renewal.
Maryland	At least 20 hours of training for a foster parent applicant, continuing training shall include a minimum of 6 hours per year . By Nov, 2015 all resource home PRIDE trainers will be scheduled to attend and participate in mandatory Web-Ex overview of "reasonable and prudent parent" standard. The parent has to sign "resource parent agreement".
Massachusetts	MAPP – parents.
Michigan	Foster parent needs to complete 12 hours of PRIDE training. Once you are licensed, you have 18 months to complete an additional 12 hours of PRIDE training.
Mississippi	30 hours of primary skill development training prior to accepting a treatment foster care placement; 18 hours of additional annual training.
Minnesota	Policy is unclear about what and how much training just that FP need it - online lists CPR/first aid, webinars and blood borne pathogen online training.
Missouri	STARS (specialized training, assessment, resources, support and skills) training plus additional 30 hours; additional requirements for second year (Handbook).
Montana	Keeping Children Safe - 18 hour training; additionally 15 hours annually; specialized foster parent must get extra training.
Nebraska	Older hand book states 21 hours of department-approved service training and 12 additional hours annually (however newer handbook says 30 hours initially with annual additional) policy states 21 hours.
Nevada	12-hour initial training session and, subsequently, an annual eight-hour refresher course. (policy) a minimum of four (4) hours of training per licensure year .
New Hampshire	Foster and Adoptive Care EssentialS (FACES) is offered to individuals interested in becoming licensed to provide foster/adoptive care and for relative caregivers. The program consists of 21-hours of training, consisting of seven three-hour modules. Caregiver Ongoing Training (COT) additional; Relatively Speaking is offered to relative caregivers of children in care. Stipend for their hours of classroom training through the Education & Training Partnership (E&TP).
New Jersey	Primary provider care (7 hrs, annually), secondary provider (5 hours annually) -- offer disaster training (optional - on website) (Parent Resources for Information, Development and Education PRIDE training on website plus 9-hour pre-service training).
New Mexico	---

New York	Model Approach to Partnerships in Parenting/Group Preparation and Selection (MAPP/GPS) Pre-Certification Training Program (optional); Foster parents providing emergency FC of care must complete 15 hours of specialized training and a minimum of 6 hours of follow-up training each year (18 NYCCR 446.5).
North Carolina	<p>The Resource Family Training meetings are held regularly on the second Monday of every month. Foster parents shall receive at least ten hours of training annually that is relevant to special developmental, emotional and behavior needs of the children for whom they are providing care. Four requirements for new foster parents are:</p> <ol style="list-style-type: none"> 1. CPR 2. First Aid 3. Universal Precautions 4. Medication Administration (handbook). Policy goes into: Foster parents must be trained to use restraints. The training consists of 16 hours of special instruction. The training course covers the following areas: • Techniques for deescalating problem behaviors; • Appropriate use of physical restraint holds; • Monitoring vital indicators; and • Debriefing children and foster parents involved in the problem. <p>Once foster parents have completed the required 16 hours of instruction, they must complete an additional eight hours of training each year</p>
North Dakota	<p>Policy: The licensing agency provides orientation followed by pre-service training. Each licensed foster family is required to complete annual training hours. Annual training opportunities are available on a local, regional and statewide basis.</p> <p>Handbook: Foster PRIDE/Adopt PRIDE pre-service training. 9 3-hour sessions (27 hours).</p> <p>Other opportunities of in-service training offered. Mentioned in handbook appendix. Reimbursement for training provided Lending library (accessible online) as well for resources.</p> <p>Pre-service competencies for foster parents stated in handbook Appendix.</p>
Ohio	<p>Ohio administrative code: Pre-service: If the foster home is a family foster home, at least thirty-six hours training</p> <p>Continuing training: the department of job and family services may not renew a foster home certificate unless the foster caregiver successfully completes</p> <p>At least forty hours in the preceding two-year period. 20% may be fulfilled by teaching one or more training classes for other foster caregivers or providing mentorship.</p> <p>Reimbursement available for in lump sum for attending preplacement as well as continuing training programs. The reimbursement rate is established by the Dept. of Job and Family Services.</p>
Oklahoma	<p>DHS provides training for our foster parents at no expense to the families. Training opportunities are offered throughout the year. Training enrollment is coordinated and arranged with assigned DHS Resource Specialist.</p> <p>Pre-service training: Becoming a foster family utilizes a 3-hour curriculum to introduce the concepts and expectations of the approach to a child welfare practice to current foster parents.</p>

	Annual in-service training: All foster parents are to complete 12 hours of continuing in-service training per calendar year on subjects that promote their skills and interests as providers.
Oregon	A minimum of ten hours of training is required annually for foster parents. This training may focus on a specific child's needs or more broadly based on general needs of children in DHS care. Most branches prefer at least half the training hours to be interactive. The remainder could be in-home use of books or tapes, Web site programs or training sponsored by other agencies. DHS may reimburse fees for some preapproved trainings. Handbook lists what qualifies as training, documentation of training by foster parents, and evaluation of training material. DHS and Portland State University (PSU) joined to provide training through the Child Welfare Partnership (CWP).
Pennsylvania	Policy: A foster parent shall participate annually in a minimum of 6 hours of agency approved training. Additional training decided by county/agency. For Monroe county, the training can be fulfilled by watching agency approved videos and/or internet classes.
Rhode Island	Applicant for a Foster Care and Adoption License are expected to successfully complete a course of pre-service training as required by the Department. All courses will be provided or approved by the DCYF. Handbook: Foster parents are required to call and sign up for training.
South Carolina	Pre-licensing training: 14 hours of training in foster care to assist in deciding about becoming a foster parent Relicensing: Each foster parent must attend 28 hours of relicensing training prior to the date of license expiry. This training should be ongoing over the two-year period licensed.
South Dakota	Handbook: Foster parents are expected to attend annual training sessions designed to improve understanding and knowledge of various foster care issues. Community Correction Specialists (CCS) organize an annual training conference for the foster parents. The CCS will identify and select field experts to present lectures and group discussions for the conference. These are designed to help foster families better understand the needs of youth placed in their homes. Website: "Foster families receive 30 hours of PRIDE training and participate in home consultations resulting in the completion of a home study in order to attain a license."
Tennessee	Different training tracks for "traditional" and "kinship" resource parents. Resource parents must receive continuing education training after approval. There are specific classes that resource parents must attend during the first and second year. Traditional resource parents must complete 14 hours of training in first and second year. Resource parents in their third year or thereafter are required to receive 15 hours of training annually. CPR/First Aid and Medication Administration are required prior to approval. Resource Parents who are willing and appropriate to parent youth who have been adjudicated delinquent must complete the 9-Hour Parenting the Youthful Offender course.
Texas	Pre-service training: Texas PRIDE is a 35-hour competency-based training program that is co-trained by an agency staff member and a foster or adoptive parent Additional training: Universal precautions training, psychotropic medication training, certification in first aid and CPR Annual in-service training: Training requirements range from 20 hours per family to 30 hour per foster parent

Utah	Foster parents are relicensed on an annual basis. To meet minimum training standards, foster parents need to complete 16 hours of approved courses, annually. If there are two caregivers in the household, the 16 hours is the total number of in-service training hours required for both caregivers combined — with neither caregiver having fewer than four hours. Foster parents can participate in webinars, Annual Symposium, and require CPR certification.
Vermont	<p>All licensed foster families must complete foundations training before the end of the first year of licensure. Each district will offer the in-person segment of Foundations Training a minimum of twice a year. Foster parents are expected to attend all teleconference and in-person sessions. Individual training sessions may be acceptable at the discretion of the Resource Coordinator.</p> <p>Foster parents are required to attend 40 hours of training in two years to move from one level of reimbursement to the next level.</p> <p>Foster parents at Level 2 and Level 3 must do 10 hours of training per year to maintain the current level of reimbursement.</p> <p>After 4 years of experience and 80 hours of training, 10 hours of training a year is required to maintain the current level of reimbursement.</p>
Virginia	<p>Policy:</p> <p>The LDSS shall ensure that pre-service training is provided for resource, foster, and adoptive family home providers using a Virginia Dept. of Social Services approved curriculum.</p> <p>The LDSS shall ensure and document that each provider receives annual in-service training.</p> <p>While a specific number of hours is not specified, ten (10) hours of in-service annually (per parent) should be considered the minimum acceptable amount with no more than half of these hours obtained utilizing self-paced training methodologies (e.g., online courses, self-study books, etc.).</p>
Washington	<p>To become a licensed foster parent, foster parents are expected to complete an orientation: in-person or online.</p> <p>Pre-Service Caregiver Core Training - Foster parents are required to take 24 hours of Pre-service Training. The Alliance for Child Welfare Excellence provides all Pre-service Training.</p> <p>First Aid/CPR and Blood Borne Pathogens -Foster parents are required to take a First Aid/CPR and Blood Borne Pathogens course. All licensed family foster homes (including private agency, Children's Administration and licensed relative homes) are required to complete ongoing training during each three year licensing period.</p>
West Virginia	<p>"The Home finding Specialist must provide each prospective foster/adoptive family with the opportunity to receive training on the foster/adoptive care system, the children who come into the custody of the state, and the skills required to provide care for these children. This training involves self-evaluation through discussions, participation in small group exercises, and discussion with experienced foster/adoptive parents."</p> <p>Details of training requirements and hours are not provided.</p>
Wisconsin	<p>Handbook: Training requirements set by the licensing agency.</p> <p>The handbook highlights the importance of and need for training of foster parents.</p>
Wyoming	---

Hotline or Point of Contact

Alabama	Staff person representing the department on call 24 hours a day.
Alaska	Posted in their website who to call in certain situation.
Arizona	The Warm Line seeks to provide resource parents with requested information, assistance with authorizations for services, timely communication, and support from DCS. A Warm Line designee will be available during the hours of 8:15 am to 4:30 pm Monday through Friday. In addition, the caller will have the option to leave a message 24/7.
Arkansas	Child abuse hotline.
California	24 hours for emergency situations by phone, fax and/or email (they have a table of potential situations point of contacts-(Fresno). Also, can find in San Diego handbook- a list of whom to call depending on the situation.
Colorado	child abuse hotline.
Connecticut	DCF manages a 24 hour, 7 day a week CARELINE with social work staff. They receive all calls of abuse and neglect and investigate during the hours when the regional DCF offices are closed.
Delaware	Website - contact info and helpline.
Florida	Foster parent is provided with an on-call phone number, and can call immediately upon getting assigned a team. During the day-there is another phone number.
Georgia	Foster parent should also be provided an emergency number for contacting the Case Manager or designated staff person after working hours. A list of situations that the PF have to call immediately (child leaves etc).
Hawaii	If you need to speak to someone immediately, call the number indicated on the SW's voice mail or extension and ask for the Office Duty SW on call that day. You also may ask to speak to the Unit Supervisor or your DHS licensing SW. There is also a warm line Mon-Fri until 5.00pm, or send an email, list of helpful websites.
Idaho	---
Illinois	DCFS abuse/neglect hotline 24 hour.
Indiana	Child abuse hotline.
Iowa	Child abuse hotline.
Kansas	---
Kentucky	Child abuse hotline.
Louisiana	If an after-hours emergency occurs, the FP may contact the worker or supervisor at home (their numbers are on the Form 98-A) or contact the on-call worker through the Child Protection Hotline 24-hours.
Maine	Can find a list of phone numbers on their website, after hours warm line.
Maryland	---
Massachusetts	Hotline and other important numbers (handbook).
Michigan	None easy to locate (buried deep within writing but for review boards or payments not for help).

Mississippi	Numbers in handbooks.
Minnesota	Hotline listed online.
Missouri	Resource home file access; hotline (handbook).
Montana	Centralized Intake Hotline (1-866-820-5437).
Nebraska	Lists several numbers in handbook (hotline and services).
Nevada	24 hour medical transport number listed.
New Hampshire	First Initial Response Team (F.I.R.S.T.).
New Jersey	24 Hour hotline in handbook, number for issues related to payment allowances/reimbursement.
New Mexico	In child bill of rights.
New York	Several important numbers listed in first few pages of parent handbook.
North Carolina	On call social worker, posice control, pharmacy, public health agency listed in handbook.
North Dakota	Handbook describes emergencies and lists whom to get in touch with. Lists emergency telephone numbers.
Ohio	----
Oklahoma	Full list available on the website. Resources also listed on the handbook.
Oregon	Handbook provides a few sheets (template) in the beginning to make a note of all the important points of contact including - DHS staff, after-hours contact information, and a sample of branch specific information to complete contact information for (child's book, forms, injuries, medication etc.) It also states where the foster parent may find important contact information. Lists state and national resources.
Pennsylvania	State policy: The FFCA supervising the foster family home shall give the foster families an emergency telephone number which provides 24-hour access to the FFCA.
Rhode Island	Foster parents are to be given access to services and supports to address the needs of the children in their care including, but not limited to, twenty-four hour emergency and urgent telephone support.
South Carolina	Handbook has a worksheet on important numbers for foster parents to fill out.
South Dakota	Provides contact information for the Community Corrections Specialists in the handbook.
Tennessee	Yes. Listed in handbook.
Texas	Provided in the handbook.
Utah	Handbook has a page for foster parents to write down important phone numbers relevant to their local agency and points of contact.
Vermont	FSD district office during regular office hours. If y involved with a support agency, contact them. After hours, on weekends, and on state holidays, call the Emergency Services Program (number on handbook).
Virginia	---
Washington	Foster Parent & Caregiver Support line, Children's Office, 24 hour Foster Parents Association of Washington State (FPAWS) Line, and Washington State Mental Health crisis line mentioned on the website. The Foster Parent & Caregiver Support Line provides phone support when foster parents and relative caregivers are

	in crisis. Children's Administration social workers answer the calls and can offer behavior management advice, problem solving tips and a listening ear. The support line operates after business hours through CA's Central Intake. 5:00 pm - 8:00 am Mon - Fri & all weekend hours for emergencies.
West Virginia	---
Wisconsin	Handbook mentions what constitutes emergency but does not provide any information on a hotline or point of contact. By agency.
Wyoming	Handbook outlines information on when to contact the caseworker and what to do in case of emergency. Also provides a template for documentation log to fill out all relevant phone numbers.

Education Planning

Alabama	Foster parents will participate in ensuring regular school attendance of children in accordance with the school attendance laws.
Alaska	All children in state custody placed in out-of-home care are categorically eligible for free meals at school without application. Children in care are required to attend school. Enrolling a child in school is generally the responsibility of the resource family in which the child is placed. 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.
Arizona	For special needs-IDEA requires public schools to develop an IEP for every student with a disability who meets the federal and state requirements for special education. The IEP refers both to the educational program to be provided to a child with a disability and to the written document that describes that educational program.
Arkansas	It is the responsibility of DCFS to provide educational opportunities to help each child meet their full potential. To ensure that children in the custody of DHS receive a quality education, it is the Division's policy to enroll children in foster care only in schools accredited by the Arkansas Department of Education. Foster parents shall attend school conferences concerning a foster child, and shall notify the placing agency of any situations that may affect the case plan or require agency involvement.
California	FP are expected to actively participate in their foster child's education, FYES (foster youth education services) program provides support and help to the youth in high school, if special needs are needed-they will refer to Special education needs. Services include an annual assessment of strengths and needs, an Individualized Education Plan (IEP), special education services in the "least restrictive environment," and due process and confidentiality rights. Foster parents are expected to attend meetings held by the school, along with the child's parents and the social worker, and to support the child with his or her educational needs (Fresno).
Colorado	Foster parents are expected to be listed as the child's primary contact with all school personnel, and are responsible for attending to a child's needs in the case of an emergency, Foster children shall attend educational/vocational programs in the most appropriate and least restrictive educational setting for the foster child, including, but not limited to, attending regular classes conducted in accredited elementary, middle, and secondary schools within the community. Regular school attendance or an educational plan is required for each foster child according to school attendance laws; a suitable, quiet, well-lighted place for study shall be provided together with necessary books, papers, pencils and other equipment which are reasonably required by school-age children.
Connecticut	Certain children have difficulty learning in school. When this difficulty is the result of a disability, the child is eligible to receive special education services. In certain situations, special education services can be provided to children who, although they have not entered school yet, have reached the age of three. Other children excel in school and are identified as gifted and talented. It is critical that the FP will share information about the child's school performance with the child's DCF social worker.
Delaware	---

