Foster Parent Handbook
SECTION I

INTRODUCTION

Welcome to this wild, exciting, difficult and rewarding journey that is called Foster Parenting. We are truly honored that you have decided to partner with us on this pursuit of caring for Kentucky’s most vulnerable population. We pray this experience is as life changing for you and your family, as we know it will be for the children you serve. This Handbook has been designed for you, the foster/adoptive/respite parent, as a tool for you to utilize to ensure quality services for each youth in your home.

ABOUT ALL GOD’S CHILDREN, INC.

All God’s Children, Inc. was founded in 1996 by Pamela Smith and opened its doors to a full-time residential mother-baby home in April 1999. Pam and her husband, Karl, have served pregnant and parenting teens and their children since 1990, first in their family home; they eventually became special needs foster parents for abused and neglected children.

During many years of working with teenage mothers & babies, the Smith’s saw first-hand how these young lives are faced with multiple and difficult challenges. Many times, these challenges prevent them from successful transition into adulthood and into the unsympathetic demands of society. The Smiths recognized that a wide range of resources needed to be made available to young girls to help them through the crises presented by early pregnancy. Additionally, these resources would be needed to assist them in gaining the skills needed to care for themselves and their children.

Although AGC’s mission began as an opportunity to help vulnerable teenage mothers and their children, God saw fit for this ministry to truly begin serving ALL of his children. The development and growth of other programs, such as the Therapeutic Foster Care program, arose from the need in Kentucky for loving and supportive families for children and youth of all ages.

PROGRAMS

As we have grown over the years, we have developed several programs to assist youth through each stage of development in their lives. For more information on the following, please contact our office or simply ask your case manager.

• Foster Care
• Pre-Independent Living
• Community-Based Parenting Education
• Residential Treatment
• Childcare Center

ALL GOD’S CHILDREN’S THERAPEUTIC FOSTER CARE INFORMATION

Phone  859.881.5010
Fax    859.305.1304
Address: 122 Danville Loop 1 Road Nicholasville, KY 40356
SECTION II

ALL GOD’S CHILDREN, INC. MISSION

AGC provides care and support to young mothers and their children and families. Through Christ-centered ministries, our non-profit organization offers safe, temporary shelter and programs which address their physical, emotional, educational and spiritual needs. By offering sufficient support and life skills, we believe that young women can move beyond challenging circumstances to become loving parents and productive citizens.

ALL GOD’S CHILDREN, INC. VISION

Create a culture in Kentucky where formerly abandoned, abused or neglected youth are connected to caring adults/families and stay connected in supportive relationships developing life skills that help them achieve self-sufficiency.

SECTION III

THE PLACEMENT PROCESS

You are either fully certified or near certification and probably have a lot of questions. One of the most common questions we hear is, “How long does it take to get a placement?”

GREAT QUESTION!

Below we have spelled out the steps of the referral and placement process. As you have learned, no two cases in the child welfare system are alike. But this is TYPICALLY how it works:

1. Regional Placement Coordinators (RPC) receive information on a child(ren) who is in need of a foster placement. This information should include age and gender of the child, type of abuse or neglect he/she experienced, diagnoses, medical conditions, medications, typical behaviors, grade in school, county of origin, etc. For some emergency placements much less may be known.
2. RPC’s send this information to AGC and other private foster care agencies requesting a foster home be found. At AGC, our program director receives these referrals.
3. All God’s Children’s program director or other TFC staff review the referrals and attempt to identify a matching foster family—based on preferences, location, need for supervision, etc. If a
possible match is identified, AGC calls you—the foster parent—and shares information about the child.

4. It is now your decision about accepting this placement or not. Sometimes you will have a few days to decide; sometimes an answer is needed within the hour. If you decide to accept this placement, your program director will submit your Home Study Narrative to the requesting RPC/social worker for review.

5. The social worker reviews any and all Home Studies that are submitted. This process can take several days or a few hours, depending upon how quickly placement is needed.

6. If your home is selected the worker or RPC will contact us to formally “accept” you home for placement and coordination for placement is arranged (date, time, location, etc.).

** AT PLACEMENT **

Placements occur in many different ways. Some occur in the foster home, some at the AGC office and others are at a local DCBS office. It is never known what belongings a child will bring but the things that should be provided are:

1. Medical Passport
2. Letter of Authority (signed by child’s DCBS worker)
3. Child’s DOB and Social Security Number
4. Information about his/her developmental, medical, educational and supervision needs.

** Each foster parent is expected to participate in the treatment planning of children in their homes and ensure appropriate supervision is being maintained. Understanding the needs of the child is key in the development of their future!

