

# GUIDING LIGHT

LEADING BY FAITH & KNOWLEDGE

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## HANDBOOK FOR FOSTER HOMES

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# INTRODUCTION TO FOSTER CARE

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## I. DEFINITION:

PLANNED TEMPORARY OR EXTENDED SUBSTITUTE FAMILY CARE AND FAMILY LIVING FOR A CHILD WHOSE PARENT(S), FOR ANY NUMBER OF REASONS, CANNOT CARE FOR HIM/HER.



## II. PURPOSE AND OBJECTIVES:

- A. PROVIDE EXPERIENCE AND CONDITIONS THAT ENHANCE MATURATION, PROTECT FROM FURTHER INJURY, AND CORRECT PROBLEMS THAT HERETOFORE BLOCKED PERSONALITY DEVELOPMENTS, THEREBY HELPING THE CHILD TO BECOME PERSONALLY AND SOCIALLY RESPONSIBLE.
- B. PROMOTE THE COMPLETION OF THE PLAN FOR PERMANENCY, WHETHER IT IS TO REUNITE THE CHILD WITH BIOLOGICAL PARENTS OR TO PROVIDE A FAMILY LIVING SITUATION PENDING INDEPENDENT OR OTHER LIVING SITUATION.

## III. DESCRIPTION OF CHILDREN:

### A. ORIGIN:

- 1. COURT ORDERED FROM CHILDREN'S PROTECTIVE SERVICES.
- 2. PRIVATE REFERRALS – CONTINGENT ON THE PARTY'S ABILITY TO PAY.

### B. CHARACTERISTICS

- 1. PRIMARY MEDICAL NEEDS
- 2. INTELLECTUAL DISABILITIES
- 3. IN NEED OF BOUNDARIES
- 4. DEALING WITH SEX ABUSE AND/OR SEX OFFENDER ISSUES
- 5. MAY STRUGGLE WITH SUICIDAL IDEATION
- 6. FACE SEPARATION AND GRIEF ISSUES
- 7. ARE AGGRESSIVE AND/OR OPPOSITIONAL

## IV. PHILOSOPHY:

IN SERVING THE YOUTH, IT IS IMPERATIVE THAT THE WHOLE FAMILY BE SERVED WITH THE GOAL OF REUNITING THE FAMILY. WITHOUT THE FAMILIAL SUPPORT, CHANGES CHILDREN MAKE WHILE INVOLVED IN THE PROGRAM WILL NOT BE STABLE. A "TEAM" APPROACH HAS BEEN CONSIDERED THE MOST EFFECTIVE, WITH GUIDING LIGHT WORKERS, THE FOSTER FAMILY, SCHOOL PERSONNEL, COUNSELOR, PASTORS, AND ANY OTHER RESOURCES BEING APPLIED TO THE CHILD AND HIS FAMILY TO REACH GOALS FOR EACH INDIVIDUAL CHILD.

## ACTIVITIES

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### I. FAMILY

THE CHILD IS TO PARTICIPATE IN ANY ACTIVITY THE FOSTER HOME DOES TOGETHER AS A FAMILY UNIT. (CHURCH –BASED UPON A PRE-PLACEMENT AGREEMENT BETWEEN THE CHILD AND FAMILY, VACATIONS, REGULAR CAMPING TRIPS, PICNICS, WEDDINGS, ETC.)