Florida	The foster parent has to call the Office of Pupil Assignment and registers the child for school. However, under special conditions, it may be appropriate for the child's Case Manager to do it. For special needs, the FP has to connect the SW. Participate in the child's school activities, including regular teacher conferences.
Georgia	---
Hawaii	---
Idaho	A foster parent shall cooperate with the children's agency and applicable educational organizations to implement the education and training plan for each child.
Illinois	FP have to enroll the child in school within two school days of placement and provide information and have input into educational planning. Any child placed with you after the first 45 days in foster care must have an educational plan in place. FC can reach an education advisor (all phone numbers are published). Foster caregivers are required to take the Educational Advocacy class, which provides extensive information on special education. All FC educational responsibilities are published (enrollment, homework, school attendance etc.). Children in foster care generally may not be home schooled.
Indiana	Child in foster is eligible for free or reduced-price school lunches, book rental fees or text book fees, If a foster child is in special education or receiving specialized services due to a disability, he/she must have an IEP (individual education plan), created by the school the child attends and with the input of all parties involved with his/her education or training. Also, policy regarding transition plan and special needs. FP shall: (1) cooperate with the department and CPA to implement the education or training plan for the child; and (2) work with the school, department, and CPA to advocate for the child in educational planning.
Iowa	State law provides that children in foster care are allowed to enroll in the school district where their foster home is located. Foster parents and birth parents are both encouraged to attend parent-teacher conferences for the child in placement. Head Start Program- Foster children are among those who may be eligible for admission to Head Start, a federally and state funded comprehensive preschool program that provides education,health, nutrition, and handicapped services to children 3 to 5 years old. Also, The Iowa Child Development Assistance Act of 1988 established preschool programs for "at-risk" three- and four-year old children. Grant programs provide services through Head Start, public school, and preschool or private day care programs. Foster parents are NOT to sign permission slips for a child in foster care to participate in extracurricular activities such as field trips and sports.
Kansas	Family foster parents are responsible to insure school age children attend school regularly, unless for an excused absence, and the children complete homework assignments. If the child will not be able to attend school due to illness or an appointment, the family foster parent is responsible to notify the school of this absence. The family foster parent will also communicate with the school in regard to the student's school progress and developing plans to address issues related to school performance. It is the policy of KVC that children in the custody of the State of Kansas must attend a public or private school that is licensed and accredited. Home schooling of children in foster care is not allowed.
Kentucky	Within three working days of the child's placement, the child should be enrolled in school and the resource parent may assist the SSW as applicable. The Kentucky System of Interventions (KSI) is a framework for providing

	systematic. Comprehensive services to address academic and behavioral needs for all students, preschool through grade 12. Kentucky law requires notification to parents and a plan of action for students in grades 3 through 8 who need interventions because they did not meet benchmarks. The same legislation requires an individual student report for 8th through 12th graders who have taken an Explore, Plan etc. All children in foster care are eligible for free lunches at school. see more plans p32.
Louisiana	Foster parents need to be active educational advocates for the child. They have the right to actively participate in the development of the child's educational plan, and in other service planning decision-making processes.
Maine	---
Maryland	---
Massachusetts	x (not specific)
Michigan	Must be enrolled and attending school within 5 days of placement. The Every Student Succeeds Act (ESSA) of 2015, requires school districts to identify a foster care liaison when the MDHHS county office has an education point-of-contact identified. The school district's foster care liaison is required to collaborate with foster care staff when considering school placement and to help arrange transportation when needed.
Mississippi	Making progress at appropriate grade level. The social worker will discuss with you any special needs regarding your foster child's education (wright county).
Minnesota	Ensure child is registered and attending school; DFCS shall take reasonable steps to ensure that school-age foster children are registered for and attending accredited public or private schools within three business days of initial placement or any placement change, including while placed in shelters or other temporary placements. DFCS shall make all reasonable efforts to ensure the continuity of a child's educational experience by keeping the child in a familiar or current school and neighborhood, when this is in the child's best interests and feasible, and by limiting the number of school changes the child experiences. getting specific needs met; children up to 36 months enrolled in early intervention program.
Missouri	FP expected to advocate for child's education, seek tutoring if needed, school lunches; head start (handbook).
Montana	All efforts should be made to ensure that when a child is placed in out-of-home care he or she is able to continue attendance in his current educational setting. If not then must be enrolled at new school within 5 days of placement. Nutritional program for free lunches.
Nebraska	Parents retain authority to make decisions regarding their child's education, even if their child is a ward of the state. If the parents' authority to make educational decisions has been legally ended, a surrogate parent will be appointed. FP expected to advocate for child's education.
Nevada	Enroll a school-aged child into the school for which the foster home is zoned within one school day of placement unless otherwise instructed by the social worker assigned to the child. The foster parent is responsible to ensure attendance at school as scheduled by the school district. Foster parents may home-school their foster children under State guidelines that do not require them to follow established curricula. Foster-care students are not required to be regularly tested, assessed for special needs, or graduated from any grade level.

New Hampshire	Children in foster care attend public school unless other arrangements are obtained and approved by the birth parent and DCYF. When a child enters foster care, the parent retains certain rights. Education is one area where a parent continues to be responsible for his or her child. Parents should attend school-related meetings and participate in school functions that involve their child. Either the parent or CPSW/JPPD needs to arrange for the transfer of school records. The foster parent, in conjunction with the parent, if possible, register the child into a new school. Unless an educational surrogate exists, the parent is the person who signs all special education related paperwork, including consents to evaluate or approval of an Individualized Education Program (IEP). Foster parents are not allowed by New Hampshire law to sign any standard education or special education related paperwork.
New Jersey	The New Jersey Educational Stability Act, effective September 9, 2010, mandates that CP&P coordinates with local school districts so that children in placement can stay at their current school. FC can not be home schooled.
New Mexico	Efforts must be made to keep the child in his or her own school if reasonable and in the child's best interest.
New York	Foster parents are expected to actively participate in their foster child's education. If possible, it is preferable for a child to stay in the same school he or she attended before entering foster care. New York State Education Law requires children to attend school full-time between the ages of 6 and 16, unless they have received a high school diploma. Some cities and local school districts are allowed to extend this to 17 years of age. Sixteen-year-olds must complete the current school year. Foster parents are required to arrange for children to attend school in compliance with the Education Law.
North Carolina	Kindergarten Screening, has an identified education advocate at SS.
North Dakota	Handbook outlines role of foster parents in their foster child's education. Details on participation in Head Start, special payments, and Continuation in Foster Care Past Age 18 detailed.
Ohio	---
Oklahoma	Foster parents are expected to ensure that children are provided educational opportunities in accordance with the child's plan of care. If the child placed in your home is eligible to receive special services, an educational program will be developed to meet the child's needs. A meeting must be held within 30 days to develop the written Individualized Education Program (IEP). An IEP is a written statement of the educational program designed to meet a child's individual needs.
Oregon	Foster parents are encouraged to be advocates for the children in their care.
Pennsylvania	According to state, the county agency shall ensure that foster children are enrolled in and have access to education. If a child receiving services is beyond the age of compulsory school attendance, the county agency shall ensure that the child has access to career counseling or continuing education. <u>Center county</u> : Foster parents are responsible for registering foster child in appropriate school. Guidelines for attending conferences, Individual Education Planning, unusual expenses specified.
Rhode Island	Caregiver ensures that the child in care of school age continues to attend his or her school or enrolls the child in care in an appropriate school within five school days of placement. Caregiver expected to cooperate in the development and maintenance of the child's educational plans. Well-lit space to study and regular times for homework and study. No home-schooling is allowed.

South Carolina	Foster parents are responsible for : Responsible for understanding agency policy about enrolling child in school and in special education. if necessary (sometimes a surrogate parent is appointed). 1. Consults with foster care worker about payment of school fees (routine school fees come from the foster care board payment) 2. Transports child 3. Attends parent teacher conferences, PTA meetings 4. Signs report cards 5. Communicates with DSS about progress and problems 6. Keeps accurate records .
South Dakota	---
Tennessee	Handbook: All school-age children must be enrolled in an accredited school setting. They should attend school daily, have their attendance monitored, and have their education needs met according to DCS policy. Any school problems should be reported to the child's FSW. Resource Parents are encouraged to attend multi-disciplinary team (M-Team) meetings, Individual Education Plan (IEP) development meetings, as well as other school-related meetings for children in their care.
Texas	Handbook: "All children must have an appropriate education. As a foster parent, you serve as the liaison between the school, the child, and the agency". State Administrative Code: The commission shall develop an education (electronic) passport for each foster child. Maintaining educational stability by retaining foster child in school should be priority. Foster child can be admitted in a new school if it is not in the child's best interest to remain in the old school. Proper documentation of approvals required for the change in school.
Utah	Foster parents are expected to be responsible for monitoring and assisting in children's educational process including helping with homework, attending parent/teacher conferences, participating in the development of Individual Education Plans (IEPs), and alert the caseworker to any unmet educational needs.
Vermont	A Memorandum of Understanding (MOU) between the Department of Education and the Family Services Division allows students to remain in their schools even when placed out of their school districts.
Virginia	---
Washington	---
West Virginia	All children in foster care are expected to attend high school through graduation rather than quitting school and/or completing their GED. Educational issues are discussed in Multidisciplinary Treatment Team meetings (MDT) meetings (including parents, foster parents, immediate family members, attorney representing parents etc.) and included in child's case plan. Educational stability - no time lapse, attempt to continue in current school if in best interests of child; case plan to include description on how to achieve educational stability. Alternative school placements - Alternative school placements such as church affiliated schools, private schools, or home schooling, will only be considered if they are recommended by an Individualized Education Plan
Wisconsin	Foster parents are responsible for advocating for the child with the child's school system and have primary responsibility for communication with the school, unless otherwise determined by the child's team or treatment team; FP shall assist a foster child in planning for achievement of the child's educational or vocational goals.
Wyoming	Schooling is not expected to be handled very differently from own children, except requiring a little extra attention. Agency is required to furnish information to the school. Foster parents are required to cooperate with the child's teacher to help the child over big hurdles.

Respite Care

Alabama	The right to a period of respite upon the request of a foster parent. The FP shall provide reasonable notice of a request for respite.
Alaska	Notify your assigned worker when you plan to leave a child with another adult caregiver for 72 hours (three days) or more.
Arizona	The law is to allow resource parents to choose an adult to care for a child in care, Each home has 144 hours per year. The Child Safety Specialist should be notified as to the location of the child once arrangements have been made.
Arkansas	An agency identified approved foster home that provides care for no more than 14 continuous days (informal respite home-more than 72 hours but no more than 7 days) and formal respite care (when a child's current placement is at risk of disruption and/or respite is needed to prevent a residential, acute psychiatric, or similar placement) shall be provided for no more than 7 days per 3 months.
California	Respite care may be available on a limited basis.
Colorado	6 hours- provider of substitute care be at least sixteen years old, more than 6- 18 yo. Respite- shall occur for short term temporary relief of the foster parent(s) for not more than seven (7) consecutive days per month not to exceed 28 days in a calendar year.
Connecticut	Licensed parents in good standing with DCF are eligible for up to 14 days of respite care per calendar year, require the approval of a program director.
Delaware	---
Florida	Foster Parents/families are entitled to 12 respite days per year, beginning July 1. Respite days do not have to be taken all at once. They are not cumulative from one year to the next. 12 respite days are not deducted from the monthly board payment of the foster parent requesting respite. Respite days exceeding 12 will be deducted from the monthly board payment.
Georgia	"Check with the child's case manager to see if daycare funding is available."
Hawaii	Respite funds can help pay for someone to care for the child. Limited funds are available by fiscal year.
Idaho	A FP place a child in substitute care only with the prior knowledge and consent of the children's agency. Notify the children's agency before the beginning of any planned absence that requires substitute care of a child for a period of twenty-four (24) hours or more.
Illinois	---
Indiana	Handbook mentions- "please talk to your social worker. To learn how respite care is managed in your country"
Iowa	Respite should be arranged and approved by the child's worker as far in advance as possible. Respite care can be provided only by another licensed foster parent who can accept the child within their licensed capacity. Each foster child is eligible for 24 days of respite care per placement in a calendar year. Any partial day counts as a day of respite for reimbursement purposes.

Kansas	Only foster family homes licensed by KVC may be utilized to provide respite care. The foster parent is responsible for payment to the respite provider at the rate reimbursed by KVC if the respite provider is another KVC foster parent.
Kentucky	All FP are eligible for one day of reimbursed respite care per child, per month, which is included in the per diem. The one day of respite may be used as a twenty-four (24) hour period of time or can be divided into hourly portions. For other types of foster- the respite is longer (p17). The SW must ensure that the chosen provider meets the qualifications before the home can be utilized for respite.
Louisiana	Community, free of charge, licensed respite services may be available to foster children in very limited circumstances. In most situations where temporary child care is needed for a foster child, foster parents should rely on the child care provider(s) who was designated during the home certification process. In situations where a foster child or foster parent is hospitalized and the foster parent needs child care for the FC, purchase of babysitting may be appropriate. Regular foster parents can receive seven days of respite per child per calendar year with worker and first line supervisory approval.
Maine	---
Maryland	---
Massachusetts	Handbook - Families can receive up to ten days of paid respite each year after they have been active foster/pre-adoptive parents for six months.
Michigan	DOC payments are NOT for 3rd party care, such as day care, respite care or nursing care.
Mississippi	---
Minnesota	Respite Care is provided through referrals to private agencies. All children in foster care and children who have been adopted from foster care are eligible for respite care.
Missouri	X (handbook).
Montana	<p>Respite care allowance means payments made on behalf of a foster child for assistance necessary to provide foster parents with relief from the daily care requirements of foster children whose mental or physical condition requires special or more intense care. Respite care is available for children or youth whose placement is expected to last for 30 days or more, and whose care is paid by the Division.</p> <p>The Division shall provide respite care, to the extent that funds are available, for foster children who are:</p> <ul style="list-style-type: none"> •persons with developmental disabilities and either on a respite care waiting list or not eligible for respite care from another program; •medically demanding; or •suffering from severe emotional problems that are manifested in serious behavior problems. UP to 111 hours can be claimed per child/year or \$444 per fiscal year
Nebraska	Foster parents are encouraged to use respite care, maximum respite payment is connected to a child's level of need, which is determined by the Foster Care Payment. Respite is a flat rate reimbursement of \$15 for children 012 years old and \$20 for youth ages 13-17 years of age, regardless of timeframe used (a-c below). Respite care provider must

	meet the requirements for supervising the child, taking into account their unique special needs, as set forth in NAC 424.505: Determination Checklist (\$40-160/month).
Nevada	Foster parents MUST submit the respite reimbursement request form by the end of the month in which the respite is taken in order to receive reimbursement. Washoe County Social Services does not pay or reimburse foster parents for the cost of babysitting. respite care provider must have proof of liability.
New Hampshire	Foster parents can access a maximum of 14 days of respite care per placement, per state fiscal year (July 1-June 30), for each child in their care. The Supervisor reviews any circumstances requiring more than 14 days. Foster parents need to notify the CPSW or JPPO of any extenuating circumstances.
New Jersey	SIBS get extra.
New Mexico	---
New York	Respite care may be available on a limited basis. Check with your agency and contact the child's caseworker for arrangements if you need respite care.(handbook).
North Carolina	Doesn't offer specific respite care- provides same guidelines as for babysitting unless getting help from agency in finding another FP to provide the care. However, no monetary assistance provided.
North Dakota	Handbook: "If the foster child's difficulty of care level is such that relief care is necessary, it must be discussed and approved during the foster care Child and Family Team meeting. Not every foster home will be approved for relief care. It is reserved for the situation where the child would probably be in residential care if not for the availability of relief care. It is available to provide help for the foster parent for the more demanding child and to help address the complexity beyond the realm of ordinary parental duties. Only licensed or affidavit (approved) family foster homes will be used to provide relief care."
Ohio	By County. For Butler County - foster parents are to contact foster care specialists to request respite who then assists in securing respite care provider. Clinton County: Respite to be requested at least one week in advance - specific respite request cannot be guaranteed if a foster home is not available for the time and date but efforts will be made diligently. Emergency respite will be made. At any time respite cannot be provided for more than 14 days.
Oklahoma	Handbook: Resource parents are eligible to receive \$200 in Respite Vouchers for a three-month period. The vouchers are obtained by contacting your resource worker. This \$200 is provided in six vouchers which may be used as long as the total amount for all six vouchers does not exceed \$200 for the three-month period. Payment made only after services are rendered. Only approved alternate caregivers can be used.
Oregon	Foster parent is responsible for arranging respite care for their child. They are expected to notify the DHS of relief care plans. Any child care provider used needs to be over 18 and pass Oregon state and DHS background checks. Foster parents are required to inform the caseworker if they will be absent for 48 hours or longer. "At this time, most foster parents are responsible for paying respite providers out of the monies paid to them for foster care. It would be reasonable to prorate according to the monthly rate that you receive for the child. The Direct Payment Liaison has a calculation table to assist in determining an accurate amount. Some foster parents prefer to provide respite care for each other by keeping track of hours and not exchanging any money".

Pennsylvania	Varies by county. Most counties offer respite care for vacations or breaks. Agency is responsible for arranging respite care. Center county: agency pays both families during periods of respite, except when child is requested to be placed in another foster home due to vacation. Requests for respite for more than once a month is determined case-to-case.
Rhode Island	Respite is defined as substitute care for a child in a foster placement or subsidized adoption home due to presenting medical, emotional, behavioral and developmental problems of the child and/or vacation or emergency situations that can be documented, within the foster family. When respite care is needed, notify the worker with the dates, time frame, and respite provider (if already identified). Notification should take place at least 3 weeks in advance of the need for respite, except in family emergencies that can be documented.
South Carolina	Policy: Respite care is available to all DSS foster parents who are licensed for regular, difficulty of care, or public therapeutic foster parents of DSS. It can only be provided by licensed foster parents and must be for at least one day but must not exceed three (3) days. Each foster parent can receive six (6) days of respite per federal fiscal year, earning respite at the rate of ½ day for each month a family has a child placed with them. Accumulated days will not carry over to the next fiscal year. Respite will be reimbursed at the current board rate. Payment to the ongoing foster parents will not be decreased during the absence. Funds are accessed by submitting a Special Pay Request form to State Office, Policy and Program Development.
South Dakota	DOC has decided not to coordinate the respite care for foster parents. This is due to the difficulty in making split payments, one to the respite provider and the other to the foster family. The foster parent is responsible for finding and submitting their choice of respite care provider (i.e., a responsible adult) to the Community Corrections Specialist (CCS) for background checks prior to being able to use them to assist in the care of DOC youth. Respite is allowed but not mandatory for up to three one-week intervals per year. Foster parents must arrange for financial payment to the respite provider. The foster parents will be paid the same, under the contract, per diem per child during the respite time.
Tennessee	Foster parents are eligible for two monthly paid days off while an approved and safe person cares for the foster child. A maximum of 24 days of respite per year that are built into the normal contracted daily board. Any respite requests that exceed the built-in allowance will be considered supplemental respite days and will require pre-authorization. Foster parents who wish to receive supplemental respite services must contact their FPS worker at least 7 days prior to the desired date of respite. Emergency exceptions may be made. FPS worker will either make arrangements for a supplemental respite provider or may accept the respite provider requested by the foster parent, provided the family is a verified, approved foster family. If foster parent arranges for foster care by themselves, they are responsible for paying the caregiver.
Texas	Agency (Arrow) handbook: Foster children may be placed in respite for a maximum of 40 days in a 12 month period. Only a licensed foster home or licensed 24-hour day care may provide respite. All respite must be approved in advance by CPS and agency. Foster parents are required to submit the Respite Care Approval Form at least two weeks in advance.