Additional Points to Remember:

- You are not alone in the endeavor. AGC staff are here to support you 24/7 if needed;
- The child is being placed in a new surrounding with people, places, and routines that are unfamiliar to them—it will take them some time to adjust;
- There is a certain level of sadness and loss from being removed from their previous placement—even if it was an abusive situation; children need to be allowed to grieve;
- All foster families, especially right after a new placement, should remain open-minded and adaptable. There will inevitably be a lot of new things to figure out for you and for the child;
- Patience is a virtue. Progress is often slow but with consistency **positive change can occur.**
LEVELS OF CARE

Most children in Therapeutic Foster Care will be assigned a Level of Care by The Children’s Review Program (CRP), an agency contracted with the Department of Community Based Services (DCBS). The children will be leveled on a scale from 1(Basic)-5. It is important to consider the typical behaviors of children at these various levels when accepting a placement. The levels of care are directly related to the type of supervision that must be provided. As the child in your home progresses or shows lack of progress the levels of care can change. Quarterly ‘re-leveling’ assessments are completed by your child’s case manager.

Level Criteria

**Basic/Level 1**: Child responds to appropriate and reasonable measures of discipline. Has adequate functioning in all developmental and/or environmental areas; May have transient difficulties, “everyday” worries, and occasional misbehavior.

Children and adolescents at this level need an environment that provides maintenance and ensures emotional and physical well-being. The caregiver provides a routine home environment with guidance and supervision to meet the needs of the child.

**Level 2**: Child has frequent or repetitive minor problems in one or more areas. May engage in nonviolent antisocial acts, but is capable of meaningful interpersonal relationships; Requires supervision in a structured supportive setting with counseling available from professional or paraprofessional staff.

Children and adolescents at this level need structure, educational support, a higher level of supervision, and the development of normalized social skills.

**Level 3**: Child may engage in occasional violent acts and may have superficial or fragile interpersonal relationships and requires supervision in a structured, supportive environment where level of supervision and support may vary from low to moderate proportional to the child’s ability to handle reduced structure.

Children and adolescents at this level of care may occasionally require intense levels of intervention to maintain the least restrictive environment and require a program which is flexible enough to allow both extended trial of independence, when the child is capable, and periods of corrective and protective structure during relapse; Counseling available from professional or paraprofessional staff.

**Level 4**: Child has substantial problems. Has physical, mental or social needs and behaviors that may present a moderate risk of causing harm to themselves or others; Has poor or inappropriate social skills; May have frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.

Children and adolescents at this level of care have physical, mental, and emotional needs and behaviors that may present a moderate risk of causing harm to themselves or others. They require a program in a structured supportive setting with therapeutic counseling available by professional staff. They require
physical environments and treatment programs in which most activities are therapeutically designed to improve social, emotional, and educational adaptive behavior. These children may require psychological or psychiatric services, which are integrated into the program to assess and monitor admission, discharge, and treatment plans.

**Level 5:** Child has severe impairment(s), disability(s), or need(s), or is consistently unable or unwilling to cooperate in their own care. May be severely aggressive or exhibit self-destructive behavior or grossly impaired in reality testing, communication, cognition, affect, or personal hygiene; Presents a severe to critical risk of causing harm to self or others.

Children and adolescents at this level require Level 4 services and have immediate or long-term emotional or behavioral disorders or conditions such that a highly structured program with 24-hour supervision is essential to improve functioning or maintenance. They present a severe to critical risk of causing harm to themselves or others. Children with high risk medical needs require a specialized setting which can safely and effectively care for severe chronic medical conditions which may be complicated by behavior disorders or emotional disturbance. They also need constant supervision (24-hour care) with optimum staffing, in a highly structured setting.

**SECTION IV**

**AGC FOSTER PARENT EXPECTATIONS**

In order to be successful at foster parenting, one should possess some, if not all, of the following qualities:

1. Ability to consider a child’s needs first, to accept the child with warmth and love.
2. Capacity to create an atmosphere of compassion, encouragement, and stability, with needed flexibility.
3. Ability to apply appropriate and consistent consequences for behavior according to policy.
4. Ability and willingness to work in partnership with AGC staff in meeting the child’s needs.
5. Ability to accept birth parents as individuals important to the child and to refrain from making negative comments about parents.
6. Knowledge about development of children and a child’s need for support, protection, encouragement and limit setting at various stages of life.
7. Understanding that foster children have suffered abuse and/or neglect so having the same expectations you had for your biological child is not realistic.
8. Knowledge of community programs which may help the child, and the support that fosters their participation.
9. Ability to keep all information confidential about the child and their family.

**AGC STAFF EXPECTATIONS**

All God’s Children staff are expected to do the following in order to help make placements more successful:

1. Treat the foster parent as a professional part of the team.
2. Listen to what foster parents have to say about the child’s behavior and needs.
3. Return phone calls/email messages promptly—within 24 hours.
4. Visit the child and foster family in the home monthly.
5. Provide foster families with information on how to obtain support.
6. Allow the foster family to have respite.
7. Help foster parent maintain good records when a child enters into their home (i.e. Medical card, medical release form, placement papers, immunization records, etc.).
8. Provide regular and ongoing training and at times training specific to the child’s needs.