### II. RECREATIONAL

AS A CHILD-PLACING AGENCY, GUIDING LIGHT SUPERVISES MANY FOSTER HOMES, EACH HAVING ITS OWN RECREATIONAL RESOURCES WITHIN THE HOME AND THE COMMUNITY. CHILDREN'S RECREATIONAL NEEDS ARE APPRAISED AT INTAKE AND FOSTER FAMILIES POSSESSING THE NECESSARY RECREATIONAL RESOURCES ARE SOUGHT. THE CHILD'S STRENGTHS, NEEDS, AND APTITUDES ARE MATCHED TO AN INDIVIDUALIZED PROGRAM. FOSTER PARENTS MUST HAVE PLANNED ACTIVITIES AND PROVIDE THE FOSTER CHILDREN WITH ACTIVITIES THAT ARE SPONTANEOUS (SUCH AS GOING OUT TO EAT AFTER CHURCH EVERY SUNDAY AS A PLANNED ROUTINE EVENT AND A TRIP TO THE ZOO ON A RANDOM SATURDAY AS A SPONTANEOUS ACTIVITY), ACTIVITIES MUST BE INCLUDED WHICH ADDRESS THE CHILD'S THERAPEUTIC NEEDS, PROVIDE AN OUTLET FOR STRESS, AND ALLOW THE CHILD TO ENJOY HIM/HERSELF, GIVEN THE CHILD'S INTERESTS AND APTITUDES. CHILDREN MUST HAVE INPUT INTO THE TYPES OF RECREATIONAL ACTIVITIES IN WHICH THEY PLAN TO PARTICIPATE. FOR THE SMALL PERCENTAGE OF CHILDREN WHO HAVE A DEVELOPMENTAL DISABILITY, INTELLECTUAL DISABILITY, OR MEDICAL CONDITION, ACTIVITIES MUST FIT THE CHILD'S NEEDS OR BE MODIFIED. CAREGIVERS MUST INTERVENE AS NECESSARY TO REDUCE THE RISK OF AND OCCURRENCE OF ANY AND ALL INJURIES DURING RECREATIONAL ACTIVITIES. CULTURAL COMPETENCE- CHILDREN MUST PARTICIPATE IN ACTIVITIES TO PRESERVE A CHILD'S CULTURAL IDENTITY AND COMMUNITY. FOSTER FAMILIES ARE TO PROVIDE ACTIVITIES AND INFORMATION THAT PROMOTE THE FOSTER CHILDREN'S CULTURE, RACE, ETHNIC BACKGROUND, AND RELIGION. FOSTER PARENTS NEED TO USE A "REASONABLE AND PRUDENT PARENT STANDARD" TO DECIDE WHETHER A CHILD MAY PARTICIPATE IN AN UNSUPERVISED ACTIVITY. CHILDREN NEED TO PARTICIPATE IN CHILDHOOD ACTIVITIES, INCLUDING UNSUPERVISED CHILDHOOD ACTIVITIES, AS MUCH AS POSSIBLE. THE CHILD NEEDS THE OPPORTUNITY FOR NORMAL ACTIVITIES WITH FRIENDS AND GUIDING LIGHT WILL ASSIST THE FOSTER PARENTS TO OBTAIN PHONE NUMBERS OF FRIENDS AND ANY OTHER PERSON THE CHILD HAS A BOND, AND ESTABLISH A PLAN FOR SUPERVISION AS APPROVED BY CPS.

THE SCHEDULE AND THE CHILD'S PARTICIPATION IN ACTIVITIES SHOULD BE DOCUMENTED IN THE CHILD'S CPOS. THE THERAPEUTIC VALUE OF THE ACTIVITIES OF EACH SPECIALIZED SERVICE LEVEL CHILD WILL BE INCLUDED IN THE CHILD'S CHILD PLAN OF SERVICE (CPOS).

PARTICIPATION IN SCOUTING, SCHOOL ACTIVITIES, AND OTHER LEISURE TIME ACTIVITIES WILL BE AT THE EXPENSE AND DISCRETION OF THE FOSTER PARENTS IN CONJUNCTION WITH GUIDING LIGHT TREATMENT TEAM INPUT CONSIDERING THE NEEDS OF THE CHILD.