Utah	All out-of-home caregivers will receive 12 paid respite days per calendar year. A maximum of 12 days of respite per year may be accumulated. The payment rate for respite care is equal to the payment that the primary out-of-home caregiver currently receives. The out-of-home caregiver shall submit an application for respite care to the caseworker or supervisor 72 hours in advance unless an emergency situation exists.
Vermont	If any plan to provide respite for a child's caregiver spans more than 48 hours or more than 11 days in any 12-month period with the same respite care provider, approval is required. Informal respite care - for babysitting, attending sleepovers, overnight visits are at homes of relatives approved in the case plan - do not require respite approval, or appropriate background checks Criteria for approval of formal respite care providers outlined.
Virginia	Respite care can be provided for up to 30 days per year.
Washington	Three categories of respite care - retention respite, child-specific respite, and exchange respite. Retention respite: Retention respite is intended to provide regular, monthly breaks from the demands of foster parenting and can also be used to meet emergent needs of licensed caregivers. Retention respite is earned by eligible licensed caregivers at a rate of two (2) days per month. Retention respite is authorized in daily units only and reimbursed at the daily rate posted in the policy Manual.
West Virginia	Policy: "All foster/adoptive parents have fourteen (14) days of respite care available each year. The time may be taken all at once or scattered throughout the year. The foster/adoptive family must find a certified respite provider or another certified foster/adoptive family who is registered to provide respite services by ASO or day care provider to care for the child while the foster/adoptive parent is on respite. The amount paid to the respite provider is the same rate as that paid for boarding care to the foster/adoptive family."
Wisconsin	Services or emergency care provided to a foster child during a planned absence of the foster parent for more than 48 hours. It is paid for by a licensing, supervising, or placing agency. It is the responsibility of the licensing agency to develop policies and procedures that govern the agency's respite care program. Varies across agencies. Lists qualification of respite care provider, confidentiality requirements, standardized assessment tools etc.
Wyoming	Respite arrangements can be made occasionally when a foster parent or foster child needs a break from each other. Foster parents are encouraged to network with each other to develop respite providers.

Policy regarding Cell Phones and Computers

Alaska	If a child in care uses a cell phone, set some guidelines such as when a cell phone can be used, texting, use of minutes, when it must be turned off, keeping it charged, where to store it, what to do if someone calls too often or leaves a mean message. It's important to be aware of a child's computer activities and educate them about online risks. Getting involved in the child's online activities will help protect the child from Internet predators and sexually explicit materials. It is recommended to use parent-control features to block certain material from coming into the computer. There are guidelines for using computer.
Arkansas	Cell Phones - The Division generally does not provide cell phones. If a foster family chooses to allow a child in care to purchase or use a cell phone, the Division will not be responsible for any expenses related to the purchase, use or abuse of the phone.
Michigan	Reimbursements from the Children's Benefit Fund are restricted to payments for special gifts, enrichment and learning experiences. Some examples of appropriate use of these funds are to provide reimbursement for a computer for a youth entering college, musical instruments, camps or needed sports equipment. Computer/Tablet – a maximum lifetime limit of \$1,500 will be allowed for the purchase of a computer or tablet, and related accessories (accompanying software, printer, carrying case, etc.) A youth receiving ETV funding, or who is otherwise eligible for ETV, is not allowed to use YIT funding for post-secondary computer needs.

*policies were found only in a few States

Appendix II: Foster Parent Survey

Survey Tool

Foster Parent Online Survey

Dear Child Welfare Director,

You are invited to participate in a study to examine policies and regulations in place to support foster families across the United States and to understand how information is made available to prospective and current foster parents. The aim of the study is to identify and compile best practices across the United States. This study is being conducted by the University of Maryland, Baltimore, School of Social Work and is funded by the Annie E. Casey Foundation.

Your participation in this research study is essential in understanding what policies and regulations exist and how these policies and regulations are communicated to foster parents. Your responses to this survey are confidential and voluntary. Only researchers at the University of Maryland, School of Social Work (UMB/SSW) will see the individual results. While there is no direct benefit to you, the information provided in the survey responses will be synthesized to provide an overview of policies and regulations related to foster parents across the United States and provide best practices documents related to these policies and regulations. This survey was created following a systematic review of information available online in the form of policies, handbooks/manuals, and regulations concerning foster parents across all states in the United States.

The survey will take approximately 30 minutes to complete. Your participation in the study is completely voluntary and will have no influence on current or future funding. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled; you may discontinue participation at any time without penalty or loss of benefits, but your response is invaluable. The study has been approved by the Institutional Review Board at the University of Maryland, Baltimore. If you have any questions about this survey, or the process involved in developing the survey, please contact Dr. Terry Shaw, Associate Professor, University of Maryland, School of Social Work (tshaw@ssw.umaryland.edu) or the University of Maryland, Office of Human Protections (hrpo@umaryland.edu).

Name of Your Jurisdiction_____

Foster Parent Handbook

Q Does your jurisdiction have a Foster Parent Handbook that is provided to foster parents?

- ☐ Yes
- ☐ No

Q Who is responsible for issuing/updating Foster Parent Handbooks?

- ☐ State
- ☐ County
- ☐ Agency
- ☐ Any other. Please specify _____

Q How is the handbook distributed to foster parents?

Q When was the handbook last updated? (1970-2016)

Liability and Homeowner's Insurance

Q Which of the following most closely represents the advice given to foster parents about liability insurance?

- ☐ Foster parents are required to have liability insurance.
- ☐ Foster parents are recommended to have liability insurance.
- ☐ There is no recommendation made regarding liability insurance.
- ☐ Any other. Please specify _____

Q How is liability insurance offered/reimbursed by the jurisdiction?

- ☐ The monthly foster care reimbursement/board payment is expected to cover any additional liability insurance fees.
- ☐ Liability insurance coverage is offered in addition to monthly reimbursement.
- ☐ Partial liability insurance (for damages not reimbursed by foster parent's personal insurance) is available if requested.
- ☐ Foster parents are personally responsible for purchasing liability insurance.

Q Please check what is covered by the liability insurance provided by the jurisdiction (check all that apply).

- ☐ Bodily injury caused by foster child to the foster parents
- ☐ Personal injury claims such as libel, slander, false arrests
- ☐ Damage to personal property, caused by (act or omission) foster child
- ☐ Allegations of negligence made against foster parents
- ☐ Allegations made against the foster parents by biological parents for any accidents to the foster child
- ☐ Any other. Please specify _____

Q What is the standard amount of liability insurance offered to foster parents? (if known, please provide deductible, maximum coverage etc.)

Q How is information on liability insurance provided to foster parent?

Q Are foster parents **are required** to have homeowner's or renter's insurance?

- ☐ Yes
- ☐ No

Q Are foster parents **are recommended** to have homeowner's or renter's insurance?

- ☐ Yes
- ☐ No

Auto-Insurance and Driver's License

Q What is the approval process for a foster youth getting a driver's license? (Check all that apply)

- ☐ The caseworker/department has to sign for the driver's license application
- ☐ Biological parents have to assume responsibility and sign driver's license application
- ☐ Foster parents can sign if willing to assume all the associated responsibility
- ☐ The social worker is not allowed to sign for the driver's license application
- ☐ Foster parents are not allowed to sign for the driver's license application
- ☐ Any other. Please specify _____

Q Does your jurisdiction have any policy on auto-insurance coverage for a foster youth?

- ☐ Yes
- ☐ No

Q Please indicate your response to the following questions

	Yes	No
The jurisdiction pays the auto-insurance for the child.	<input type="radio"/>	<input type="radio"/>

There are external/federal funds that may provide auto-insurance for a foster child (e.g. Chafee fund)	<input type="radio"/>	<input type="radio"/>
Biological parents are expected to include a foster child on their auto-insurance.	<input type="radio"/>	<input type="radio"/>
Foster parents are expected to include a foster child on their auto-insurance.	<input type="radio"/>	<input type="radio"/>
Foster parents are discouraged from providing auto-insurance.	<input type="radio"/>	<input type="radio"/>
Foster children should assume responsibility for auto-insurance themselves	<input type="radio"/>	<input type="radio"/>

Reimbursements

Q Please answer the following questions about the types of reimbursements provided by your jurisdiction for child care and transportation

	Included in monthly stipend		Provided as an additional reimbursement		Average Amount per month Dollar amount	Receipts or other documentation required for reimbursement		Is permission from DHS/caseworker required to access funds?	
	Yes	No	Yes	No		Yes	No	Yes	No
Day care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care (temporary care of the youth for a few hours)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any out-of-state transportation (e.g. vacations)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Family Visitation transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation to Medical appointments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participation in family trips (admission fees to amusement parks, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Training of foster parents (conferences, online training, seminars etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q Please answer the following questions about the types of reimbursements provided by your jurisdiction for clothing and any other reimbursements offered

	Included in monthly stipend		This is an additional reimbursement		Amount per month or per year Dollar Amount	Receipts or other documentation required for reimbursement		Is permission from DHS/caseworker required to access funds?	
	Yes	No	Yes	No		Yes	No	Yes	No
Initial clothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monthly clothing reimbursement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Special reimbursements (sports, uniforms, proms, growth spurts etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Birthday/Holiday allowance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reimbursement of school supplies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- Graduation gifts ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
- Any other. Please specify ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Q Which year was the monthly reimbursement rates provided to foster parents last modified/updated? (1966-2016)

Q How do foster parents apply for additional funds to cover additional expenses?

Healthcare

Q Who is responsible for making medical appointments for the child at initial placement in foster care?

- ☐ Caseworker
- ☐ Foster parents
- ☐ Any other. Please specify _____

Q Who is responsible for scheduling follow-up or routine medical appointments?

- ☐ Caseworker
- ☐ Foster parents
- ☐ Any other. Please specify _____

Q What are the foster parents' responsibilities around health and mental health assessments of foster children? (Check all that apply)

- ☐ Scheduling initial appointment
- ☐ Scheduling follow-up or routine appointments
- ☐ Transportation to appointments
- ☐ Medication management (for daily medications)
- ☐ Being available for discussion with mental health providers about foster child
- ☐ Documenting child's medical appointments, illnesses, immunizations etc.
- ☐ Any other. Please specify _____

Visitation

Q What is the minimum frequency of sibling visitations recommended for youth placed apart from their siblings when visitation is in the best interest of the child?

- ☐ At least every two weeks

- ☐ At least monthly
- ☐ There is no standard set for sibling visitations (depends on individual visitation plan)
- ☐ Other. Please specify _____

Q How is information related to sibling visitations communicated to foster parents?

Respite Care

Q Does your state have any policy on offering respite care to foster parents?

- ☐ Yes
- ☐ No

Q Respite care is offered by states to provide temporary relief to foster parents from daily care. However, it is defined very differently across states. How is respite care defined in your jurisdiction?

Q What is the maximum number of respite care days available to foster parents in a year?

Q What is the minimum number of hours of respite care (at one time) in your jurisdiction? (1-48)

- ☐ Not Applicable

Q Who is responsible for arranging respite care?

- ☐ Department
- ☐ Foster Parents
- ☐ Agency Personnel
- ☐ Any Other. Please specify _____

Q Does respite care require approvals by dept. or state?

- ☐ Yes
- ☐ No

Q Please outline the approval process for respite care providers _____

Q How is the information regarding respite care shared with foster parents? (Check all that apply)

- ☐ During training provided to foster parents
- ☐ Through handbooks and brochures
- ☐ Through foster parent associations

- ☐ Through caseworker
- ☐ Any other. Please specify _____

Q How is respite care program funded in your jurisdiction?

Q Please outline the reimbursement process for respite care providers

Q What are some of limitations faced in your jurisdiction related to respite care?

Q What is your jurisdiction's policies on the qualifications of babysitters/informal child care providers for foster children?

Training for Foster Parents

Q What are the standard requirements annually around each of these training needs for foster parents?

	Name of training program	Contact/In-person hours	Online hours
Pre-service training			
Ongoing service training			
Special needs training			
Relicensing training			

Foster Parent Associations

Q Is there a foster parent association in your jurisdiction?

	Yes	No
State-level Foster Parent Association	<input type="radio"/>	<input type="radio"/>
Local Foster Parent Association	<input type="radio"/>	<input type="radio"/>

Q Are kinship parents included in Foster Parent Association?

- ☐ Yes
- ☐ No

Q Are adoptive parents included in Foster Parent Associations?

- ☐ Yes
- ☐ No

Q Is the Foster Parent Association funded by the agency?

- ☐ Yes
- ☐ No

Q How is the Foster Parent Association funded?

Q Where can foster parents find information on foster parent associations? (Check all that apply)

- ☐ Department website
- ☐ Agency website
- ☐ Foster parent handbook
- ☐ Newsletter
- ☐ Any other. Please specify _____

Q What services does the Foster Parent Association offer? (Check all that apply)

- ☐ One on One Peer Support
- ☐ Support Groups
- ☐ Advocacy
- ☐ Training/Conferences
- ☐ Website

Other. Please specify _____

Q How active is your Foster Parent Association?

- ☐ Very active and involved
- ☐ Moderately active
- ☐ Somewhat active
- ☐ Not very active
- ☐ Inactive

Court Appearances

Q Is your department/case worker required to notify foster parents in writing about court hearing dates in advance?

- ☐ Yes

☐ No

Q How much time in advance are foster parents notified about court hearing dates?

Q What are some of the responsibilities of the jurisdiction/caseworker towards foster parents regarding providing information on court hearings for foster children/youth?

Q What are foster parents' rights and responsibilities around court hearings? (Check all that apply)

- ☐ Foster parents are to provide transportation for foster children/youth
- ☐ Foster parents must be present at the court hearing
- ☐ Foster parents can be present at the court hearing
- ☐ Foster parents must share information/advocate about the foster child in the court
- ☐ Foster parents can share information/advocate about the foster child in the court
- ☐ Any other. Please specify. _____

Education

Q Is homeschooling foster youth allowed in your jurisdiction?

- ☐ Yes
- ☐ No

Q Who is required to be involved in developing Individual Education Plans for foster children? (Check all that apply)

- ☐ Caseworker
- ☐ Biological parents
- ☐ Foster parents
- ☐ School administration
- ☐ Education Surrogate
- ☐ Any other. Please specify _____

Special Populations

Q Does the state have specific policies around foster children/youth who identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)?

- ☐ Yes
- ☐ No

Q Do foster parents who care for LGBTQ foster youth receive additional training?

- ☐ Yes
- ☐ No

Q Are foster homes who are most capable of serving LGBTQ foster youth pre-identified?

- ☐ Yes
- ☐ No

Q Are foster parents who care for LGBTQ foster youth provided additional resources?

- ☐ Yes
- ☐ No

Q Please specify the type of additional training/resources provided.

Q How is information provided to the foster parent regarding additional training/resource options related to LGBTQ foster youth?

Q Please tell us more about the policies you have in place for LGBTQ foster youth who are in foster care.

Q Does the state have specific policies around foster children/youth who are undocumented immigrants?

- ☐ Yes
- ☐ No

Q Do foster parents who care for foster children/youth that are undocumented immigrants receive additional training?

- ☐ Yes
- ☐ No

Q Please share more details on the type of training provided to foster parents on this issue

Q Are foster homes most capable of serving foster children/youth who are undocumented immigrants pre-identified?

- ☐ Yes
- ☐ No

Q Are foster parents that serve foster children/youth who are undocumented immigrants provided additional resources?

- ☐ Yes
- ☐ No

Q How is information provided to the foster parent regarding additional training/resource options related to undocumented immigrant foster children/youth?

Q How are services provided to foster children/youth who are undocumented immigrants funded?

Q Please tell us anything else you would like to share about the policies you have in place for undocumented immigrant children/youth who are in foster care.

Q Does the state have specific policies around foster children/youth who have been identified as victims of sex trafficking?

- ☐ Yes
- ☐ No

Q Do foster parents who care for foster children/youth that were victims of sex trafficking receive additional training?

- ☐ Yes
- ☐ No

Q Please share more details on the type of training provided to foster parents on this issue

Q Are foster homes who are most capable of serving foster children/youth who were victims of sex trafficking pre-identified?

- ☐ Yes
- ☐ No

Q Are foster parents who serve foster children/youth who were victims of sex trafficking provided additional resources?

- ☐ Yes
- ☐ No

Q How is information provided to the foster parent regarding additional training/resource options related to foster child/youth who were victims of sex trafficking?