SECTION V
CERTIFICATION PROCESS
In order to be certified as an All God’s Children Foster Home, each parent is required the following:

- Program Orientation
- 30 hours of Pre-service classroom training
- CPR/First Aid Certification
- Home Visit/Handbook Review
- 6 Mandatory online trainings
- Required paperwork, home study and other documentation
- Fingerprints/Background Check
- Three Personal/Character references

RECERTIFICATION PROCESS
After your home has been approved, your certification will last for one year. Prior to your recertification, AGC will contact you regarding what is needed for recertification. The following items will be required:

- 24 hours of ongoing training—both online and classroom
- Current CPR/First Aid certification
- Updated Background Checks
- Other updated paperwork
Clients placed in AGC Therapeutic Foster Care shall receive an allowance directly from the Foster Parent according to the rates below. These cannot be reimbursed to foster parent; it is included in monthly per diems.

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 2</td>
<td>$0.00 Allowance          $25.00 Clothing   $6.00 Incidentals</td>
</tr>
<tr>
<td>3 - 4</td>
<td>$1.00 Allowance          $25.00 Clothing   $6.00 Incidentals</td>
</tr>
<tr>
<td>5 - 12</td>
<td>$7.50 Allowance          $35.00 Clothing   $7.50 Incidentals</td>
</tr>
<tr>
<td>13 &amp; Over</td>
<td>$20.00 Allowance       $40.00 Clothing   $10.00 Incidentals</td>
</tr>
</tbody>
</table>

These rates are the state minimum that is required to be spent on children in the above age categories. These rates may be prorated based upon the number of days the child has spent in the home during that month.

Allowances will be paid at the discretion of the foster parent, and may be paid weekly, bi-weekly, or monthly based on the child’s needs. Allowance shall not be held as a disciplinary measure.

Documentation of allowance receipt shall be kept in the client’s chart and is documented on the Foster Parent Daily Documentation form. Client signature shall provide verification that allowance has been received. Case managers are responsible to insure that each client receives allowance and that documentation of such is placed in each client chart.

Receipts should be submitted monthly for clothing purchases foster parents make—all receipts should be clearly marked with child’s name and month/year of purchase.
Critical Incidents shall be documented and reported immediately.

Best practice guidelines insure quality of care provision and treatment of all AGC clients. Individual cases may require more or more immediate intervention than is defined below.

**Suicidal/Homicidal Ideation or Attempts**
Any time a youth expresses any suicidal or homicidal intent, clinical consultation is required. Case Managers with the support of Program Manager or Clinical Supervisor shall assess for intensity and immediate risk to determine if hospital assessment is required. Attempts do require hospital / professional level therapeutic assessment.

**Psychiatric Hospitalization**
Psychiatric hospitalization may occur without Suicidal/Homicidal ideation or attempts. Instances may include a youth who is hospitalized for a medication assessment and/or adjustment, etc. Any hospitalization shall require Clinical Consultation.

**AWOL**
Any AWOL or AWOL attempt should be discussed at the team level to explore possible preventative interventions. If a youth attempts and/or completes multiple AWOL attempts, clinical consultation is required.

**School Suspension/Expulsion**
Any school suspension shall be reviewed to determine if Clinical Consultation is necessary for development of appropriate intervention strategy.

**Injuries**
Any major injury shall be reviewed at the local level and the administrative level. Major injury incidents will be reported to the Program Director for review and trend monitoring.
All God’s Children, Inc.
Foster Care

Subject: Cultural Diversity & Religious Protocol

All God’s Children, Inc. Foster Care Services programs shall make every effort to respect and serve all client backgrounds – this includes racial, ethnic, religious, handicap, geographical location, and cultural backgrounds.

Foster parents should make efforts to explore the cultural identity of foster children and ways to meet cultural identity needs—i.e. attend cultural fairs/festivals/events, acquire books or other resources pertaining to a particular culture, etc. Clients should not be expected to partake in certain cultural or religious practices of his/her foster family if he/she chooses not to. Additionally efforts will be made to meet the child’s religious needs based upon the child’s identified religious preferences.

These services and any specific needs shall be documented in the client’s treatment plan as appropriate.
Discipline is an essential part of childrearing. The purpose of discipline is to teach a child acceptable patterns of behavior that will help him/her become a mature, responsible adult. Therefore, it is important that you recognize and compliment your foster child’s good behavior. You must also discipline in a positive manner that will direct your foster child toward the awareness that he has both the responsibility and the ability to control his own behavior. It is not unusual to have discipline problems with foster children.

Corrective discipline is necessary when the child disobeys or deliberately ignores a clear and reasonable expectation. You may want to keep the following suggestions in mind in choosing and determining an effective means of discipline:

- Consider the child’s age and maturity level;
- Remember the child’s history and past trauma experiences;
- If the child is old enough, discuss the situation with him so that there is an understanding as to how you both think and feel;
- Set definite, enforceable limits and guidelines which are reasonable and realistic for the child’s behavior;
- Let the child know that he/she will have to be responsible for the natural consequences if his/her behavior;
- Relate the consequences to the offense;
- Methods of discipline should be consistent for foster and natural or adoptive children. Explanations to the children should be given if there is a difference in the choice of discipline.