## ALLOWANCE

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- I. THE FOSTER PARENTS ARE EXPECTED TO GIVE EITHER AN ALLOWANCE OR SPENDING MONEY, DEPENDING ON THE METHOD USED BY THE FOSTER HOME. THE EXPERIENCE OF MANAGING AN ALLOWANCE OR SPENDING MONEY TEACHES THE CHILD FINANCIAL RESPONSIBILITY IN PREPARATION FOR ADULT LIVING.
- II. MONEY A CHILD RECEIVES AS AN ALLOWANCE MUST BE HIS PERSONAL PROPERTY. THIS MONEY SHOULD NOT BE WITHHELD AS PUNISHMENT OR CONSEQUENCE FOR THE CHILD'S NON-COMPLIANCE WITH CHORES UNLESS THIS ACTION HAS BEEN PRE-APPROVED AND INCLUDED IN THE CHILD'S SERVICE PLAN. THE CHILD HAS A RESPONSIBILITY TO NORMAL CHORES (KEEPING HIS ROOM CLEAN, DISHES, FEEDING ANIMALS, ETC.) APART FROM THE RECEIPT OF ALLOWANCE OR SPENDING MONEY.
- III. A CHILD MUST NOT BE REQUIRED TO USE HIS PERSONAL MONEY TO PAY FOR ROOM AND BOARD, UNLESS IT IS PART OF THE SERVICE PLAN AND APPROVED IN WRITING BY THE TREATMENT TEAM. PAYING FOR TRANSPORTATION OUT OF A CHILD'S ALLOWANCE IS PROHIBITED. THIS CANNOT BE A CONSEQUENCE OF INAPPROPRIATE BEHAVIOR. IF NOTED IN THE CPOS, THE MONEY CAN BE WITHHELD FROM THE CHILD'S ALLOWANCE ONLY IF THE AMOUNT IS SET ASIDE TO BE RETURNED TO THE CHILD AT DISCHARGE.
- IV. A CHILD'S MONEY MUST BE ACCOUNTED FOR SEPARATELY FROM THE AGENCY'S FUNDS OR THE FUNDS OF THE FACILITY OR FAMILY WITH WHOM HE IS PLACED.



## APPEALS

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### I. THE CHILD'S RIGHT TO APPEAL

#### THE CHILD MUST BE INFORMED OF HIS/HER RIGHT TO APPEAL UPON PLACEMENT.

- A. IF THE CHILD HAS A PROBLEM, HE/SHE SHOULD DISCUSS IT WITH THE FOSTER PARENTS.
- B. IF THE CHILD FEELS HE/SHE IS UNABLE TO DO SO, SHE/HE SHOULD DISCUSS THE PROBLEM WITH HIS/HER CASE MANAGER OR THERAPIST.
- C. IF THE CHILD FEELS THE PROBLEM IS UNRESOLVED, SHE/HE MAY CONTACT THE PROGRAM DIRECTOR OR OTHER ADMINISTRATORS AT GUIDING LIGHT.

THERE ARE NO LIMITS TO ANY OF THESE STEPS AND THE YOUTH ARE PERMITTED TO CONTACT THE MANAGING CONSERVATOR AT ANY TIME IT IS FELT THAT THE PROCESS HAS NOT BEEN EFFECTIVE.

### II. THE FOSTER PARENT'S RIGHT TO APPEAL

- A. UPON DECIDING TO APPEAL FOSTER PARENTS WILL FIRST NOTIFY, IN WRITING, THE GUIDING LIGHT CASE MANAGER. THE WRITTEN APPEAL NOTICE SHOULD INCLUDE THE BASIS FOR THE COMPLAINT, THE PARTIES INVOLVED, AND THE DATES AND TIMES OF OCCURRENCES. THIS NOTICE MUST THEN BE DELIVERED VIA CERTIFIED MAIL WITH A RETURN RECEIPT REQUESTED.
- B. IF THE MATTER IS NOT RESOLVED FOLLOWING THE GUIDING LIGHT CASE MANAGER'S RESPONSE, THE CLIENT MAY SEND A COPY OF THE WRITTEN APPEAL TO THE PROGRAM DIRECTOR IN THEIR LOCAL GUIDING LIGHT OFFICE. THE PROGRAM DIRECTOR HAS TEN WORKING DAYS TO RESPOND. ALL COMMUNICATIONS ARE TO BE DELIVERED VIA CERTIFIED MAIL WITH A RETURN RECEIPT REQUESTED.
- C. IF THE MATTER IS NOT RESOLVED FOLLOWING THE GUIDING LIGHT PROGRAM DIRECTOR'S RESPONSE, THE CLIENT MAY SEND A COPY OF THE WRITTEN APPEAL TO THE EXECUTIVE DIRECTOR IN THE AUSTIN OFFICE. THE EXECUTIVE DIRECTOR HAS TEN WORKING DAYS TO RESPOND. ALL COMMUNICATIONS ARE TO BE DELIVERED VIA CERTIFIED MAIL AND A RETURN RECEIPT REQUESTED.
- D. THE FINAL INTERAGENCY APPEAL LEVEL IS TO THE GUIDING LIGHT BOARD OF DIRECTORS. THE PRESIDENT AND THE VICE-PRESIDENT OF THE BOARD WILL REVIEW THE APPEAL. THE PRESIDENT AND THE VICE-PRESIDENT HAVE TEN WORKING DAYS TO RESPOND. ALL COMMUNICATIONS ARE TO BE DELIVERED VIA CERTIFIED MAIL WITH A RETURN RECEIPT REQUESTED.