Q Please tell us anything else you would like to share about the policies you have in place for children/youth who are victims of sex trafficking.

Q Does the state have specific policies around foster children/youth who are pregnant (or are parenting)?

- ☐ Yes
- ☐ No

Q Do foster parents who care for foster children/youth who are pregnant (or are parenting) receive additional training?

- ☐ Yes
- ☐ No

Q Please share more details on the type of training provided to foster parents on this issue

Q Are foster homes most capable of serving foster children/youth who are pregnant (or are parenting) pre-identified?

- ☐ Yes
- ☐ No

Q Are foster parents who serve foster children/youth who are pregnant (or are parenting) provided additional resources?

- ☐ Yes
- ☐ No

Q How is information provided to the foster parent regarding additional training/resource options related to foster youth who are pregnant (or are parenting)?

Q Please tell us anything else you would like to share about the policies you have in place for foster youth who are pregnant/parenting.

Taxes

Q What information/advice do you provide foster parents regarding tax implications of providing foster care?

Q How is this information made available to foster parents?

Technology

Q What are your policies around use of computers by foster children?

Q Who pays for computers for foster children?

Q What are your policies around use of cell phones by foster children?

Q Who pays for cell phones for foster children?

Q What are the jurisdiction's policies around foster parents' sharing information/photos about foster children (publicly or via social media) and how is this information provided to foster parents?

Foster Care Placements

Q Does your jurisdiction use emergency foster placements for foster children/youth in lieu of shelters?

- ☐ Yes
- ☐ No

Q Children/youth of what ages are eligible for emergency foster care? (Check all that apply)

- ☐ All ages
- ☐ Infant
- ☐ 1-2 year old
- ☐ 3-5 year old
- ☐ 6 and above

Q Are emergency foster parents paid a stipend even if they do not have a foster child placed with them in order to maintain their services?

- ☐ Yes
- ☐ No

Q Does your jurisdiction conduct a census (periodic count of the total number) of foster parents?

- ☐ Yes
- ☐ No

Q How often is this census conducted?

- ☐ More than once a year
- ☐ Annually
- ☐ Occasionally. Please specify _____

Q Does your jurisdiction have a process in place to examine foster parent turnover?

- ☐ Yes
- ☐ No

Q What is the process in place to examine reasons for foster parent turnover?

- ☐ Foster parent exit survey
- ☐ Foster parent interview
- ☐ Other. Please specify _____

Safety Concerns

Q Do you have policies or regulations around the following for safety of foster youth?

	Policy/Regulation present		Please provide details
	Yes	No	
Smoking around foster children	<input type="radio"/>	<input type="radio"/>	
Consumption of alcohol around foster children	<input type="radio"/>	<input type="radio"/>	
Sleepovers that involve foster children	<input type="radio"/>	<input type="radio"/>	
Safety requirements about recreational activities (for e.g. backpacking, rafting, overnight camping trips etc.)	<input type="radio"/>	<input type="radio"/>	
Discipline and punishment (including corporal punishment)	<input type="radio"/>	<input type="radio"/>	
Presence of pets	<input type="radio"/>	<input type="radio"/>	
Pet immunization	<input type="radio"/>	<input type="radio"/>	

- | | | |
|--|-----------------------|-----------------------|
| Immunization of foster parent family members | <input type="radio"/> | <input type="radio"/> |
| Usage of Marijuana around foster children | <input type="radio"/> | <input type="radio"/> |
| Any other. Please specify | <input type="radio"/> | <input type="radio"/> |

Hotline

Q Is there a hotline for foster parents to contact with problems/concerns related to their foster child?

- ☐ Yes
- ☐ No

Q Is it operational 24-hours a day?

- ☐ Yes
- ☐ No

Q Who operates this hotline? _____

Q Is there a hotline for foster parents to contact with problems/concerns related to the agency or their caseworker

- ☐ Yes
- ☐ No

Q Is it operational 24-hours a day?

- ☐ Yes
- ☐ No

Q Who operates this hotline? _____

Q Is there a process in place for foster parents to provide quality assurance feedback on the functioning of the foster care system in your jurisdiction?

- ☐ Yes

☐ No

Q Please describe the process in place _____

Thank you for taking this survey. Your responses are essential. If there is anything more you would like to share about foster parents, please add your comment below.

Appendix III: Survey Responses

Survey Responses

Survey on Foster Parents - Report **March 2017**

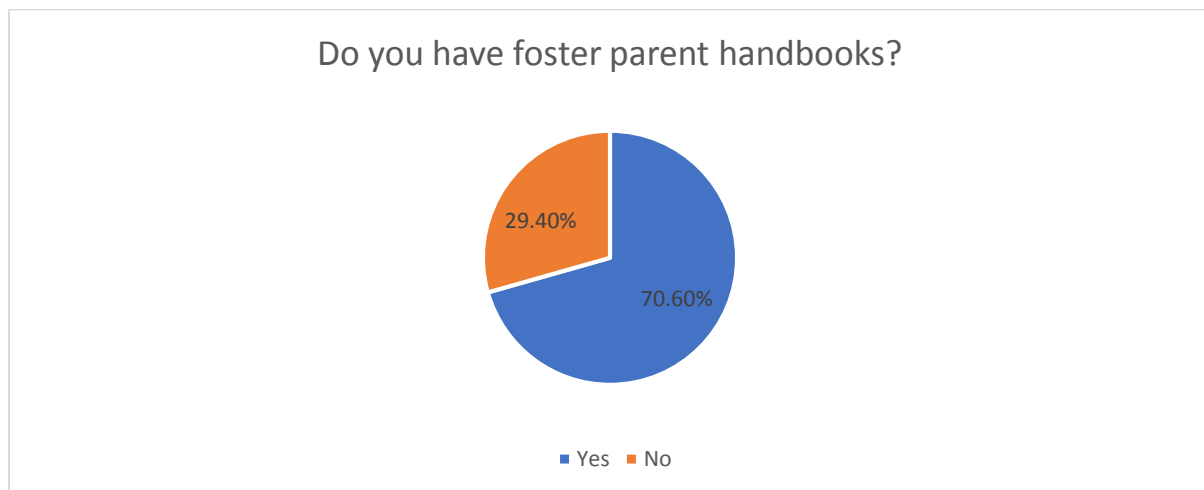
No. of respondents: 48

Jurisdiction information available on 36

Q1. Name of your jurisdiction

Q2. Does your jurisdiction have a Foster Parent Handbook that is provided to foster parents?

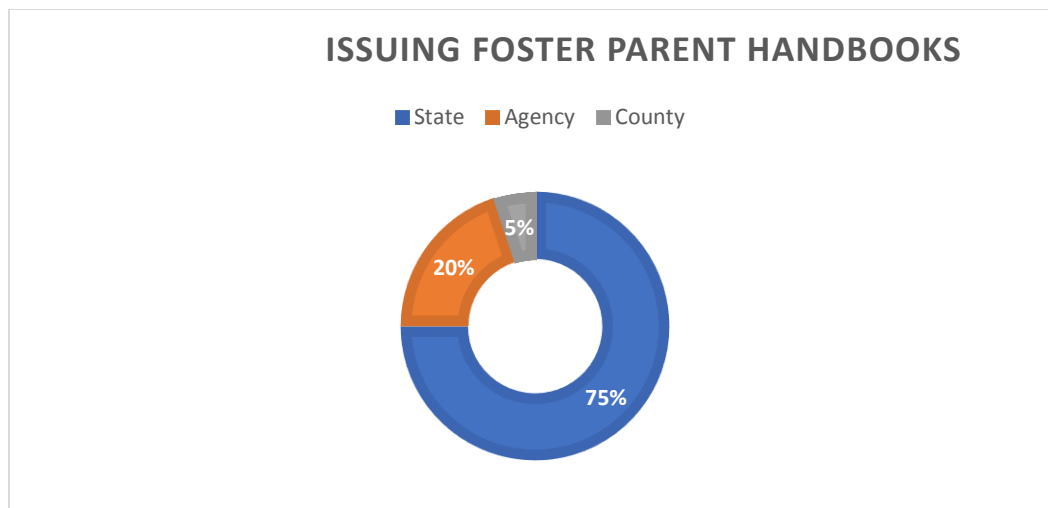
Total number of respondents: 34



Q3. If yes, please answer the following questions

3A. Who is responsible for issuing/updating Foster Parent Handbooks?

Total responses: 20



3B - How is the handbook distributed to foster parents?

Total no. of respondents = 18

How is the handbook distributed?	Responses (%)
Available online and hard copy is provided when needed/requested	27.8%
Available online and provided as a hard copy	16.7%
Provided via the agency resource managers/caseworkers	16.7%
Provided during training/orientation	27.8%
Provided to prospective foster parents as well as licensed foster parents	11%
Total	100%, n=18

3C- When was the handbook last updated?

Number of respondents = 15

Year last updated	Jurisdictions (%)
2016	26.7%
2015	40%
2013	6.7%
2010	6.7%
2009	6.7%
2008	6.7%
2005	6.7%

Q4 - Which of the following most closely represents the advice given to foster parents about liability insurance?

Total number of respondents = 25

Liability insurance advice	No. of participants
Foster parents are required to have liability insurance.	4%
Foster parents are recommended to have liability insurance.	28%
There is no recommendation made regarding liability insurance.	40%
Any other. Please specify	28%
Automotive or driver liability insurance required only	8%
Depends on level of foster care (levels above traditional foster care required/encouraged liability insurance)	8%
DHHS purchases liability insurance for licensed foster parents	4%
The state will be purchasing liability insurance coverage for all foster parents	4%
Indemnity plan is offered by agency but not required	4%
Total	100%, n=25

Q5 - How is liability insurance offered/reimbursed by the jurisdiction?

Responses	No. of participants
Foster parents are personally responsible for purchasing liability insurance.	54.2%
The monthly foster care reimbursement/board payment is expected to cover any additional liability insurance fees.	20.83%
Partial liability insurance (for damages not reimbursed by foster parent's personal insurance) is available if requested.	20.83%
Liability insurance coverage is offered in addition to monthly reimbursement.	4.17%
Total	100%, n=24

Q6 - Please check what is covered by the liability insurance provided by the jurisdiction (check all that apply).

Liability insurance coverage	Responses (%)
Bodily injury caused by foster child to the foster parents	20.00%
Personal injury claims such as libel, slander, false arrests	20.00%
Damage to personal property, caused by (act or omission) foster child	60.00%
Allegations of negligence made against foster parents	20.00%
Allegations made against the foster parents by biological parents for any accidents to the foster child	20.00%

Q7 - - How is information on liability insurance provided to foster parents?

There is basic information within the state's Foster Care Licensing Standards.

Information is provided in the foster parent licensing administrative rules and is covered with foster parents during the application process.

The licensing worker can make a suggestion, but there is not a formal process in place.

The Home Development covers this information during the initial certification and at all re-certification visits by going over and having the Foster Parent sign the DCFS Form 427. The Foster Parent is also directed to the Foster Parent Handbook.

It is not.

Verbally and not uniformly across all 120 local agencies.

It is the responsibility of the Community-Based Care Lead Agency to provide the foster parents with information regarding liability insurance.

Information is provided in training and is in the Department's regulations.

information is included in the handbook

This is provided through a yearly mailing to each licensed foster parent. The mailing includes claim forms.

Annual letter and policy information that is mailed to their homes. This information is also provided on the State Department's website, and is discussed at initial training and by licensing workers.

We do not discuss liability insurance with our foster parents.

It is in the foster parent handbook.

Discussed in onsite visit and in handbook

Q 8. Are foster parents required to have homeowner's or renter's insurance?

Total No. of respondents = 23

If no,

8A. Are foster parents recommended to have homeowner's or renter's insurance?

Homeowner's insurance	Yes	No	Total
Required	21.74%	78.26%	100%, n=23
Recommended	50%	50%	100%, n=16

Q 9- What is the approval process for a foster youth getting a driver's license? (Check all that apply)

Total No. of respondents = 21

Approval Process for Driver's license	Responses
---------------------------------------	-----------

The caseworker/department has to sign for the driver's license application	42.9%
Biological parents have to assume responsibility and sign driver's license application	23.8%
Foster parents can sign if willing to assume all the associated responsibility	38.1%
The social worker is not allowed to sign for the driver's license application	23.8%
Foster parents are not allowed to sign for the driver's license application	19%
Any other. Please specify	19%
DCYF does not currently have a policy on this.	4.8%
The biological parents can give the responsibility to the foster parent. If the state is Guardian, the state can give permission.	4.8%
Only birth parent, legal guardian, or CPS manager can sign.	4.8%

Q10 - Does your jurisdiction have any policy on auto-insurance coverage for a foster youth?

Total No. of Respondents = 21

Policy on auto-insurance	Response (%)
Yes	33.33%
No	66.67%

Q11 - Please indicate your response to the following questions

Auto-insurance provided by	Yes	No	Total
The jurisdiction pays the auto-insurance for the child.	0.00%	100.00%	6
There are external/federal funds that may provide auto-insurance for a foster child (e.g. Chafee fund)	42.86%	57.14%	7
Biological parents are expected to include a foster child on their auto-insurance.	50.00%	50.00%	6
Foster parents are expected to include a foster child on their auto-insurance.	80.00%	20.00%	5
Foster parents are discouraged from providing auto-insurance.	0.00%	100.00%	6
Foster children should assume responsibility for auto-insurance themselves	66.67%	33.33%	6

Q12 – Which of these forms of reimbursement are included in monthly stipend?

#	Question	Yes	No	Total		
1	Day care	14.29%	3	85.71%	18	21
2	Child care (temporary care of the youth for a few hours)	42.86%	9	57.14%	12	21
3	Any out-of-state transportation (e.g. vacations)	36.36%	8	63.64%	14	22
4	Family Visitation transportation	54.55%	12	45.45%	10	22
5	Transportation to Medical appointments	47.83%	11	52.17%	12	23
6	Participation in family trips (admission fees to amusement parks, etc.)	52.17%	12	47.83%	11	23
7	Training of foster parents (conferences, online training, seminars etc.)	33.33%	7	66.67%	14	21

Q12 A.i. - Which of these forms of reimbursement are provided as an additional reimbursement

#	Question	Yes		No		Total
1	Day care	81.82%	18	18.18%	4	22
2	Child care (temporary care of the youth for a few hours)	45.00%	9	55.00%	11	20
3	Any out-of-state transportation (e.g. vacations)	25.00%	5	75.00%	15	20
4	Family Visitation transportation	52.38%	11	47.62%	10	21
5	Transportation to Medical appointments	65.00%	13	35.00%	7	20
6	Participation in family trips (admission fees to amusement parks, etc.)	5.26%	1	94.74%	18	19
7	Training of foster parents (conferences, online training, seminars etc.)	52.63%	10	47.37%	9	19

Q12A. ii. Average Amount per month

For Day Care:

case by case

vaires based on provider

TBD

\$600

300.00

\$144/wk

depends on age of child

1000.00

.42 a mile

\$270.00

Varies by the type--child care home/center.

700

For child care (temporary care of the youth for a few hours):

varies based on provider

variable

varies

.42 a mile

For any out-of-state transportation (e.g. vacations)

case by case

TBD

varies

.42 a mile

For family visitation transportation:

.54 per mile

\$75

irs rate per mile

varies

.42 a mile

For transportation to medical appointments:

.54 per mile

\$50

irs rate or Medicaid provider

varies

.42 a mile

For participation in family trips (admission fees to amusement parks, etc.):

case by case

TBD

varies

Q12 A. iii - Receipts or other documentation required for reimbursement

#	Question	Yes		No		Total
1	Day care	73.68%	14	26.32%	5	19
2	Child care (temporary care of the youth for a few hours)	41.18%	7	58.82%	10	17
3	Any out-of-state transportation (e.g. vacations)	23.53%	4	76.47%	13	17
4	Family Visitation transportation	60.00%	12	40.00%	8	20
5	Transportation to Medical appointments	56.25%	9	43.75%	7	16
6	Participation in family trips (admission fees to amusement parks, etc.)	14.29%	2	85.71%	12	14
7	Training of foster parents (conferences, online training, seminars etc.)	47.06%	8	52.94%	9	17

Q12 A. iv. Is permission from DHS/caseworker required to access funds?