Many foster children have been abused, neglected, emotionally maltreated, exploited or sexually abused. Foster parents must recognize that most foster children may expect to be treated harshly, and may misbehave purposely to elicit harsh treatment from their care providers. It is imperative that foster parents learn the distinction between the discipline needs of foster children and their own children, and that they consult with their Case Manager if they become frustrated in their discipline efforts.

Foster parents shall establish well-defined rules, which set the expectations and limits of behavior. Foster parents shall teach and train each child with techniques that stress praise and encouragement.

Foster parents shall not subject children to verbal abuse, derogatory remarks about themselves or their family members, or threats of removal from the foster home.

Separation from others (or Time Out) must be used with caution because many children in foster care have been abandoned or may hurt themselves when alone. Foster parents must first consult with AGC to learn of any history of abandonment or self-inflicted harm. If separation from others is then used as a control measure, foster parents shall provide it in a well-ventilated room of at least 50 square feet and
within hearing distance of an adult. The maximum time limit shall be determined by the foster parent in consultation with the case manager or Program Director, but shall not exceed 10 minutes for the child less than 12 years of age.

Because of their histories of abuse and maltreatment, the following forms of punishment shall never be used:

- Cruel, severe, bizarre or humiliating actions
- Corporal punishment inflicted in any manner upon the body
- Denial of food, clothing or shelter
- Withholding implementation of child’s treatment plan
- Denial of visits, telephone contacts or mail contacts with family members
- Assignment of extremely strenuous exercises or work

Foster parents shall not punish children for bedwetting or actions in regard to toilet training.

Foster parent shall not delegate or permit punishment of a child by another child.

Physical discipline that produces a mark or bruise will be investigated in accordance with child abuse statutes.

If foster parents use any prohibited form of punishment, there will be a review by AGC with a recommendation for corrective action. The status of the corrective action plan will determine the appropriateness of the foster home remaining open.
All God’s Children, Inc.
Foster Care

Subject: Disruption Prevention

Best practice guidelines insure quality of care provision and treatment of all AGC clients. Individual cases may require more immediate intervention than is defined below.

Whenever possible, teams shall avoid placement disruption. Ongoing discussion and intervention with clients, foster / adoptive parents, and among team members shall be key to maintaining client placements. As necessary, extra resources and alternate interventions shall be utilized to keep treatment flexible to the client’s needs.

In those cases where disruption appears imminent, the Treatment Team shall utilize a meeting with appropriate parties to encourage resolution to any placement problem. This may be done while a client is in emergency respite or prior to this step being necessary. This intervention shall be documented in the client chart.

Teams are encouraged to utilize this intervention whenever disruption of placement becomes a consideration. Earlier intervention is to be utilized whenever possible as a measure to avoid a crisis point. It is important to understand the foster family should request assistance and resources early on and before a problem becomes out of hand.
The AGC Treatment Team will advocate for the client in ensuring that his/her educational needs are being met. AGC foster parents and/or case managers will attend school conferences, parent-teacher meetings, etc. AGC parents are required to notify the case manager of any anticipated change in the client’s educational placement/plan.

If necessary, scheduled study time should be established as part of the client’s treatment plan. In addition, other supportive services including tutors or alternative settings will be secured as deemed necessary by the treatment team. A child’s IEP (Individualized Educational Plan) will be reviewed by AGC staff to ensure the child has access to his/her specialized educational needs while in the foster care setting.

Routine school expenses such as activity fees, field trips, writing supplies and school pictures are the responsibility of the AGC foster parent. At the beginning of every school year, school supplies for children in Kindergarten-12th grade can be reimbursed up to a set amount if receipt is provided. This is a one-time, annual reimbursement and cannot be provided any other time throughout the year.
All God's Children, Inc.
Foster Care

Subject: Emergencies

The following events or behaviors are considered to be emergencies and require the filing of an incident report or written documentation and a telephone contact with AGC staff. On-Call staff shall maintain the emergency cell phone at all times; if no one answers, leave a voicemail requesting an immediate call back and contact police if the situation warrants such action. The appropriate team member should contact the client’s state worker/legal guardian as soon as is possible and no later than 24 hours of notification:

1. Disasters: In the event of a natural disaster or man-made disaster, necessary procedures should be followed to insure the safety of the clients. Appropriate public authorities should be notified when possible. Fire procedures should be outlined and reviewed periodically with clients in care.

2. Dangerous and Destructive Behavior: If a client become dangerous or destructive to him/herself, other clients, the AGC foster family or the family's home, the police should be notified immediately, as well as the family’s case worker/Program Director.

3. Unusual Events: Any unusual events such as the use of drugs or alcohol, a neighborhood problem, vandalism, etc. Specifically: life threatening accident or illness; a suicide attempt; criminal activity by the child requiring notification of law enforcement; death or a child’s possession of a deadly weapon, AWOL or AWOL attempt

4. Substantial Changes in Home Composition: Any safety or significant environment changes require notification as the Agency must conduct an immediate assessment and complete a home study addendum within two weeks. These include, but are not limited to: change in address, change in number of people living in the home or significant change in circumstance in the home.