#### **NOTE:**

QUESTIONS, CONCERNS, OR DISAGREEMENTS REGARDING POLICIES, INTERPRETATIONS OR DETERMINATIONS MADE BY THE DEPARTMENT OF PROTECTIVE AND REGULATORY SERVICES WILL BE BROUGHT TO THE ATTENTION OF THAT AGENCY IN ACCORDANCE WITH ESTABLISHED ADMINISTRATIVE PROCEDURES, IF ANY, OR OTHERWISE AS APPROPRIATE. IN NO EVENT SHALL COMPLAINTS OR APPEALS BE FILED WITH DFPS WITHOUT EXPRESS PRIOR APPROVAL BY THE GUIDING LIGHT EXECUTIVE DIRECTOR.

## BEHAVIORAL HEALTH SERVICES

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### A. THERAPY

GUIDING LIGHT WILL ENSURE THAT THERAPY IS AVAILABLE AND PROVIDED TO EACH CHILD AS NEEDED BY A STAR HEALTH NETWORK PROVIDER. IN THE EVENT THAT COMMUNITY RESOURCES ARE NOT AVAILABLE FOR BEHAVIORAL HEALTH SERVICES AND/OR MEDICAID DOES NOT COVER THE SERVICES, GUIDING LIGHT SHALL BE FINANCIALLY RESPONSIBLE FOR PROVIDING BEHAVIORAL HEALTH SERVICES. HOWEVER, ALL REQUIRED SERVICES ARE CURRENTLY COVERED BY MEDICAID. THERAPY IS TO BE PROVIDED OUTSIDE OF SCHOOL HOURS, WHEN POSSIBLE.

### B. PSYCHOLOGICAL EXAMS

1. EACH CHILD'S INTELLECTUAL FUNCTIONING MUST BE RE-EVALUATED AT LEAST EVERY THREE YEARS BY A PSYCHOLOGIST QUALIFIED TO PROVIDE PSYCHOLOGICAL TESTING; OR
2. A PSYCHOLOGIST MUST DETERMINE THE NEED AND FREQUENCY FOR A SPECIFIC CHILD'S INTELLECTUAL FUNCTIONING TO BE RE-EVALUATED, SUCH AS A YOUNG CHILD WHO MAY REQUIRE MORE FREQUENT TESTING. THIS DETERMINATION, INCLUDING JUSTIFICATION FOR THE TIME FRAME, MUST BE DOCUMENTED IN THE CHILD'S RECORD ANNUALLY BY THE SERVICE PLANNING TEAM.

### C. CANS ASSESSMENT

ALL CHILDREN, BETWEEN THE AGES OF 3 AND 17 YEARS OLD, THAT ARE NEW TO DFPS CONSERVATORSHIP WHEN PLACED IN GUIDING LIGHT'S CARE MUST RECEIVE A CHILD AND ADOLESCENT NEEDS AND STRENGTHS ASSESSMENT (CANS) WITHIN 30 CALENDAR DAYS OF ENTRY INTO DFPS CONSERVATORSHIP. THE CANS MUST BE CONDUCTED BY A LICENSED PROFESSIONAL APPROVED BY STAR HEALTH. A LIST OF APPROPRIATE LICENSED PROFESSIONAL THAT CAN CONDUCT THE CANS IS ON THE STAR HEALTH WEBSITE.