#	Question	Yes		No		Total
1	Day care	85.71%	18	14.29%	3	21
2	Child care (temporary care of the youth for a few hours)	50.00%	10	50.00%	10	20
3	Any out-of-state transportation (e.g. vacations)	50.00%	9	50.00%	9	18
4	Family Visitation transportation	38.10%	8	61.90%	13	21
5	Transportation to Medical appointments	42.11%	8	57.89%	11	19
6	Participation in family trips (admission fees to amusement parks, etc.)	23.53%	4	76.47%	13	17
7	Training of foster parents (conferences, online training, seminars etc.)	42.11%	8	57.89%	11	19

Q12B. i. Which of these forms of reimbursement are included in monthly stipend

#	Question	Yes		No		Total
1	Initial clothing	28.57%	6	71.43%	15	21
2	Monthly clothing reimbursement	76.19%	16	23.81%	5	21
3	Special reimbursements (sports, uniforms, proms, growth spurts etc.)	31.58%	6	68.42%	13	19
4	Birthday/Holiday allowance	40.91%	9	59.09%	13	22
5	Reimbursement of school supplies	59.09%	13	40.91%	9	22
6	Graduation gifts	31.82%	7	68.18%	15	22
7	Any other. Please specify	14.29%	1	85.71%	6	7

Any other. Please specify

Any other. Please specify

Mos Allowance

Annual clothing allowance

summer school

tutoring, extracurricular activities fees

Q12. B. ii. - Which of these forms of reimbursement are provided as an additional reimbursement

#	Question	Yes		No		Total
1	Initial clothing	90.48%	19	9.52%	2	21
2	Monthly clothing reimbursement	18.75%	3	81.25%	13	16
3	Special reimbursements (sports, uniforms, proms, growth spurts etc.)	72.73%	16	27.27%	6	22
4	Birthday/Holiday allowance	21.05%	4	78.95%	15	19
5	Reimbursement of school supplies	41.18%	7	58.82%	10	17
6	Graduation gifts	17.65%	3	82.35%	14	17
7	Any other. Please specify	37.50%	3	62.50%	5	8

Q12 B. iii. Amount per month or per year

Initial Clothing:

as per need

\$125

\$200 at placement

\$75 / \$105 / \$125

Varies by age

\$300.00

\$200

75.00

\$300-\$450 depending on age of child

\$150/year

500.00

At least \$100

98.00

amount depends on age

650/year

\$175 per year

300

Monthly clothing reimbursement:

mos \$40 or \$56

\$37.50 to \$56.25

\$15-30/month

varies

45-70, depending on age

Depends on age of child

650/year

as needed

Special reimbursements (sports, uniforms, proms, growth spurts etc.):

as needed

case by case

varies on need

TBD

\$200

variable

\$22.5/year

varies

varies

\$250/year

Birthday/Holiday allowance:

same as above

varies

varies

holiday-\$25 per child

Reimbursement of school supplies:

\$17

\$15 to \$28

\$50.00

\$82.50/year

varies

varies

\$350/year

\$50

Graduation gifts:

\$700

\$220/HS only

varies

varies

Q 12 B. iv. - Receipts or other documentation required for reimbursement

#	Question	Yes		No		Total
1	Initial clothing	85.00%	17	15.00%	3	20
2	Monthly clothing reimbursement	25.00%	4	75.00%	12	16
3	Special reimbursements (sports, uniforms, proms, growth spurts etc.)	80.00%	16	20.00%	4	20
4	Birthday/Holiday allowance	13.33%	2	86.67%	13	15
5	Reimbursement of school supplies	26.67%	4	73.33%	11	15
6	Graduation gifts	21.43%	3	78.57%	11	14
7	Any other. Please specify	60.00%	3	40.00%	2	5

Q12 B. v. Is permission from DHS/caseworker required to access funds?

#	Question	Yes		No		Total
1	Initial clothing	76.19%	16	23.81%	5	21
2	Monthly clothing reimbursement	15.00%	3	85.00%	17	20
3	Special reimbursements (sports, uniforms, proms, growth spurts etc.)	81.82%	18	18.18%	4	22
4	Birthday/Holiday allowance	17.65%	3	82.35%	14	17
5	Reimbursement of school supplies	29.41%	5	70.59%	12	17
6	Graduation gifts	25.00%	4	75.00%	12	16
7	Any other. Please specify	50.00%	3	50.00%	3	6

Q13 - Which year was the monthly reimbursement rates provided to foster parents last modified/updated?

Answer	%	Count
2016	38.10%	8
2015	28.57%	6
2014	0.00%	0
2013	4.76%	1
2012	0.00%	0
2011	4.76%	1
2010	4.76%	1
2009	0.00%	0
2008	4.76%	1
2002	4.76%	1
2001	4.76%	1
2000	4.76%	1
Total	100%	21

Q 14. How do foster parents apply for additional funds to cover additional expenses?

How do resource parents apply for additional funds to cover additional expe...

through the social worker

The foster parent would explain the situation and need for additional funds to their child's social worker. The social worker would make a request to Administration, whom would then either approve or deny the additional funding.

Through the child's assigned social worker.

Make request to caseworker or manager

Obtain approval from the local DFCS prior to incurring the expense, then attach applicable receipts to the monthly Foster Care Invoice.

The Foster Parent can discuss the additional expenses with the Foster Care worker and if approved, they submit a form for reimbursement.

there is an "Add-On" process to cover additional per diem for more difficult children. For any other additional expenses it requires a request to the foster home Resource Manager and approval by Supervisor and Senior Supervisor.

Request is made through the foster child's caseworker

Foster parents make a request directly with their local family services specialist. The local agency in conjunction with their local Family Assessment and Planning Team make a decision on whether to fund those additional requests as well as the amount of the request

Request submitted to the child's case manager who verifies and authorizes the expenses/reimbursement.

A Foster parents can make a request for additional funds through their local Community-Based Care Lead Agency. The Community-Based Care Lead Agency will then review the request and make a determination.

The social worker can apply for additional funds for things like uniforms, etc.

A request is made to the agency they are certified as a foster parent.

Foster parents must request and provide justification to caseworker and supervisor.

Make request to Foster Care Support Worker

They request additional funds from case managers but no county funds available. They look for scholarships or outside resources for assistance.

They let their worker or his/her assistant know what they need. The foster parent may need to provide receipts and/or travel plan details, but the worker or assistant fills out the paperwork.

N/A for clothing. There is a church sponsored clothing store that the children and social workers can go to for clothing when a child comes into custody. However, there is an enhance rate for child specific issues that the social worker or agency provider can request for the foster parent.

Contact their caseworker.

Licensed Foster Parents can request the agency screen the child for an augmented care rate. Other one time or ongoing expenses must be approved and processed by OCS; they would ask their primary worker for the additional expenses to be covered.

Q15 - Who is responsible for making medical appointments for the child at initial placement in foster care?

Answer	%	Count
Caseworker	50.00%	12
Foster parents	33.33%	8
Any other. Please specify	16.67%	4
Total	100%	24

Any other. Please specify:

Both. It could be the caseworker or the foster parent. It just depends on the arrangement with the foster parents.

Depend on the agreement between caseworker and foster parent

Our agency's nurse and sometimes the case worker.

CPW may complete before placement.

Q16. Who is responsible for scheduling follow-up or routine medical appointments?

Answer	%
Caseworker	13.04%
Foster parents	65.22%
Any other. Please specify	21.74%

Any other. Please specify

Both

Both. It could be the caseworker or the foster parent. It just depends on the arrangement with the foster parents.

It is a dual responsibility.

Our agency's nurses, foster parents and case worker also schedule appointments. The nurses will monitor it to ensure the children are being seen for their medical appointments.

Q17. What are the foster parents' responsibilities around health and mental health assessments of foster children? (Check all that apply)

Healthcare Responsibilities of Foster Parents	Responses (%)
Scheduling initial appointment	50.00%
Scheduling follow-up or routine appointments	95.83%
Transportation to appointments	95.83%
Medication management (for daily medications)	95.83%
Being available for discussion with mental health providers about foster child	95.83%
Documenting child's medical appointments, illnesses, immunizations etc.	79.17%
Any other. Please specify	16.67%
Total	100%

Q18. - What is the minimum frequency of sibling visitations recommended for youth placed apart from their siblings when visitation is in the best interest of the child?

Total number of respondents = 24

Minimum recommended frequency	Responses (%)
At least every two weeks	29.17%
At least monthly	25.00%
There is no standard set for sibling visitations (depends on individual visitation plan)	33.33%
Other. Please specify	12.50%
Total	100%, n=24

Q19. How is information related to sibling visitations communicated to foster parents?

via social worker

It is directly communicated to the foster parents by the caseworker either in person, by phone, text or email; depending on what form of communication has been determined to work best for both parties.

Foster Parent Core Training, by the assigned social worker and in additional foster parent support meetings, Caregiver Connection Newsletter

By the caseworker to the foster parents

This is communicated through home visits, family team meetings and phone calls.

Through the case manager or in best case foster parent to foster parent.

Caseworker discussions

Through initial and ongoing training as well as case specific conversation with foster child's caseworker

Through the caseworker.

Through case manager or licensing agency. Discussed in training--strongly encouraged. F.P. encouraged to facilitate sibling contact.

Sibling visitation is communicated through the social worker to the foster parents.

Social workers let the foster parent know the requirements for sibling visitation that are ordered by court or set by the case plan.

Sibling visitation is explained to foster parents during their initial training and throughout the case at all meetings, conferences and court hearings.

In-person, phone, email, text

This information is communicated to the foster parent either in direct communication with the foster parent, or as part of a discussion at a Family Team Meeting in which the foster parent is a participant.

By child's caseworker or foster care support worker

We usually introduce the foster parents to each other and visits are set up between the two families.

Initial training & discussions with workers

The social workers share the sibling visitation requirements with the foster parents. They also follow up with the foster parents to ensure the visit occurred.

The caseworker and FP handbook.

Primary worker will discuss with family. It is also in the handbook.

Q20. Does your state have any policy on offering respite care to foster parents?

Policy on Respite Care	%
Yes	79.17%
No	20.83%
Total	100%, n=24

Q21 - Respite care is offered by states to provide temporary relief to foster parents from daily care. However, it is defined very differently across states. How is respite care defined in your jurisdiction?

We have 'extended family' model of respite where about 10-15 families form a constellation/cluster and one foster family is the lead that provides respite for children/youth in that cluster as respite is needed.

We have a broad definition for when respite care can be offered. It could be due to prevention of potential foster parent burnout, foster family emergency, need for a break from the responsibilities of fostering, etc.

same as above

The state's definition is very similar to what is stated here (above).

Respite is a support service designed to allow foster parents time away from their parenting responsibilities.

It is the temporary care of the child in a certified foster home or residential care setting while board payments are continued to foster parents.

Respite care can be used for temporary relief or when a foster parent must be out of town.

Day or overnight care intended to be used by the foster parent in a planned and purposeful manner

12 or more days a year requires formal approval.

Respite care is a therapeutic support service designed to offer short-term relief to families caring for children by providing substitute care for children. The purpose of respite care for families, including foster families, is to reduce foster home disruption and provide a stable foster care placement for the child. It can be provided on an emergency or planned basis.

temporary relief

Temporary licensed care to provide relief for foster parents.

“Respite Care” means the temporary, (over 24 hours) intermittent care of a foster child by an individual other than the child’s out-of-home caregiver, regardless of whether the respite provider is paid by the lead agency.

The respite care program provides children with prearranged child care and temporary out-of-home care when caregivers are in crisis or when a caregiver is absent or incapacitated. It provides caregivers with substitute care and temporary relief from the responsibilities of foster parenting. Respite care services are available to the following out-of-home caregivers who are serving as paid, non-treatment foster care placements at the time of the expense: ☐ Licensed foster parents ☐ Relative caregivers ☐ Relative legal guardians ☐ Non-relative legal guardians ☐ Non-finalized adoptive homes receiving Adoption Assistance Program (AAP) funding ☐ Kin-Gap caregivers ☐ Probate caregivers ☐ Informal caregivers in the community The following out-of-home placements do not qualify for respite care services: ☐ Group homes ☐ Foster family agency placements ☐ Non-foster care placements ☐ Non-paid placements If a court order with clear and specific language requires DCFS to pay for respite care, the child’s placement type does not matter and the 72 hour time limit may not apply.

Respite Care in temporary care provided by an alternative caregiver for the purpose of providing the primary caregiver with a break from caregiver responsibility to allow the primary caregiver to refresh energy. Both the temporary licensed caregiver and the primary caregiver are reimbursed at the child's level of care rate.

Any care over 6 hours outside of the certified foster home

A child in foster care is cared for by an alternate caregiver in another home for a brief period of time with the intention of the child going back to the care of the original foster parent.

24 calendar days per year per placement.

Q22 - What is the maximum number of respite care days available to foster parents in a year?

What is the maximum number of respite care days available to resource paren...

open ended

Up to 10.

14

up to 14

10 days per fiscal year

25 days per calendar year.

12

there is no maximum set

Case plan dependent.

30

10

depends

Pay for 144 hours per year. A foster parent can use as many hours as they want but it will not be reimbursed over 144 hours per year.

12 days within a year

Respite Care Services allows caregivers to receive up to 72 hours of respite care services per fiscal year (July 1 – June 30).

Fourteen days per calendar year.

Unlimited

10 days per foster child, per resource home

24. They can ask for an exception to policy for more days for an exceptional circumstance.

Q 23. What is the minimum number of hours of respite care (at one time) in your jurisdiction?

No of hours	%
1	54.55%
6	27.27%
24	18.18%
Total	100%, n=11

Q 24. Who is responsible for arranging respite care?

Respite care arrangement	Responses (%)
Department	15.79%
Foster Parents	26.32%
Agency Personnel	26.32%
Any Other. Please specify	31.58%
Total	100%, n=19

Any Other. Please specify

Any Other. Please specify

FPs and agency

All of the above, it is a team effort as it is not always easy to find a respite care provider.

All of the above

All of the above

Supervising Agency

Can be arranged by caseworker, foster parent or agency personnel

Q25 - Does respite care require approvals by dept. or state?

Respite Care Approval	Responses (%)
Yes	73.68%
No	26.32%
Total	100%, n=19

Q26 - Please outline the approval process for respite care providers

The foster parent would make a request through their caseworkers, who would take the request to Administration. Efforts are then made through various means to meet the respite needs of the foster family.

Foster Parent submits plan for respite through the social worker, or if social worker has arranged the respite, they forward plan with invoice by respite provider for payment through supervisor.

Approval would be requested by the foster parents to the child's caseworker

The foster parent discusses with the foster care worker for approval. Respite is planned and approved by the foster care worker.

They must choose a respite provider from the list we maintain at the county office or can choose their own as long as it is a licensed home. They must simply convey that information to the resource manager or case manager.

providers must be other licensed foster parents

The respite provider must meet the same requirements as a foster/adoptive provider.

A Foster parents can make a request for respite through their Supervising Agency. The Supervising Agency will then review the request and make a determination.

Respite care providers must be licensed foster parents who are willing and able to provide quality care and supervision, regardless of a child's history and current emotional and behavioral status. Respite care providers must meet the following guidelines: ☐ Provider must be in good standing with DCFS and the Community Care Licensing (CCL) Division. ☐ Provider must not have an administrative or investigative hold or be on "Do not use" or "Do not refer" status. ☐ Population of the provider's home, including the number of children receiving respite care, must not exceed DCFS or CCL licensed capacity for the home. ☐ All children living in the provider's home, ages eighteen (18) or younger, regardless of relationship to provider, are counted towards the licensed capacity total. ☐ If planning

to provide care for special needs children at the D or F-rate, provider must have taken the appropriate specialized training and be D-rate certified or F-rate approved.

If licensed, the respite provider goes through the same licensing process as any licensed foster or adoptive placement. If unlicensed, the caseworker completed a kinship assessment which includes a walk-through visit of the home to ensure safety and includes background checks.

Respite care providers must be fully certified foster parents

They must be licensed foster parents to provide respite.

Q27 - How is the information regarding respite care shared with foster parents? (Check all that apply)

Total no. of respondents = 18

Information on Respite Care	Response (%)
During training provided to foster parents	100.00%
Through handbooks and brochures	66.67%
Through foster parent associations	88.89%
Through caseworker	100.00%
Any other. Please specify	27.78%
Total	n=24

Any other. Please specify

Any other. Please specify

Through state's Statutes and Administrative Code.

Caregiver Connection Newsletter, Foster parent Recruitment and Retention contractors, FaceBook pages for foster parents

The Department

licensing agency

Through licensing staff, through contracted providers who offer support to foster parents

Q28. How is respite care program funded in your jurisdiction?

local funds

Respite funds are set aside within the jurisdiction's annual foster care budget.

State and IV-E funding

There is a set aside out of the CW annual budget

IV-E funded.

Funded by the county.

additional allocation from state general funds

General fund

Through the Title IV-E training plan. \$280,000 statewide

Federal and state dollars

Respite care is funded through State of Florida General Revenue dollars.

Grant from the state.

If the provider is licensed, then DHHS directly funds the respite provider at the child's level of care daily rate. If unlicensed, the approved provider is funded a \$10 per diem rate.

In monthly reimbursement payment.

State funds

IV-E

Q 29. Please outline the reimbursement process for respite care providers

standard board and care stipends

When approved through the jurisdiction, respite care is paid directly from the jurisdiction to the respite provider.

Foster Parent submits Respite Provider's Invoice. Worker reviews invoice and submits to supervisor Invoice is reviewed by supervisor and submitted to fiduciary for payment to respite provider

FP requests paid respite from worker If approved, efforts would be made by FP, caseworker and Dept. to locate a respite provider. The respite provider would receive payment directly from the Dept.

Only approved foster parents may be used as respite providers. The respite provider submits a foster care invoice for the period of respite.

The foster parent providing respite submits a reimbursement form for approval and payment.

Foster parent requesting respite pays the foster home providing respite \$25/day. The requesting foster parent then applies for reimbursement from the county office.

case worker verifies that respite occurred and enters a service log to reimburse provider

The foster parent can pay and submit for expense reimbursement or the respite provider can bill.

Request is approved through the locality and they are reimbursed at a maximum of \$25 per day.

The department reimburses the respite foster parent through the monthly payment process.

Respite care providers must be licensed in this state and would receive a month payment for any respite care provided.

Once respite care services have been provided, the caregiver or respite care provider must provide a signed letter to the CSW confirming that respite care services were provided. The letter must specify the name, address, and license number of the respite care provider, as well as the name of the child, and the dates respite care was provided. The agency then processes the reimbursement.