ON CALL CELL PHONE: 859-553-6898
*This number should only be contacted outside of normal business hours and in event of an emergency.
All God’s Children, Inc.
Foster Care

Subject: Foster Home Corrective Action

All God’s Children will conduct immediate assessment and corrective action as needed. Any suspected abuse or neglect will be reported to the Department of Community Based Services.

The following are some instances in which this will apply:

- Use of punishment that includes: cruel, severe, of humiliating actions, corporal punishment inflicted in any manner;
- Denial of food, clothing or shelter;
- Withholding implementation of the child’s ITP;
- Denial of visits, telephone or mail contacts with family members, unless authorized by court;
- Assignment of extremely strenuous exercise or work;
- A report of abuse, neglect or dependency that results in a finding that is substantiated or reveals concern regarding the area of the child;
- If the parent is cited with, charged with, or arrested due to a violation of law other than a minor traffic offense;
- Factors identified by AGC that jeopardize the physical, mental or emotional well-being of the child.
All God’s Children, Inc.
Foster Care

Subject: Health and Dental Services

Policy: All AGC clients receive necessary health and dental services and guidance to promote good health.

1. Upon entry into an AGC foster home, all clients will be referred for an initial medical, dental and vision screening/exam within the first 2-weeks of placement. Immediately medical services will be sought if needed.
2. Medical records will be requested and provided to foster parent when applicable; these records should be maintained in client’s Medical Passport.
3. Medical, Dental and Vision examinations conducted by qualified medical practitioners will occur at least annually for each child in care.
4. All medical appointments will be documented by utilizing the 106 forms; these should be kept in the child’s Medical Passport and are available upon request by your case manager.
5. The qualified medical practitioner shall report, in writing, observations and findings including:
   a. Developmental history of the child, illnesses, operations, and immunizations if available to the physician;
   b. Any limitation the child may have that may prevent participation in an activity scheduled by the child-caring facility;
   c. Visual and auditory examination results;
   d. Recommendation and order for future care, treatment, and examinations;
   e. TB skin test results, unless contraindicated by a qualified person under the supervision of a licensed physician; and
   f. Other tests for communicable disease (including VDRL, HIV, and other STD examinations) as indicated by the medical and social history of the child.
6. Clients who complain of illness and/or injuries will be referred for an appointment to be scheduled with contracted and/or community physician. The primary care physicians may refer to a variety of specialists for assessments and provision of specialty care.
7. Laboratory and phlebotomy services will be scheduled with local service providers following a written or verbal order by either the client’s primary care physician or psychiatrist.

AGC ensures that all clients receive referrals and are escorted to health and dental service providers in the community, as necessary. When foster parents provide information to a child’s physician, he/she should not list foster parent’s name or personal address on medical records. Rather, the child’s DCBS worker’s name and home county DCBS address should be provided—this information should be listed in child’s Medical Passport or is available upon request.
Prior to certification and annually thereafter, each foster/adoptive home is reviewed for safety. The Initial Safety Review form shall be documented prior to foster home certification to insure in-home safety guidelines are met as required in state regulations. These include working smoke detectors throughout the home and at least one fire extinguisher.

In addition, for homes with pets, swimming pools, and/or special playground or recreation equipment, a separate form shall be completed documenting that appropriate safety precautions are in place.

Pets: Homes with pets shall be required to produce documentation of appropriate vaccination and other shots for animals that live in the home. The case manager or Program Director shall review this information during the annual safety check.

Other animals: Youth shall have limited access to animals kept outside the home (farm animals, etc.). Any contact with farm animals, etc. shall be supervised by an appropriate adult.

Swimming pools: Pools should be enclosed in a fenced area when practical. Youth should not be allowed in the area without adult supervision. Additionally, the adult supervisor shall be certified in CPR/First Aid.

Playground Equipment: Equipment such as trampolines shall be used with adult supervision and with appropriate available safety equipment. Trampolines should have the safety nets installed. Other equipment shall be made as safe as possible.
All God’s Children foster care clients shall be provided the service of Life Book development. Whenever possible and appropriate, the client shall be encouraged to actively participate in the Life Book process. All children in the custody/committed to the Cabinet must maintain a Life Book as a part of the Child Youth Action portion of the family’s case plan.

The state shall reimburse for Life Book expenses. AGC can authorize foster parent expenditures for no more than $70 for the start-up of the Life Book process and up no more than $25 each six months thereafter. All receipts should be attached to the monthly invoice form with standard end of the month reimbursement. The program should maintain a copy of all receipts and approvals in the client’s chart.

This reimbursement shall be used to support creation of a Life Book for clients. Examples of items appropriate would include a nice scrapbook, a disposable camera for the client to use for the Life Book exclusively, photocopying fees, etc.