- THE INTAKE WORKER WILL RECEIVE CONFIRMATION THAT THE CHILD IS NEW TO CARE PRIOR TO PLACEMENT.
- GUIDING LIGHT STAFF WILL INFORM THE FOSTER PARENT THAT THE CHILD QUALIFIES FOR A CANS ASSESSMENT AND WILL PROVIDE THE FOSTER PARENT WITH THE NAME AND NUMBER OF A QUALIFIED LICENSED PROFESSIONAL TO CONDUCT THE CANS BY THE 7-DAY CONTACT AFTER PLACEMENT SO THE FOSTER PARENT CAN SCHEDULE. THE FOSTER PARENT IS RESPONSIBLE FOR SCHEDULING AND TRANSPORTING THE CHILD TO THE APPOINTMENT.
- THE FOSTER PARENT WILL BE AVAILABLE AT THE TIME OF THE APPOINTMENT TO BE INTERVIEWED BY THE STAR HEALTH CLINICIAN.
- GUIDING LIGHT STAFF WILL FOLLOW UP TO ENSURE THE CANS ASSESSMENT HAS BEEN SCHEDULED AND COMPLETED ON OR BEFORE THE 30<sup>TH</sup> DAY OF PLACEMENT.
- UPON COMPLETION, GUIDING LIGHT STAFF WILL OBTAIN THE CANS RESULTS FROM DFPS OR THE PROVIDER.
- A SUBSEQUENT CANS ASSESSMENT MUST BE SCHEDULED ONE YEAR AFTER THE PREVIOUS CANS ASSESSMENT.
- THE CANS MUST BE CONDUCTED ON AN ANNUAL BASIS.

## BIOLOGICAL FAMILY & SIBLING CONTACT (MAINTAINING CONNECTIONS)

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- I. IN ORDER TO ALLOW BIRTH PARENT(S) AND SIBLING(S) (INCLUDING THOSE IN A KINSHIP HOME) THE OPPORTUNITY FOR REGULAR VISITS WITH EACH OTHER AS A MEANS TO MAINTAIN OR IMPROVE THE RELATIONSHIPS AMONG FAMILY MEMBERS AND TO PREPARE FOR FAMILY REUNIFICATION, REGULAR VISITS ARE SCHEDULED ACCORDING TO THE DICTATES OF THE CHILD PLAN OF SERVICE (CPOS).
- II. EXCEPTIONS TO THE ABOVE POLICY SHALL BE MADE IN THOSE INDIVIDUAL CASES WHERE CIRCUMSTANCES NECESSITATE LESS FREQUENT VISITS. IN THOSE CASES, REASONS WILL BE GIVEN TO THE CHILDREN. SUPERVISION OF VISITS IS PROVIDED WHEN NEEDED.
- III. AN ATTEMPT WILL BE MADE TO PROVIDE OR ARRANGE A VISITING SITE THAT MAY ALLOW THE PARENT(S) AND THE CHILD TO INTERACT IN A RELAXED MANNER. THE CPS CASE WORKER WILL DETERMINE AUTHORIZATION OF THE VISITS AND MAY ALSO ATTEND AT HIS/HER DISCRETION.
- IV. OFTEN, VISITS WITH BIOLOGICAL FAMILY ARE ORDERED BY THE COURTS AND/OR ARRANGED BY REFERRING AGENCY. GUIDING LIGHT WILL NOW FACILITATE FAMILY VISITS. THE DAY AND HOURS OF THE VISITS MAY BE COURT ORDERED OR ARRANGED BY GUIDING LIGHT AND/OR REFERRING AGENCY. GUIDING LIGHT WILL INITIATE PERSONAL CONTACT WITH CHILD'S SIBLING WHO IS IN FOSTER CARE ELSEWHERE AT LEAST MONTHLY IN A MEETING FACE-TO-FACE IF SIBLINGS ARE PLACED WITHIN 100 MILES OR BY TWICE MONTHLY TELECOMMUNICATION (IF OVER 100 MILES.) DURING WHICH THE DISCUSSION DURING VISITS IS NOT DIRECTED BY GUIDING LIGHT. ADDITIONALLY, CARING RELATIVES (AUNTS, UNCLES, COUSINS, SIBLINGS NOT IN FOSTER CARE, AND GRANDPARENTS) AND FICTIVE KIN (NEIGHBORS, FRIENDS) MUST HAVE AT LEAST ONE PERSONAL CONTACT QUARTERLY. EXCEPTIONS TO THIS REQUIREMENT INCLUDE WHEN SIBLINGS HAVE CONTACT IS:
  - a) PROHIBITED BY COURT ORDER;
  - b) CONTRARY TO THE BEST INTEREST OF THE CHILDREN AS REFLECTED IN THE PLANS OF SERVICE OF THE CHILD OR CHILD'S SIBLINGS;
  - c) FOR REASONS DETERMINED AND DOCUMENTED BY A DFPS CASEWORKER OR CASEWORKER'S CHAIN OF COMMAND;
  - d) CHILDREN OR SIBLINGS WHO REFUSE ALL CONTRACTOR ATTEMPTS TO INITIATE CONTACT. CPS APPROVAL OR ACKNOWLEDGEMENT MUST BE DOCUMENTED BY EMAIL.
- V. GUIDING LIGHT WILL MAKE A GOOD FAITH EFFORT TO ENSURE THAT CHILDREN ARE ABLE TO PRESERVE DESIRED AND APPROPRIATE CONNECTIONS SUCH AS RELIGIOUS, FAMILY, SCHOOL, COMMUNITY, AND APPROPRIATE ORGANIZATIONS THROUGH ON-SITE OR OFF SITE MEANS. THE GOOD FAITH EFFORTS WILL BE DOCUMENTED ON THE SERVICE PLAN. CONNECTIONS CAN BE IN THE FORM OF BUT NOT LIMITED TO VISITS, WRITTEN CORRESPONDENCE, PHOTO EXCHANGE, OR EMAIL.
- VI. IN ORDER TO ALLOW THE CHILD TO MAINTAIN NORMALCY, GUIDING LIGHT WILL FIND OUT THE PHONE NUMBER OF ALL FRIENDS AND ANYONE THE CHILD HAS A BOND WITH AND OBTAIN APPROVAL FOR VISITATION BY CPS. THE FOSTER PARENTS NEED TO TRANSPORT THE CHILD TO ANY APPROVED VISITS TO THEIR FRIEND'S HOME OR ANY OTHER RECREATIONAL ACTIVITIES THAT THEY MAY PARTICIPATE IN WITH THE APPROVED CONTACT.