The caseworker must be notified of the start and end date of the respite and the caseworker enters this information into the system which then triggers a direct payment to the respite provider.

Providers negotiate respite rate. Foster parents pays the respite provider.

The money is given to the foster parent who then gives it to the respite care providers.

The foster parent using the respite provider submits the respite information to the caseworker who enters the payment as a special issuance in our data system and is issued to the provider.

Q30. What are some of limitations faced in your jurisdiction related to respite care?

Runs quite well

The jurisdiction can run out of funding prior to the end of the budgeted year.

Lack of resources

Once the CW annual budget is depleted, it requires finding creative ways to provide respite

Respite providers must be approved foster patents. Caregivers may receive 10 days of respite per fiscal year.

There are not many foster family's to provide respite services to children with special needs or teenagers.

Not enough foster homes willing to be a respite provider. Not enough extra sleeping space in a respite home. Location of the respite provider not always convenient.

availability and willingness of foster parents especially for teens or children with behavioral issues

Financial resources and people to provide the respite.

Number of providers who are willing to offer respite. Lack of knowledge about the availability of respite services.

Youth go to respite and get stuck there.

Unlicensed kinship providers have challenges accessing licensed foster parents for respite.

In our state, the lack of respite homes is a limitation to respite care.

Our respite care program is currently being expanded. We are in the process of identifying approved resource parents who are willing and able to provide respite care without reducing our placement beds for children in foster care. We will also need to communicate with caregivers to better get the word out about the changes to our respite care program.

We do not have a sufficient number of families available to provide respite. We are in the process of recruitment for more families who can provide this valued service.

There are tremendous barriers in identifying respite providers as they are required to be fully certified and often are caring for children already,

Foster parents have to find their own respite care providers.

Finding a respite provider at times--may have a hard time finding a respite provider.

Q31 - What is your jurisdiction's policies on the qualifications of babysitters/informal child care providers for foster children?

Follows Reasonable Prudent Parenting standards

With the enactment of the new federal law, the Reasonable and Prudent Parent Standard, foster families can now make normal decisions relating to babysitters and informal child care for their foster children within this new Standard.

Prudent Parenting guidelines allow foster parent to choose a known substitute caregiver for child for up to 72 hours. Caregiver pays when using Prudent Parenting. Caregivers who provide respite care in their home must meet foster care licensure standards. Caregivers who provide respite in the child's foster parent's home, must be background checked and complete references and TB test.

The "Normalcy Policy" requires the foster parent use the reasonable and prudent standard when utilizing a babysitter or informal child care.

Baby sitters must be at least 18 years of age. Informal childcare providers are not required to be licensed but enroll with the Childcare and Parent Services (CAPS) program. Informal providers must pass safety screening and a national fingerprint-based criminal records check.

Babysitters must be at least 15 years of age. If it's overnight, the babysitter must be at least 21 years of age.

Alternate or emergency caregivers must be background checked in advance. An occasional babysitter would be vetted by the foster parent using the Reasonable and Prudent Parenting Standard.

Babysitters should be certified and approved by the agency

Formal childcare must be licensed, informal provider must be an approved back up for the foster parent and the care must take place in the foster parent home

Foster parents can use alternative care and not have it be "respite" if less than 12 days a year.

With the implementation of normalcy provisions for children in foster care, these decisions are being placed in the hands of the foster/adoptive care provider. For babysitters/daycare, they are required to be licensed before reimbursement can be provided.

Utilize Reasonable and Prudent Parenting guidelines of the Sex Trafficking Act. Department Rule also addresses the ability to use an adult babysitter for up to 48 hours for non-emergency situations.

(4) Babysitting and Other Short Term Home Based Care. (a) Babysitters shall be at least sixteen years of age or older except for youth age 14-15 who have completed a recognized babysitting course. The local Community-Based Care (CBC) lead agency has the authority to approve the educational course on babysitting. (b) The licensed out-of-home caregiver is responsible for ensuring that individuals providing babysitting are suitable and appropriate for the age, developmental level and behaviors of the children. (c) The licensed out-of-home caregiver is responsible for ensuring babysitters receive an orientation that covers protocol for handling emergencies, including telephone numbers for the licensed out-of-home caregiver, case manager and physician. The discipline policy and confidentiality policy shall be clearly explained. (d) Babysitting does not have to occur in a licensed setting. (5) Extended overnight care. (a) Families shall take children in their care on family vacations and trips whenever possible. (b) The following procedures apply when the parent must be absent for more than 48 hours and the child cannot reasonably accompany them: 1. Foster parents will be allowed to select families or individuals who are well known to them to care for the children in their absence. 2. Except in emergency circumstances, the adults in these families must have criminal and child abuse background checks including finger printing. In emergency circumstances, the CBC or designee will perform a local criminal abuse background check and a child abuse background check within 24 hours of the family or individual taking responsibility for the child(ren). A full background screening will be initiated the next business day. Foster parents are strongly encouraged to identify and screen multiple persons to provide care in emergency situations. Such persons shall be recorded in the Unified Home Study module in Florida Safe Families Network. 3. The foster parent will certify to the CBC or CBC

designee that the home is safe and free from hazards considering the age, maturity and developmental level of the child.

Use of Occasional Short-Term Babysitters - State law authorizes Certified/Licensed foster parents to arrange for an occasional short-term babysitter to watch child(ren) without requiring the babysitter to undergo a criminal record clearance, Child Abuse Index Clearance (CACI) clearance, health screening, or CPR training. However, the Certified/Licensed foster parent must use the reasonable and prudent parent standard in determining and selecting appropriate babysitters for occasional short-term use.

The state has the Reasonable and Prudent Parenting Act that has normalcy standards where children placed in foster care should be treated with normalcy standards that parents would use with their own children. The expectation is that foster parents make decisions for the foster children that they would for their own children. Any babysitters or child care providers would be identified to the agency who certifies the family and they could have back ground checks on file as per requirement of the agency.

Foster parents apply good judgment in accord with Reasonable and Prudent Parenting standards in selection of a temporary babysitter.

Over the age of 16, background checks sometimes required (when ongoing babysitting occurs) family must notify the foster care support worker of anyone caring for the child.

When arranging a babysitter for foster care children, the caregiver must ensure the babysitter: - is over the age of 14 and suitable for the age, developmental level and behaviors of foster child - understand how to handle emergencies, and has appropriate telephone numbers - is informed of discipline and confidentiality policies Informal providers cannot also watch the child for over 72 hrs.

Respite care providers are chosen by the foster parent. Foster parents are instructed to only choose people that they trust well to care for the child. There are no formal qualifications.

Reasonable and Prudent Parent Standard

The child care providers must be registered with the state to provide child care/day care services to foster parents. If the foster parent needs a babysitter for a few hours while they go to dinner or a movie, they choose the babysitter but it cannot be a foster child being the babysitter.

A foster parent may hire a babysitter not to exceed six hours at a time. The babysitter must be at least age 14 and mature enough to handle common emergencies.

Q32 - What are the standard requirements annually around each of these training needs for foster parents?

Pre-service training - Name of training program

MAPP
Pride
Caregiver Core Training
PRIDE
IMPACT-Family Centered Practice
A Journey Home
State Preservice
PRIDE
PRIDE
PS-MAPP
Varies
Resource Family Pre-Approval
Resource Family Introductory Training
Parenting Skills Training
H.A.N.A.I.
TIPPS MAPP, Medication Administration and CPR
PS_MAPP
CORE

Pre-service training - Contact/In-person hours:

30
26-30
24 hrs
ALL

24 hours

36 hours

27

14

30

21

12

24

18

27

6

8

In Person - 39 hours

30

Pre-service training - Online hours:

none

0

0

none

0

13

0

0

8

None

0

In-service training - Name of training program:

Advanced Training

approved training by licensor

Advanced Trainings

Continued Parent Development

In-Service Training

NCWTP

Varies

not specified

Varies

FRA Pre-Placement Training

Trauma traing and Love and Logic

varies

In-service training - Contact/In-person hours:

2

12 hrs/year

4

At least 5 of 15

15 hours

40/2 years

10/year

5

12/2 years

8

8

24

20

12

3

In-Person - 24 hours

6

15 hrs total per year, 2 parent home and 10 for single parent. Can be in person or online.

In-service training - Online hours:

2

12

4

18

5

no limit

10

3

None

3

Special Needs Training: Name of training program

Special Needs

as requested

Specialty Training

n/a

No Requirement

depends

Varies

D or F Rate Training

None

part of normal trainings

Special Needs Training: Contact/In-person hours

Depends on Type

All

18/ther. f.c.

24

8-12 hours

varies

Special Needs Training: Online hours

Some

unknown

Relicensing Training: Name of the program

Advanced Trainings

As provided by licensor

Advanced Trainings

see ongoing training

No Requirement

same as ongoing

Varies

Varies

varies

Relicensing Training: Contact/In-person hours

15

2

12 hrs/year

2

8

8 hours

24

18 hrs for regular foster family and 36 for specialized foster family every 2 years

20

1

10 In person

6

Relicensing Training: Online hours

15

2

12

2

half can be online

10

10

3

Q33 - Are kinship parents included in Foster Parent Association?

#	Answer	%	Count
1	Yes	90.48%	19
2	No	9.52%	2
	Total	100%	21

Q34 - Are adoptive parents included in Foster Parent Associations?

#	Answer	%	Count
1	Yes	95.45%	21
2	No	4.55%	1
	Total	100%	22

Q35- Is the Foster Parent Association funded by the agency?

#	Answer	%	Count
1	Yes	55.00%	11
2	No	45.00%	9
	Total	100%	20

Q36 - How is the Foster Parent Association funded?

How is the Foster Parent Association funded?

through membership fees

Through the association, or by specific request to the Administration when necessary.

membership dues, fund raising, donations

Grants and fundraising

Own non-profit organization.

Unknown to me

It is run through a private non-profit organization in the community.

Q37 - Where can foster parents find information on foster parent associations? (Check all that apply)

#	Answer	%	Count
1	Department website	65.00%	13
2	Agency website	50.00%	10
3	Foster parent handbook	55.00%	11
4	Newsletter	50.00%	10
5	Any other. Please specify	40.00%	8
	Total	100%	20

Any other. Please specify

Other foster parents

websites: foster parent association and FP Recruitment and Retention contractors

foster parent communications

Caseworker discussions

Community events

Foster Parent Association website

Licensing workers notify the foster parents regarding the meeting. They can also look at the foster parent website.

Training agency provides information and board sends information

Q 38 - What services does the Foster Parent Association offer? (Check all that apply)

#	Answer	%	Count
1	One on One Peer Support	72.73%	16
2	Support Groups	59.09%	13
3	Advocacy	81.82%	18
4	Training/Conferences	68.18%	15
5	Website	59.09%	13
6	Other. Please specify	18.18%	4
	Total		22

Other. Please specify

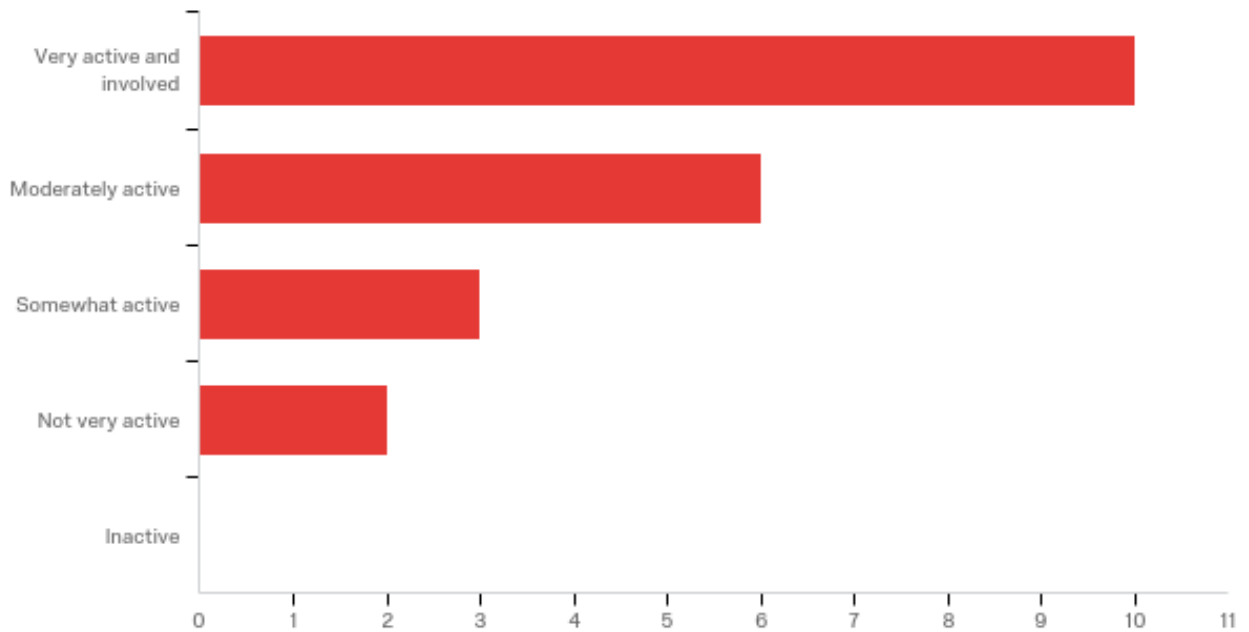
monthly meetings

NewFound Families Newsletter

Tangible goods- backpacks, clothing, etc

Clothing Closet

Q39 - How active is your Foster Parent Association?



#	Answer	%	Count
1	Very active and involved	47.62%	10
2	Moderately active	28.57%	6
3	Somewhat active	14.29%	3
4	Not very active	9.52%	2
5	Inactive	0.00%	0
	Total	100%	21

Q40 - Is your department/case worker required to notify foster parents in writing about court hearing dates in advance?

#	Answer	%	Count
1	Yes	68.18%	15
2	No	31.82%	7
	Total	100%	22

Q41 - How much time in advance are foster parents notified about court hearing dates?

How much time in advance are resource parents notified about court hearing...

2 weeks

7 days

As soon as the case manager is aware of the hearing, but no later than 72 hours prior to the hearing.

They are notified at least 2 weeks in advance.

they are recommended to let them know as far in advance as possible but at least 2 weeks out. it just doesn't always happen that way.

6 months, with reminder one week prior to court

There is no timeframe.

Generally 30 days.

Not specified in policy but a copy of the court report submitted in preparation of a court hearing is generally required to be disseminated 10 days prior to a hearing, including to foster parents.

48 hours

10 days

21 days

The worker must inform the provider/caregiver of all permanency hearings and review hearings regarding the child placed in their home. The worker should inform the provider/caregiver of the upcoming hearing as soon as the worker is informed of the scheduling of the hearing. The notice is sent via mail.

They are required to but no time requirement is established.

Minimum of two weeks in advance.

They are usually notified within the first 2 days of initial placement of the upcoming court hearing. They are notified at each hearing thereafter by telephone or face to face visits.

Our data system creates a notice that is sent to foster parents regarding notification of court hearing dates.

Each parent, child, Indian custodian, Indian child's tribe, foster parent or other out-of-home care provider, guardian, and guardian ad litem must be given notice of court hearings.

Q42 - What are some of the responsibilities of the jurisdiction/caseworker towards foster parents regarding providing information on court hearings for foster children/youth?

What are some of the responsibilities of the jurisdiction/caseworker toward...

Provide foster parents with copy of the Caregiver's Report to the Court and encourage them to complete. Receive the Caregiver's Report to the Court and file it with worker's report. Provide date, time and location of hearing.

Notification of hearing date and time

Provide written notification to the foster parents as soon as notification of the hearing is received, but at least 72 hours prior to the hearing. Provide verbal notification to the caregiver when written notification cannot be provided due to a preliminary protective hearing or emergency hearing. Discuss with the caregiver the type of hearing that is to occur and the purpose of the hearing. Coordinate the attendance of the foster child when appropriate. Inform the caregiver that he or she may provide information to the court concerning the child's care and permanency plan.

What services are needed for the child and if the goal has changed.

Caseworkers are required to bring youth 14 years old or older and are recommended to notify foster parents.

foster parents are made fully aware and are given the opportunity to attend and be heard by the court

Foster parents are served with the Service Plan which is approved by the court. They are involved in the development of the plan as well as recommendations to the court. Foster parents are encouraged to attend court and provide support to the foster youth as well as needed testimony. They are responsible for ensuring the child gets the services in the service plan and ensures transportation for many of the children to those services.

The child, through his/her attorney, has the right to be informed of, to be present at and to be heard in any proceeding involving dependency or termination of parental rights

Caseworker shall provide all parties to case (including foster parents) with a summary of the information on the court hearing.

Caseworkers are responsible for sending notices to foster parents about court hearings. Caseworkers are also responsible for arranging transportation for children to hearings if their foster parents cannot take them.

The foster parents receive notice of court hearings via a hearing notice 21 days in advance.

The provider/caregiver must be informed that he/she can provide a written statement or report to the court and, in some cases, a verbal presentation to the court.

Only information relevant to care of child will be disclosed to foster parents

Case managers are suppose to mail them a computer generated form with the court information on it.

It is the law that foster parents are notified of every court hearing involving their foster children. This responsibility falls to the caseworker, unless the foster parent was in court for the prior hearing. If the foster parent is in court, then the responsibility for informing the foster parent of the next hearing falls to the judge. Foster parents also must be informed of their right to attend the hearing and their right to be heard by the judge. This information is provided in the notification letters for the court hearings. It is also covered in initial training, and reinforced by caseworkers and licensing workers.