Life Books shall be maintained in the care providing home where the youth can access it and work on it along with their AGC foster parent. Life Book progress will be reviewed during monthly parent supervisory visits to insure that foster parents and case manager are actively contributing to the book’s development regardless of the youth’s willingness to participate.
Subject: Medication

Clients are expected to take medications as prescribed. As part of the therapeutic milieu, case managers and AGC parents should provide education to the youth regarding the medication prescribed and its purposes and effects. Clients with ongoing medications should have each medication listed on their Individual Treatment Plan.

All medications (prescribed or over-the-counter) in a care providing home are to be kept in the original containers and are to be kept locked and out of easy access of youth placed in the home.

AGC foster parents are responsible for monitoring that the correct dosage is taken at the correct time. Monthly Medication Logs shall be maintained for youth prescribed medications. These logs should be submitted to youth’s case manager monthly and any Medication Errors should be clearly documented.

If a medication is to be taken in an out of home setting such as school or camp, it is the foster parent’s responsibility to make sure that the correct medication, in original containers, and instructions are given to the responsible adult (camp counselor, school nurse, etc.) The youth should be instructed as to where and when to go to get their medication. The foster parent should follow up with the site staff to insure that medication was taken as scheduled and appropriate documentation should be made.

Exceptions to this protocol may include: medications that must be refrigerated (injections, antibiotics, liquid medications), medications that must be readily accessible for emergencies (insulin, epi-shots, etc), or in cases where the psychiatrist (or other licensed treatment specialist) recommends that the medication be self-monitored/administered by the client.

Any exception will be determined on an individual basis by the treatment team and will be documented in the client’s treatment plan. Exception decisions will take into consideration the safety of other youth/clients in the household along with the needs of the client to whom the medication is prescribed.
Subject: Natural Family: Visits and Contacts

The Cabinet for Health and Family Services will be responsible for the provision of services to the natural family in order to rehabilitate the home. The natural parent(s), extended family, and/or kinship caregiver will be included whenever practical in developing the visitation agreement unless impractical to do so. The foster placement will be located as near as possible to the biological parent/extended family/kinship caregiver’s home to facilitate visitation, if the plan is to return the child to the home.

The AGC Foster Care Program shall be responsible for notifying the foster parent(s) of the amount of contact (if any) the child will have with his/her natural parents, extended family or kinship caregivers. The Program Director/Case Manager will instruct the AGC foster parent(s) regarding their role with the natural parents including visitation and phone calls.

It is the expectation of the AGC Foster Care Program that foster parents and agency staff will encourage visitation, phone calls, and written correspondence between clients and appropriate family contacts. While foster parents will never be required to supervise visits between children and natural family; foster parents will be expected to assist—in collaboration with agency staff and DCBS—in transporting children to and from visits with family members.
All God’s Children, Inc.
Foster Care

Subject: Overnight Visits / Out of Town Trips

AGC staff and the DCBS worker home must approve overnight visits longer than two nights away from the foster in advance. Whenever a child is away from the foster home, the agency must have information about the child’s whereabouts in the event of an emergency. Older youth are permitted to spend the night at friend’s house, short school/church trips and camps per PL 113-183 under the Reasonable and Prudent Parenting Standard. This is a mandatory training for all foster parents in the state of Kentucky and is an effort to normalize youth in the foster care system.

Out of town trips: DCBS must approve, in advance, any travel arrangements for the child and provide the foster family with a ‘Travel Letter’ for the family to keep on their person while traveling out of town. At least a two week notice is preferred in seeking permission to take a child on an out-of-town trip; more notice may be needed for situations requiring parental or court approval.

If you are planning a trip that includes the child:
• Notify your Case Manager of anticipated trip, dates, and details of the trip
• Request written authorization for the trip
• Provide emergency contact numbers where you can be reached

If you are planning a trip without the child, All God’s Children should be notified within the same time frame so as to assure the continued care during your absence. Foster parents can make arrangements for respite by utilizing other AGC foster families but should still be reported to agency for documentation. If foster family has difficulty finding a family, respite arrangements can be found via AGC case manager or program director.
All God’s Children, Inc.
Foster Care
Subject: Parent Compensation

In order to receive compensation for care and reimbursement for expenses families must first received
approval from staff. Families must submit monthly expense invoices with appropriate receipts attached.
The following are required for an AGC foster parent to be reimbursed:

1. **Daily Per Diem** -- Families will receive compensation on a per diem basis for room, board, and
   supervision of each youth in their care. They will receive this compensation for the day a youth is
   placed in their home; but, not for the day a youth leaves. Families should receive compensation
   by the 15th day of the month following the month of service; typically earlier. The AGC staff will
determine the standardized per diem rate and notify the family of the rate prior to placement.
   This will be primarily determined based upon the child/youth’s ‘Level of Care,’ as determined by
Children’s Review Program.

2. **Mileage**-- AGC will reimburse mileage after 40 miles, one way, to foster parents. An attached
   ‘Travel Log’ is required when requesting this form of reimbursement, which indicates reason for
   travel, starting address, destination address and date of travel. The rate per mile is adjusted
   quarterly based as determined by CHFS.