### NOTE:

THESE VISITS MAY NOT BE WITHHELD AS A DISCIPLINARY MEASURE IN ANY CIRCUMSTANCES. VISITS WITH THE BIOLOGICAL FAMILY TAKE TOP PRIORITY IN THE CHILD'S SCHEDULE; HOWEVER, VISITS SHOULD BE SCHEDULED OUTSIDE OF SCHOOL HOURS TO MINIMIZE DISRUPTIONS IN EDUCATION, WHEN POSSIBLE. IT IS IMPORTANT THAT THEY ATTEND ARRANGED VISITS OR FAMILY FUNCTIONS EVEN IF THERE IS A CONFLICT WITH THE FOSTER PARENT'S SCHEDULE. IF NECESSARY, A RESPITE WORKER SHOULD BE EMPLOYED TO TRANSPORT AND SUPERVISE THE CHILD.



## CASE MANAGER

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### I. HOW TO CONTACT YOUR CASE MANAGER

YOUR CASE MANAGER CAN BE REACHED BY PHONE DURING OFFICE HOURS, 8:00 A.M. TO 5:00 P.M., MONDAY THROUGH FRIDAY. THE OFFICE NUMBER IS \_\_\_\_\_. IF YOUR CASE MANAGER IS NOT AVAILABLE, ASK TO SPEAK WITH HIS/HER SUPERVISOR. PLEASE DO NOT HESITATE TO CALL US IF YOU HAVE QUESTIONS OR A PROBLEM WITH WHICH YOU NEED ASSISTANCE.

### EMERGENCY SERVICE LINE

THE EMERGENCY SERVICE LINE IS FOR THE HOURS OF 5:00 P.M. UNTIL 8:00 A.M. ON WEEKDAYS AND WEEKENDS FROM 5:00 P.M. FRIDAY UNTIL 8:00 A.M. MONDAY. PLEASE CALL THE OFFICE NUMBER ABOVE OR YOU MAY CALL GUIDING LIGHT'S EMERGENCY NUMBER 254-379-1853 (JANELLE HOLLAND CELL PHONE NUMBER), IF AN EMERGENCY SHOULD OCCUR.