Our foster parents are required to attend court hearings so they have first hand knowledge about the youth. In the event they are unable to attend the hearing, the licensing worker, who is assigned to their case, and/or the social worker, will share the hearing's findings with the foster parent.

This information is obtained at the monthly caseworker visits.

Each parent, child, Indian custodian, Indian child's tribe, foster parent or other out-of-home care provider, guardian, and guardian ad litem (GAL) must be given notice of court hearings.

Q43 - What are foster parents' rights and responsibilities around court hearings? (Check all that apply)

#	Answer	%	Count
1	Foster parents are to provide transportation for foster children/youth	42.86%	9
3	Foster parents must be present at the court hearing	4.76%	1
4	Foster parents can be present at the court hearing	90.48%	19
5	Foster parents must share information/advocate about the foster child in the court	9.52%	2
6	Foster parents can share information/advocate about the foster child in the court	71.43%	15
7	Any other. Please specify.	4.76%	1
	Total	100%	21

Any other. Please specify.

Any other. Please specify.

Caseworkers also provide transportation.

Q44 - Is homeschooling foster youth allowed in your jurisdiction?

#	Answer	%	Count
1	Yes	45.45%	10
2	No	54.55%	12
	Total	100%	22

Q45. Who is required to be involved in developing Individual Education Plans for foster children?
(Check all that apply)

#	Answer	%	Count
1	Caseworker	81.82%	18
2	Biological parents	72.73%	16
3	Foster parents	81.82%	18
4	School administration	95.45%	21
6	Education Surrogate	90.91%	20
7	Any other. Please specify	18.18%	4
	Total		22

Q46 - Does the state have specific policies around foster children/youth who identify as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ)?

#	Answer	%	Count
1	Yes	56.52%	13
2	No	43.48%	10
	Total	100%	23

Q46 If answered yes to the previous question:

A) Do foster parents who care for LGBTQ foster youth receive additional training?

#	Answer	%	Count
1	Yes	46.15%	6
2	No	53.85%	7
	Total	100%	13

Q46 B. Are foster homes who are most capable of serving LGBTQ foster youth pre-identified?

#	Answer	%	Count
1	Yes	53.85%	7
2	No	46.15%	6
	Total	100%	13

Q 46. C. Are foster parents who care for LGBTQ foster youth provided additional resources?

#	Answer	%	Count
1	Yes	30.77%	4
2	No	69.23%	9
	Total	100%	13

Q 46. D - Please specify the type of additional training/resources provided.

Please specify the type of additional training/resources provided.

Training and support groups offered by the Lower Shore LGBTQ Coalition

Resources vary by community. Examples are trained family therapists or counselors.

Q 46. E - How is information provided to the foster parent regarding additional training/resource options related to LGBTQ foster youth?

Social worker Caregiver Connection Newsletter Foster Parent Association trainings Foster Parent Recruitment and Retention websites and FaceBook pages

In the process of developing additional training.

Through their resource manager and the Ohio Child Welfare Training Program.

brochures, FIMs, Coalition website

Foster care associations and licensing agencies; case managers.

Information is provided to foster parents regarding training related to LGBTQ foster youth through their case manger, local and state foster care association, QPI, and supervising agency.

Information on fostering LGBTQ foster youth is now part of the pre-approval training that is required for all resource parents (relative, foster and adoptive).

Caseworker or Licensing Worker

At annual training conference for foster parents, there are trainings, including panel discussions.

Through newsletters, mailings, caseworker

Q 46. F - Please tell us more about the policies you have in place for LGBTQ foster youth who are in foster care.

Please tell us more about the policies you have in place for LGBTQ youth wh...

We are in the process of developing policy.

We have an LGBTQ Practice Guide, a non-discrimination policy that includes SOGIE and a Child and Family rights policy that includes SOGIE.

Non-discrimination, availability of additional resources, cultural competency

Department regulations have foster youth rights, including determining preferences for gender identity and sexual orientation.

State of Florida recent updated polices regarding: definitions , prohibiting discrimination, and considerations for placement option around LBGTQ foster care youth.

We have partnered with the local gay lesbian center to provide services to our LGBTQ youth. We have also partnered with the national Human Rights Campaign and our Adoption Division earned the HRC All Families/All Children Seal for our efforts to make our agency welcoming to LGBT families. Our agency has policies that prohibit discrimination of youth, caregivers or staff based on sexual orientation and gender identity. Our forms have been revised to remove gender from the questionnaires, etc. For example, we use Parent 1 and Parent 2. In addition to this, the state has passed laws that prohibit discrimination of LGBTQ youth and LGBT families. For example, a new law mandates that a youth can choose to be placed in a room based on their gender identity rather than sex at birth.

The policies regarding LGBTQ revolve around Reasonable and Prudent Parent Standard and normalcy for children.

Here's the introductory language for our Anti-Harassment and Non-Discrimination Best Practice and Procedure Guidelines Regarding People who are Lesbian, Gay, Bisexual, Transgender and/or Questioning (LGBTQ): In accordance with State and federal laws, each individual served by the state's Child Welfare Services Branch (CWS) has the right to receive services in an environment free of harassment and discrimination. CWS is committed to providing a healthy and accepting setting for all individuals by training and evaluating staff, instituting policies, and educating individuals to respect each other. CWS does not tolerate harassment or discrimination by or toward employees, volunteers, contracted providers, resource caregivers, families, parents, children, youth, or young adults.

Q47 - Does the state have specific policies around foster children/youth who are undocumented immigrants?

#	Answer	%	Count
1	Yes	30.43%	7
2	No	69.57%	16
	Total	100%	23

If answered 'yes' to the previous question

A. Do foster parents who care for foster children/youth that are undocumented immigrants receive additional training?

#	Answer	%	Count
1	Yes	0.00%	0
2	No	100.00%	7
	Total	100%	7

B. Are foster homes most capable of serving foster children/youth who are undocumented immigrants pre- identified?

#	Answer	%	Count
1	Yes	28.57%	2
2	No	71.43%	5
	Total	100%	7

C. Are foster parents that serve foster children/youth who are undocumented immigrants provided additional resources?

#	Answer	%	Count
1	Yes	14.29%	1
2	No	85.71%	6
	Total	100%	7

Q48 - How are services provided to foster children/youth who are undocumented immigrants funded?

Foster care services are provided to children without regard to their immigration status and paid for using state funds.

IV-E funding

In the same manner as other children in foster care.

State funding; non-profit.

Services for undocumented immigrants are funded through the State of Florida's General Revue dollars.

County and State funds.

foster parent or the department can reimburse for some trainings

Q49. Please tell us anything else you would like to share about the policies you have in place for undocumented immigrant children/youth who are in foster care.

The state is currently updated polices associated with undocumented immigrant children in foster care.

We have a unit of staff dedicated to helping foster youth obtain legal status in the United States. We do not finalize adoptions until this legal status has been obtained.

Q61 - Does the state have specific policies around foster children/youth who have been identified as victims of sex trafficking?

#	Answer	%	Count
1	Yes	77.27%	17
2	No	22.73%	5
	Total	100%	22

If answered 'yes' to the previous question

A. Do foster parents who care for foster children/youth that were victims of sex trafficking receive additional training?

#	Answer	%	Count
1	Yes	35.29%	6
2	No	64.71%	11
	Total	100%	17

B. Please share more details on the type of training provided to foster parents on this issue

local training relative to trauma, trafficking behavior and signs to look for

Foster parents who wish to work with foster care youth who are victims of sex trafficking must receive a special/additional certification.

State trainings on human trafficking

We have various trainings throughout the year for foster parents.

C. Are foster homes who are most capable of serving foster children/youth who were victims of sex trafficking pre-identified?

#	Answer	%	Count
1	Yes	35.29%	6
2	No	64.71%	11
	Total	100%	17

D. Are foster parents who serve foster children/youth who were victims of sex trafficking provided additional resources?

#	Answer	%	Count
1	Yes	52.94%	9
2	No	47.06%	8
	Total	100%	17

E - How is information provided to the foster parent regarding additional training/resource options related to foster child/youth who were victims of sex trafficking?

verbally - case specific

information is provided to foster parents regarding training related foster youth who were victims of sex trafficking through their case manager, local and state foster care association, QPI, and supervising agency.

Our jurisdiction is going to implement a screening and assessment tool for youth who are suspected of sex trafficking. If the screen prompts an assessment, they will be referred to a clinical who will conduct a thorough assessment. The results of that assessment will result in a referral to appropriate services.

Newsletter, foster care support worker

Through initial training, newsletters, flyers, documents, but primarily through the caseworker

On our website and the foster parent association website.

There is information available to the foster parent through the training center. Primary worker may also provide resources.

Q124 - Please tell us anything else you would like to share about the policies you have in place for children/youth who are victims of sex trafficking.

Currently we have put in place the requirements within Federal law. We are in process of identifying how to better address the needs of this population. Hopefully we will have specific policies regarding care and treatment soon.

We are currently looking at our procedures for responding to children who have been sex trafficked as well as developing resources to respond specifically to this population.

The State of Florida currently has policy related to training, screening of youth, placement of youth and, certification of foster and group home, and reporting on the population.

Commercial Sexual Exploitation of Children (CSEC) is a policy that the State and our jurisdiction have implemented with specific reporting requirements to law enforcement when youth are missing or run away, or we have suspicion of trafficking through our screening and assessment tools. Staff and providers will receive training and education on CSEC and implications as well as services available for our children and families impacted.

We are in the process of developing trainings and policy on this topic.

It is federal law that we have these policies. Our state appreciates the additional training, resources, and awareness that has become available to allow us to better identify and serve this population. We are uncomfortable with the fact that we, as Child Welfare Services, have been federally tasked with serving minor sex trafficking victims whose parents are not the perpetrators. When the child/youth has been trafficked due to acts or omissions of the parents, we would always already be serving these children. The new laws create a difficult situation, where Child Welfare Services must now be involved in minor sex trafficking cases, even when the parents are fully protective.

Q50 - Does the state have specific policies around foster children/youth who are pregnant (or are parenting)?

#	Answer	%	Count
1	Yes	60.87%	14
2	No	39.13%	9
	Total	100%	23

If answered 'yes' to the previous question:

A. Do foster parents who care for foster children/youth who are pregnant (or are parenting) receive additional training?

#	Answer	%	Count
1	Yes	23.08%	3
2	No	76.92%	10
	Total	100%	13

B.

C. Please share more details on the type of training provided to foster parents on this issue

Caregivers are specially trained and certified to assist the teen parent in developing the skills necessary to provide a safe, stable, and permanent home for her/his child(ren). The purpose of the Shared Responsibility Plan (SRP) is to help develop the parent/child bond. Each year, caregivers are responsible for keeping their certification up to date by completing 12 hours of parenting classes at a local community college.

State training, community trainings

D. Are foster homes most capable of serving foster children/youth who are pregnant (or are parenting) pre-identified?

#	Answer	%	Count
1	Yes	57.14%	8
2	No	42.86%	6
	Total	100%	14

E. Are foster parents who serve foster children/youth who are pregnant (or are parenting) provided additional resources?

#	Answer	%	Count
1	Yes	57.14%	8
2	No	42.86%	6
	Total	100%	14

F. How is information provided to the foster parent regarding additional training/resource options related to foster youth who are pregnant (or are parenting)?

In-service training.

verbally case specific

This training is provided by local community colleges. Families are referred to the community colleges by their caseworker.

Newsletter, state training website, foster care support worker

We make sure they are connected to the services through our Public Health office.

Training center has materials. There is a licensing specialization and if someone had that, they would receive information from the licensing staff. Primary worker may provide additional resources.

G. Please tell us anything else you would like to share about the policies you have in place for foster youth who are pregnant/parenting.

We have a minor mom's policy that provides guidance on under what circumstances a youth may have her child placed with her.

The state of Florida has policies stating will assist the pregnant child with making decisions about her future and the expectant child.

There are so many times that decisions are made on an individual basis verses having a policy around a certain topic. Our agency also offers therapeutic support to foster care where we cover the cost of a therapist going into the foster care home to support the foster parents.

Q51- What information/advice do you provide foster parents regarding tax implications of providing foster care?

none

We share a standard letter each January about the foster parent's ability to claim a child on their taxes. Our staff is not allowed to provide tax advice

We encourage foster parents to check with their tax advisors.

Since tax laws vary from year to year, it is recommended that foster parents consult with the appropriate tax departments of the State and Federal governments or their personal tax consultant about reimbursements they receive for the foster care of a child.

The board payment is not taxable.

To consult with their accountant.

they should consult their tax provider

We urge them to talk to an accountant.

Foster parents are referred to their tax professional to discuss tax implications of having a foster child in their home.

Training available with licensing agencies to assist with this.

The state provides general information regarding tax implication, and instructs foster parents to speak to license accountants or tax preparation professional for specific questions related to tax implication.

Foster parents are told that foster care reimbursements are non-taxable. Adoptive parents can take the child as a dependent on their taxes after the adoption finalizes. Foster and adoptive parents are encouraged to consult with their tax advisers.

In our state, foster parents do not report their per diem as taxable income.

website indicating when and how to file for children on their taxes

We tell them to talk to their tax person and we can't give them any advice.

We recommend that they consult tax experts to understand the tax implications of being a foster parent.

We share with them that they may claim the foster child if they are in the home more than six months. We also remind them that the room and board stipend is not income.

It is up to the bio parents to decide if they will give foster parents their child's social security number to claim them on their taxes. IRS rules require the foster parent provides more than half of the cost of

care to claim the foster children which is difficult to be able to since the state reimburses foster parents for 65% of the cost.

Income Taxes: the payment you receive for providing foster care is considered reimbursement for expenses incurred in providing care for the children in your home. As such, reimbursements are not considered taxable income by the Internal Revenue Service (IRS) or a certified public accountant for more information on what care you provide may be deductible.

Q52 - How is this information made available to foster parents?

CA's Assistant Secretary provides an annual memo to all staff on the foster parent's ability to claim a child for tax purposes and reminder to provide the child's SS#. Caregiver Connection carries information for caregivers in several editions about taxes and claiming a child. Recruitment and Retention contractors for foster parents and the foster parent association shares information on tax implications on foster care. Tax information for foster parents is included in the state FP conference. Additional online resources are identified for foster parent questions. Foster parents are referred to their tax preparer.

Foster parent trainings and through the foster parent association

It is contained in the Foster Parent Manual.

This is discussed during pre-service training and additional information is provided in the foster parent handbook.

Upon request

handbook, foster parent association

Through the caseworker.

training.

Information is provided to foster parents regarding tax implications is provided through their case manager, local and state foster care association, QPI, and supervising agency.

This is provided to the family in writing during orientation.

This information is provided to them during their initial training.

This information is shared through Contract agency which provides support to foster parents through its newsletter, website and listserve.

Newsletter, training policy packet provided to foster parents

It is told to them in trainings.

In conversation.

It is posted on the foster parent association website. Provided by the Department's licensing workers.

Resoure family handbook, training center, or by workers.

Q53 - What are your policies around use of computers by foster children?

none

Children may have access with supervision and determination by the caregiver in their home.

Adult oversight of internet usage and social media

Some educational related expenses are covered by the Independent Living Program. Particular expenses need to be discussed with the Independent Living Coordinator.

There is none

They should be allowed to use them and also be supervised by the foster parents as they would for their own children.

none

We have no policies.

Left to the determination of the foster parent.

Allowed

The State applies responsible and prudent parenting standards to use of computers by foster children.

This is covered under state laws regarding Reasonable Prudent Parent Standards and the Rights of Youth in Foster Care. Computer use would be based criteria such as on age, developmental level etc. using the below prudent parent standards: When a situation occurs that the reasonable and prudent parent standard must be applied, the caregiver must analyze the situation and reasonable steps to determine the appropriateness of the activity. In applying the standard, a caregiver should gather adequate information about the activity, consider whether the activity is appropriate for the child, and take into account any foreseeable risks. In analyzing the situation, the caregiver should ask himself or herself questions, such as... When applying the reasonable and prudent parent standard, if a caregiver has any questions or concerns, he or she should consult with the foster youth's social worker or probation officer. Finally, it is important to note that legal restrictions, such as court orders in a case or rights guaranteed for foster children in statute or regulation, cannot be circumvented, even if doing so would seem to be allowable under the standard.

We do not have any specific policies regarding computer use. The state does follow a Reasonable and Prudent Parenting Act that has normalcy standards for foster children. This requires foster parents to treat their foster children with the same normalcy standards they would apply to their own children.

Foster parents are asked to monitor appropriate use of computers, just as they would for birth children in their homes.

Allowed, monitored if necessary

Each foster care home has their own rules.

We do not have any such policies.

We don't have a policy. However, the foster parents make their own rules about what programs the children can view.

Foster parents are required to monitor their use.

they can use them, handbook offers guidance

Q54 - Who pays for computers for foster children?

Who pays for computers for foster children?

agency or donations

NA

Grants and outside programs

Some educational expenses are paid for through the Independent Living Program.

The foster parent can purchase one or through community resources.

Foster parents if they choose to purchase a special computer for the foster child.

foster parent, department - case by case basis

The state doesn't have a specific policy related to this question.

providers

A child could receive a computer from a multitude of agencies in the State of Florida.

The department has provided computers for youth when funding is available.

The foster family would allow for computer use in their homes. If they do not have one and the youth requires one, they can make a request to their agency for concrete funds that would assist the family with purchasing a computer.