3. **Christmas and Birthdays**-- AGC may reimburse up to $60 for Christmas expenditures & $25 for
   birthdays. Christmas expenses can only be reimbursed at the end of December. Birthday
   expenses can only reimbursed the month of the child’s birthday.

4. **Lifebook**—see above regarding Lifebook reimbursement.

5. **School Expenses**—see above regarding school expense reimbursement.

6. **Senior Expenses**—Youth who are in the 12th grade can be reimbursed for PRE-APPROVED
   expenses as determined by the youth’s DCBS regional staff.

Any items foster parents intend to include for reimbursement should be included as a “line item” on the
end of month Foster Parent Invoice Form. These items should be clearly labeled, with each child’s first
and last name, the total amount and appropriate documentation attached or reimbursement may not
occur.
All God’s Children, Inc.
Foster Care

Subject: Foster Parent Grievances

During the course of providing Treatment Foster Care, if problems develop between the care providing family and the Agency, the AGC foster parent(s) shall abide by the following guidelines:

1. Address the problem with their Case Manager first;
2. If resolution of the problem is not attained, then the foster Parent(s) will need to present their problem to the appropriate supervisor; namely the Program Director;
3. If resolution of the problem remains unattained then the AGC parents will need to present the problem, in writing, to the Executive Director;
4. The Executive Director will request a meeting within three days of receipt of letter, with the parties involved in order to seek a resolution. The case manager/Program Director may be asked to be a part of this meeting initially;
5. The Director will send a written statement of the resolution to all involved parties within two weeks of the meeting.
A post-training survey shall be completed after all Foster Parent training events. The Training Survey shall be utilized by agency staff as a measurement to insure ongoing improvement of our service provision and support provided to our foster families.

The surveys shall be completed as the last item during every training. Completion of the forms is voluntary but should be encouraged as a way for staff to know where improvement can be made.

The trainer should tally the scores per survey instructions and provide that information to their Case Manager on a regular basis. This information may then be used to work towards more effective future training.

At no time shall punitive action be taken against any parent / applicant for negative answers. Surveys are only to be used for program review of its own performance.

Any foster parent training completed by agency parent should be documented either by a post-survey training survey, certificate or other form of documentation. For classroom trainings, it is necessary for participating families to always sign-in to receive training credit. Without these records foster parents cannot be awarded training hours.
All God’s Children, Inc.
Foster Care

Subject: Possession Search

A client’s belongings/room may be searched for cause when deemed appropriate by treatment team members. Suspicion of possession of drugs/drug paraphernalia, weapons, or other harmful objects/substances is reasonable cause for a search.

All God’s Children foster parents shall be trained to notify their case manager or other staff representative if any of the above is a concern. At least one staff member and one AGC parent should be present for all searches. The client(s) shall be made aware that a search is going to occur and the reason for the search and given the opportunity to volunteer the location of any inappropriate items. Notification of the search should occur as close as possible to the actual time of the search to minimize client distress. Clients shall be allowed to observe the search from the doorway of the room/area.

Searches should occur for client / household safety only. At no time shall a search be used as a punishment. Staff/foster parents shall respect client dignity at all times. During the search, client possessions shall not be thrown about or unnecessarily disrupted (for example: clothing can be pulled out of the drawers and shaken if necessary; but should then be laid upon the bed or other clean surface).

As a matter of privacy, client journals, private letters, etc. shall not be read as part of a search unless specifically deemed necessary for client safety.

Upon admission, clients shall be informed that their possessions may be searched by staff / foster parents under certain circumstances. Clients shall sign the Possessions Search acknowledgement form at time of intake. The case manager will explain this procedure to the client at this time. These circumstances include but are not limited to: return from home visit, return from AWOL, suspicion of substance use, suspicion of weapon possession, etc.
The following are required services provided to families and clients:

1. Weekly contact with client and/or foster family, and more often as needed, to assess for safety, well-being, visitation issues, other service recommendations;
2. Bi-monthly visits with the child will also occur with the family, client and case manager. Most often, these visits will be arranged ahead of time;
3. AGC treatment staff shall provide at minimum, bi-monthly, as appropriate and prescribed in the clients ITP, counseling for clients in care;
4. Family therapy is encouraged and provided by agency staff according to child’s Treatment Plan and Family Case Plan. In adoptive situations, foster families may be invited to participate in family therapy with child as well;
5. Emergency services are available to all AGC families and clients on a twenty-four hour per day, seven-day per week basis. Families and clients have contact telephone numbers of on-call personnel and are instructed as to when and how to reach AGC staff for assistance. The case manager shall maintain communication with the state worker/legal guardian. The case manager will insure notification of critical incidents, treatment issues, and/or changes in placement as well as ongoing progress notification;
6. Independent Living Skills shall be part of the treatment provision for all clients age 12 and older. Foster parents and All God’s Children staff will work together utilizing a skill assessment to determine areas of need. Foster parents will work with client to develop Independent Living skills.
7. Referrals for Outside Services—as deemed appropriate by the treatment team, agency will refer child for outside services not provided by agency (i.e. medication management/psychiatric services, Occupational Therapy, Speech Therapy, other specialized therapeutic models, etc.
All God’s Children, Inc.
Foster Care

Subject: Recruitment of Foster Parents

Provision of services to our youth is enhanced by agency efforts to recruit foster / adoptive parents from all backgrounds in both rural and urban settings. Methods of recruitment include working with local churches, community organizations, regional sectarian organization, and advocacy groups. The agency uses printed and electronic media, public appearances, posters, brochures, and word of mouth to recruit a diverse foster parent base.

Applications for foster and adoptive caregivers can be accessed via mail, phone, or in the office. Applicants will not be denied or delayed based upon race, color, creed, religion, national origin, or handicap.

Per Kentucky regulations, foster caregiver applicants must be age 21 or older. In agreement with FFTA Standards, AGC promotes equal opportunity with respect to recruitment, selection, training, supervision, and ongoing support of foster parents without regard to race, color, marital status, religion, national origin, ancestry, sex, age, sexual orientation, physical handicap or medical condition within the context of applicable state/local regulations. The decision to foster shall be agreed to by all members in the household, including children of appropriate age.

All applicants must complete agency paperwork, orientation, and training per policy prior to certification. AGC staff will provide flexible training / working hours and locations for those applicants who require such.

Training will include basic safety, CPR/First Aid, Parenting Skills, Cultural Diversity, De-escalation techniques, Crisis Management, Mental Health Issues, etc. (see training procedure for further detail). Specific trainings will be provided, as needed in situations such as cases where there is a possible language barrier or uncommon medical need.

**Foster Parent Recruitment Bonus** is a program used to incentivize word of mouth referrals for new foster families. Any active AGC foster family who recruits a new family for certification may qualify for this bonus. Once the new family is officially certified and active, the referring family is entitled to $150. After the recruited family is active for 6-months, the referring family is entitled to an additional $150.
Subject: Respite Service

The AGC Foster Care Program will feature an exceptional amount of flexibility for planned and crisis respite, permitting a gradual integration into a family. Reasons for emergency respite care may include the client’s destructive or aggressive behavior, a death in the foster family, severe illness, or other crises. Respite may be scheduled to promote the client’s independence and to allow rest for the foster parent/family. The Case Manager or designee must approve all respite. Respite must occur in an approved home.

Pertinent information regarding the youth should be provided to respite provider prior to placement. This should include, but is not limited to, medications and other health related information, contacts, behaviors, or education needs.

Respite Care Providers will be compensated at the youth’s standardized per diem rate. The parent will not receive their daily per diem when the client is on respite.

The respite provider will submit a Daily Progress Note to the case manager documenting activities the occurred while the youth was on respite. This information will be reviewed by the case manager and filed in the youth’s chart.
An Individual Treatment Plan or ITP is developed for all clients in care. The client, the biological/natural family (including extended family & kinship caregivers), the treatment family, the treatment team, social worker and the case manager all take part in developing an ITP.

Initial and ongoing treatment plans shall be completed per agency policy. As a treatment team, appropriate AGC representatives (including resource parents where applicable) and professional staff in collaboration with the biological parents/extended family/kinship caregiver and the Cabinet for Health and Family Services develop and implement the individualized treatment plan for the client in care.

The treatment plan addresses the identified needs of the client:

1. Family Relationships
2. Education / Developmental
3. Mental Health
4. Cultural / Recreation
5. Physical Health
6. Independent Living (youth 12 and older)
7. Discharge/Permanency Planning

Included under these headings are visits, religious opportunities, counseling and special activities. The ITP will specify problems, strengths and goals agreed upon and indicate clearly what the client, All God’s Children, the biological family, the referring treatment team and Cabinet for Health and Family Services will do and when they will do it in order to reach the goals.

Developing a useful ITP requires skillful negotiation and contracting to assure that all parties have appropriate input and the rights of all parties are considered and respected. The client shall have the opportunity to participate in the process of developing his/her treatment plan. The ITP can be modified at any time by mutual consent of all parties.

State regulations require that the Cabinet formally review ITP’s for Health and Family Services at six-month intervals. A ‘Family Team Meeting’ may be called to address these potential changes/updates with DCBS personnel. Per policy, AGC reviews the treatment plans at three-month intervals. Copies of these plans should be provided to youth and foster families, when appropriate.
Subject: Youth Supervision

By definition, treatment level youth (state level 4 & 5) usually require more supervision than non-treatment youth. Treatment youth shall be placed with certified therapeutic foster families and supervised per their individual treatment plans primarily by certified foster parents, AGC staff or approved childcare providers.

In instances of childcare, it may be determined that additional training requirements also be met; this determination will be made at the program level with Director’s approval.

Special arrangements for overnight visits may be made with specific written permission from the youth’s state worker and office supervisor. It is further recommended to gain signature of the SRA or designee if possible. Typically, this privilege will not be requested for children who have been placed for less than six months.

Each child/youth will have a detailed ‘Supervision Plan’ outlined in his/her Individual Treatment Plan that indicates the level of appropriate supervision necessary for safety and well being.