In our state, laptops are provided for school children during middle school years.

foster parents. biological parents, sometime the department through Chaffee

Foster parents, unless it is explicitly needed for a special activity, then the State can pay.

Foster parents

The foster child would use the foster parents computer and the Department does not pay for computers for foster parents nor for foster children.

There may be some situations that agency funds would be used, but not a normal process for most children. Older youth may receive as part of transition planning and prep

Q55- What are your policies around use of cell phones by foster children?

none

Children may have access if provided a phone. Caregivers may determine utilization

Foster children are allowed to have cell phones, requires caregiver oversight and instruction on safe usage regarding internet and social media

There is no policy.

We do not purchase them however a foster parent can if they choose to do this.

no specific policies

We have no policy

Once again, through normalcy provisions, this is left in the discretion of the foster parent.

allowed.

The State applies responsible and prudent parenting standards to use of cell phones by foster children.

The Rights of Foster Youth passed by state states "unless prohibited by court order a child may acquire, possess, and use his or her own cellular telephone."

There is not a policy related to cell phones for foster children.

Foster parents monitor use of cell phones just as they would for their birth children.

Allowed, monitored if necessary

Each foster care home/case manager has their own rules regarding cell phone use.

We do not have any such policies.

We don't have a policy. The foster parents and/or social worker usually make that decision.

We don't have any policy.

they may have them

Q56 - Who pays for cell phones for foster children?

n/a

Bio parents

Not the jurisdiction. Foster parents, birth family, foster child, advocate or mentor

Sometimes the children can use their allowance.

Foster parent.

varies based on case specifics

This would be up to the foster parent. Virginia does not have a policy or guidance on paying for cell phones, nor do we provide reimbursement to foster parents for a child to have a cell phone.

foster parents/group homes

A child could receive a cell phone from a multitude of agencies in the State of Florida.

The department does not pay for a child's cellular phone.

Varies. Many foster parents provide their foster children with cell phones.

foster parents or biological parents

The county does not pay for these.

Foster parents.

Foster Parents

It would be the foster parents or the child's bio parents.

not the agency

Q57 - What are the jurisdiction's policies around foster parents' sharing information/photos about foster children (publicly or via social media) and how is this information provided to foster parents?

they cannot share anything on social media. This information is provided through the FP support workers.

Foster parents may include a photo of the child, or a child in a group with their family on social media. The child may not be identified as a foster child or identified by name. This info is in FP policy Caregiver Connection newsletter Foster Parent recruitment and Retention contractors Foster Parent Consultation Team (1624 Team)

Foster parents are not allowed to identify a child as being a foster child. Posting of foster children is on any type of media is highly discouraged, but hard to monitor. Foster parent learn in training, interactions with caseworker, State regulations

Permission must be obtained from DFCS before a foster child can be involved in any newspaper articles, photographs for the press or TV and radio programs that would identify the child as being in foster care. This information is contained in the Foster Parent Manual.

Treat any personal information about a child or the child's family in a confidential manner; and not to share any personal information with relatives, news reporters, television, social networks (facebook,etc).

they are not to use photo's in social media. This is provided to them during preservice training and also in the foster parent handbook.

via training - not allowed to post pictures or share information of foster children

Through normalcy, we give guidance that the foster child's photos can be shared; however, we ask that the child not be identified as a foster child with any type of caption in the photo.

Allowed as long as no personally identifiable information is shared.

6-7. Social Media / Computer Usage / Cell Phones. a. Children are permitted to participate in social media, computer usage, and have a cell phone as long as permission has been given by the caregiver. b. Caregivers shall apply the reasonable and prudent parent standard to decision-making regarding social media usage. Caregivers should be sensitive to the risks of the various forms of social media. c. Children have the right to self-disclose information about themselves on social media. Caregivers should educate children regarding the potential impact and ramifications of such disclosure. d. Caregivers are permitted to post pictures on social media including children placed in their care. Caregivers may not use the child's last name or identify the child as residing in out-of-home care.

Foster parents are not allowed to identify a child or youth as being in foster care on their social media sites.

Foster parents receive pre-service training and training throughout the involvement with the agency. Normalcy standards are applied to children in foster care. Biological family does have a voice and

their wishes are respected by the family and agency. Biological families also are to sign a form giving permission for their child to be photographed. If they do not wish for this to occur, they can refuse and this will be shared with the foster care agency.

Foster parents are trained that they can include photos of their children on social media when children are pictured participating in family activities. However they cannot identify the child as being a foster child.

No sharing photos or information. Provided in pre-certification training and in policy packet provided to foster parents.

Foster parent are not allowed to post information/photos on the foster care children and this information is provided to them during orientation.

Foster parents are instructed in training not to share images of their foster children in public forums and to always think about the safety of their foster children when sharing photos that they may think are private.

We don't have a policy. However, we discourage children who are not cleared for adoption to be publicly displayed in social media. .

We have a policy that foster children cannot be identified through any social media. We have a permission form that can be signed by the bio parents for public information.

Resource parents who use social networking sites, including but not limited to Facebook and Twitter must never include the names, or any personal information about children in the custody of the State in information they post. Available in the resource family handbook.

Q58 - Does your jurisdiction use emergency foster placements for foster children/youth in lieu of shelters?

#	Answer	%	Count
4	Yes	86.96%	20
5	No	13.04%	3
	Total	100%	23

Q 59 - Children/youth of what ages are eligible for emergency foster care? (Check all that apply)

#	Answer	%	Count
1	All ages	100.00%	18
2	Infant	0.00%	0
3	1-2 year old	0.00%	0
4	3-5 year old	0.00%	0
5	6 and above	0.00%	0
	Total	100%	18

Q60 - Are emergency foster parents paid a stipend even if they do not have a foster child placed with them in order to maintain their services?

#	Answer	%	Count
5	Yes	29.41%	5
6	No	70.59%	12
	Total	100%	17

Q 61 - Does your jurisdiction conduct a census (periodic count of the total number) of foster parents?

#	Answer	%	Count
1	Yes	76.19%	16
2	No	23.81%	5
	Total	100%	21

Q 62 - How often is this census conducted?

#	Answer	%	Count
1	More than once a year	56.25%	9
2	Annually	18.75%	3
3	Occasionally. Please specify	25.00%	4
	Total	100%	16

Occasionally. Please specify

This is done through the normal process within the licensing process

at least monthly

Tracked through our SACWIS system

We have a websit that lists all licensed foster care homes in our County

Q 63 - Does your jurisdiction have a process in place to examine foster parent turnover?

#	Answer	%	Count
4	Yes	47.83%	11
5	No	52.17%	12
	Total	100%	23

Q64 - What is the process in place to examine reasons for foster parent turnover?

#	Answer	%	Count
1	Foster parent exit survey	90.00%	9
2	Foster parent interview	0.00%	0
3	Other. Please specify	10.00%	1
Total		100%	10

Other. Please specify

Other. Please specify

Foster Parent Interview but it is not a formal process. The licensing social worker will talk to them about the reasons they decided to stop fostering.

Q 65#1 - Policy/Regulation present

#	Question	Yes	No	Total
1	Smoking around foster children	63.64% 14	36.36% 8	22
2	Consumption of alcohol around foster children	14.29% 3	85.71% 18	21
3	Sleepovers that involve foster children	75.00% 15	25.00% 5	20
4	Safety requirements about recreational activities (for e.g. backpacking, rafting, overnight camping trips etc.)	72.73% 16	27.27% 6	22
5	Discipline and punishment (including corporal punishment)	100.00% 23	0.00% 0	23
6	Presence of pets	45.45% 10	54.55% 12	22
7	Pet immunization	72.73% 16	27.27% 6	22
8	Immunization of foster parent family members	38.10% 8	61.90% 13	21
9	Usage of Marijuana around foster children	50.00% 11	50.00% 11	22
10	Any other. Please specify	0.00% 0	100.00% 2	2

Q65 #2 - Please provide details

Smoking around foster children:

Washington Administrative Code 388-148

No smoking in foster homes, vehicles or in the direct presence of foster children.

no smoking

prohibited

not allowed to smoke around children

Florida law requires vehicles and homes to be smoke free.

Foster parents are not allowed to smoke inside a foster home or around the children.

The department may require the removal or correction of other hazardous conditions or circumstances if it is considered to have potential to cause injury or illness to a child in care.

No smoking in presence of any foster child. No smoking in foster home or any vehicles used to transport foster children.

It is discouraged.

Not allowed in the home or car while the foster children are present.

see community care licensing manual or resource family handbook for all of these.

Consumption of alcohol around foster children:

Same as above

Foster parents are expected to make reasonable and prudent decisions as it applies to their foster children

n/a

Florida law requires alcohol to be out of the reach of children and each home must be assessed for alcoholism.

The department may require the removal or correction of other hazardous conditions or circumstances if it is considered to have potential to cause injury or illness to a child in care.

It is discouraged.

Sleepovers that involve foster children:

Same as above

Foster parents are expected to make reasonable and prudent decisions as it applies to their foster children

Normalcy practices

Foster parents should regulate this as they would for their own children.

Proper supervision by an adult.

State's law requires foster parents to use the responsible and prudent parenting standards.

This is covered by Reasonable Prudent Parent Standards passed by the state.

Reasonable and Prudent Parenting Act

The department may require the removal or correction of other hazardous conditions or circumstances if it is considered to have potential to cause injury or illness to a child in care.

Under reasonable and prudent parenting standard, foster parents can approve sleepovers.

We use Normalcy, Reasonable & Prudent Parenting Standards

Foster parents are trained on Prudent Parenting guidelines and normalcy. Sleepovers are encouraged when they are age and developmentally appropriate.

Part of Reasonable and Prudent Parent Standard

Safety requirements about recreational activities (for e.g. backpacking, rafting, overnight camping trips etc.):

Same as above

Foster parents are expected to make reasonable and prudent decisions as it applies to their foster children

Foster parents may not sign a waiver for injury

must keep guns and ammunition locked and separated.

Florida law requires foster parents to use the responsible and prudent parenting standards. There are additional policies around pools and swimming.

This is covered by Reasonable Prudent Parent Standards passed by the state.

Reasonable and Prudent Parenting Act

The department may require the removal or correction of other hazardous conditions or circumstances if it is considered to have potential to cause injury or illness to a child in care.

Reasonable and prudent parent standards allow foster parent to approve such activities.

biological parents sign a permission form for foster parent activity

Foster parents are trained on Prudent Parenting guidelines and normalcy. The mentioned activities are encouraged when they are age- and developmentally- appropriate.

Part of Reasonable and Prudent Parent Standard

It depends on the activity and the reasonable/prudent parent standard.

Discipline and punishment (including corporal punishment):

Same as above

Pre service training, in service and forms that are signed by foster parents.

no physical discipline

No corporal punishment

prohibited

Corporal punishment is prohibited.

Not allowed

Florida law states that foster parents can not enforce any form of corporal punishment.

No corporal punishment is allowed with children in out of home care.

§ 3700.63. Foster child discipline, punishment and control policy

The department may require the removal or correction of other hazardous conditions or circumstances if it is considered to have potential to cause injury or illness to a child in care.

No physical discipline.

Discipline Policy made at initial licensing and all relicensing visit

Foster parents may never use physical discipline with any foster child.

Corporal punishment is not allowed, nor keeping food from the foster child, not locked in a room, closet, box or other device; not subjected to verbal abuse, threats or derogatory remarks about the child or their family; restraints cannot be used.

Presence of pets:

Same as above

Providers shall ensure that household pets are not a health or safety hazard in accordance with state laws and local ordinances, and the LDSS shall request verification of provider compliance.

Florida law requires an assessment of the pets to see if the pet could pose potential harm to the child.

Pets must be safe. There are also local city laws that limit the number of pets.

The department may require the removal or correction of other hazardous conditions or circumstances if it is considered to have potential to cause injury or illness to a child in care.

Must have current vaccinations, no pit-bulls.

When we are aware of a child's allergy, we are sure to place the child in a home without pets that could cause a reaction. We ask about allergies on our placement request forms.

Not part of policy but the application has specific questions regarding pets.

Pet Immunization:

Same as above

Pets should have immunization records.

pets must be immunized and foster parents to provide documentation.

verification must be provided at annual reconsideration

Providers shall ensure that household pets are not a health or safety hazard in accordance with state laws and local ordinances, and the LDSS shall request verification of provider compliance.

Rabies only

Florida law requires all pet immunized.

Pets must be immunized.

The department may require the removal or correction of other hazardous conditions or circumstances if it is considered to have potential to cause injury or illness to a child in care.

Must have current vaccinations

Pet immunizations are required in the foster care licensing file

State Policy

All dogs and cats are required to have rabies vaccinations and any other required shots as required by local ordinances for any pet.

Immunization of foster parent family members:

Same as above

do not place children 0-4 if unimmunized children

The department may require the removal or correction of other hazardous conditions or circumstances if it is considered to have potential to cause injury or illness to a child in care.

State Policy

Usage of Marijuana around foster children:

Same as above

Not directly addressed. Since it is not legal through federal law, the expectation is that foster parent should not be marijuana users

don't do it.

No drug use around our kids

not allowed.

The state's law requires vehicles and homes to be smoke free.

Same as smoking tobacco. Not allowed in the foster home or in front of the children.

The department may require the removal or correction of other hazardous conditions or circumstances if it is considered to have potential to cause injury or illness to a child in care.

Any illegal activity is not allowed around foster children. Children may be placed with foster parents who have medical marijuana cards, but they are instructed to not smoke around the child and to keep the marijuana locked up away from the child.

Q66 - Is there a hotline for foster parents to contact with problems/concerns related to their foster child?

#	Answer	%	Count
1	Yes	77.27%	17
2	No	22.73%	5
	Total	100%	22

If yes to above question:

Q66 A. Is it operational 24-hours a day?

#	Answer	%	Count
1	Yes	70.59%	12
2	No	29.41%	5
	Total	100%	17

Q68 - Who operates this hotline?

Children's Administration

The jurisdiction

The Centralized Intake worker receives the call. Also, Foster Care workers give foster parents their contact information.

Our 24/7 hotline is staffed by agency staff and includes calls from foster parents as well as abuse/neglect calls.

After hours CPS staff for local issues and statewide call center for global issues

VDSS

Department

The Florida State Foster and Adoptive Parent Association

Child abuse hotline is available 24 hours. We are also implementing a Warmline that will be available daily from 5am to 12am.

Each office has an on-call worker 24-7.

Contract Agency operates a Foster parent hotline. Foster Parent can also contact DHHS Intake.

It is operated by the Intake Division as it is the same number as the Child Abuse Hotline.

We have an emergency on-call Social Worker for after regular business hours.

The State pays a contracted provider to staff the hotline.

After Hours

Q67 - Is there a hotline for foster parents to contact with problems/concerns related to the agency or their caseworker?

#	Answer	%	Count
1	Yes	39.13%	9
2	No	60.87%	14
	Total	100%	23

If yes to above question:

Q67A - Is it operational 24-hours a day?

#	Answer	%	Count
1	Yes	44.44%	4
2	No	55.56%	5
	Total	100%	9

Q67 B - Who operates this hotline?

Who operates this hotline?

Children's Administration - Constituent Relations and Washington State Children's Ombuds Office

statewide call center

Department

We have an ombuds office available during work hours. We also encourage resource parents to use the chain of command to express their concerns about social workers, etc.

PA Department of Public Welfare

Each office has an on-call worker 24-7.

Contract agency that provides support to foster families.

Any complaints can be made to the consumer hot line.

Q68 - Is there a process in place for foster parents to provide quality assurance feedback on the functioning of the foster care system in your jurisdiction?

#	Answer	%	Count
1	Yes	65.22%	15
2	No	34.78%	8
	Total	100%	23

Q69 - Please describe the process in place

Quarterly survey on foster parent support and training. This is conducted by Research and Data Analysis. Foster Parents are chosen to participate by random selection. This has been in place for 8 years.

Foster parents are asked to give feedback through the ongoing state child and family service reviews and CQI.

Part of the annual Foster Home Re-evaluation involves obtaining feedback from the foster parent. Written input is obtained from caregivers using the Caregiver Feedback Form. Written input allows caregivers the opportunity to formally evaluate the services provided by DFCS, the impact that fostering has had on their family, and whether or not they wish to continue fostering.

The Foster Parent can contact the department's inquiry line with any concerns or issues.

At recertification foster parents are given a survey to describe and rate their experience with the various parts of the agency. As part of our Quality Parenting Implementation we are setting up a process for written feedback surveys from foster parents regarding interactions and support from their resource managers and also from the childrens case managers. The staff will also be providing feedback about the foster parent.

Local management boards and foster care ombudsman

foster parents participate in focus groups during the QAR process

surveys; public comment (rules, statutes, etc.); ombudsman; exit surveys; advocacy groups

In the re licencing process, foster parent are asked to provide a review of their local agency and staff related to that agency.

A survey is conducted every two years as well as exit surveys.

Annual Survey conducted by Department provides this quality assurance feedback.

Exit interviews plus an person dedicated to foster parent and general issues or concerns within Child Welfare section.

There is an annual survey of all foster parents in the state which asks for feedback and input on many areas, as part of the State's QA/CQI system. The survey is sent out by a private non-profit community agency that is contracted by the State. This agency also compiles the data from the surveys, analyzes it, and presents it as a report to the State.

An annual foster parent survey is sent to foster parents to address their concerns. They may also share their concerns with the social worker and licensing social worker.

There is a staff that responds to complaints and grievances. Info is in the handbook. At least every other year, OCS does a foster parent survey to elicit feedback.