THIS EMERGENCY NUMBER CAN BE OBTAINED FROM THE OFFICE TELEPHONE RECORDER AFTER HOURS.

### REFERENCE:

SEE RESPONSIBILITIES OF GUIDING LIGHT FOR CASE MANAGER DESCRIPTION



## CHURCH

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- I. CHURCH ATTENDANCE WILL BE IN LINE WITH THE HABITS OF THE FOSTER FAMILY BASED UPON THE PRE-PLACEMENT AGREEMENT BETWEEN THE CHILD AND FOSTER FAMILY.
- II. THE CHILD IS REQUIRED TO ACCOMPANY THE FOSTER FAMILY TO THE CHURCH THE FOSTER FAMILY USUALLY ATTENDS.
- III. THIS OBLIGATION IS NOT TO OVERRIDE THE CHILDREN'S RIGHT TO BELIEVE WHAT THEY WANT WITHOUT REWARD OR PUNISHMENT. CHURCH ATTENDANCE AND BELIEFS ARE TWO SEPARATE ISSUES.
- IV. IF A CHILD HAS A RELIGIOUS PREFERENCE, SHE/HE WILL BE PLACED IN A FOSTER HOME WITH THAT SAME RELIGIOUS AFFILIATION.
- V. FOSTER FAMILIES ARE TO ENCOURAGE A CHILD'S RELIGIOUS AFFILIATION AND PROVIDE OPPORTUNITIES FOR RELIGIOUS AND SPIRITUAL DEVELOPMENT. FOSTER FAMILIES ARE TO ENDEAVOR TO ENSURE THAT CHILDREN ARE ABLE TO PRESERVE DESIRED AND APPROPRIATE CONNECTIONS TO RELIGIOUS AND SPIRITUAL AFFILIATIONS THROUGH ONSITE OR OFFSITE MEANS.



## CLOTHES

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- I. CHILDREN MUST HAVE PERSONAL, COMFORTABLE, CLOTHING SUITABLE TO THEIR AGE AND SIZE, AND SIMILAR TO THE CLOTHING OF OTHER CHILDREN IN THE COMMUNITY. CHILDREN MUST HAVE SOME CHOICE IN SELECTING THEIR CLOTHING.
- II. CHILDREN MUST HAVE CLOTHING IN SUFFICIENT QUANTITY SUCH THAT THERE ARE AN ADEQUATE NUMBER OF THE FOLLOWING: T-SHIRTS, UNDERSHIRTS, UNDERWEAR, BRAS, SOCKS, SHOES, PANTS, SHIRTS, SKIRTS, BLOUSES, COATS/JACKETS, SWEATERS, PAJAMAS, SHORTS AND OTHER CLOTHING NECESSARY FOR A CHILD TO PARTAKE IN DAILY ACTIVITIES. THE CLOTHING MUST BE IN GOOD/CLEAN CONDITION, AND NOT WORN-OUT WITH HOLES OR TEARS (NOT INTENDED BY THE MANUFACTURE TO BE PART OF THE ITEM OF CLOTHING). MUST BE CLEAN AND WASHED ON A REGULAR BASIS.
- III. THE FOLLOWING PROCEDURE IS REQUIRED FOR INITIAL CLOTHING ALLOWANCES, IF AT PLACEMENT A CHILD LACKS NECESSARY CLOTHING, AND IF AT PLACEMENT THE CHILD WAS NOT COMING FROM ANOTHER GUIDING LIGHT FOSTER HOME.
  - A) CHILDREN MUST HAVE PERSONAL CLOTHING SUITABLE TO THEIR AGE AND SIZE. CHILDREN MUST HAVE SOME CHOICE IN SELECTING THEIR CLOTHING. THE FOSTER PARENT MUST MAKE REASONABLE EFFORTS TO ENSURE THE CHILD WEARS APPROPRIATE CLOTHING THAT PROTECTS AGAINST THE WEATHER.
  - B) THE FOLLOWING PROCEDURE IS REQUIRED FOR INITIAL CLOTHING ALLOWANCES, IF AT PLACEMENT A CHILD LACKS NECESSARY CLOTHING, AND IF AT PLACEMENT THE CHILD WAS NOT COMING FROM ANOTHER GUIDING LIGHT FOSTER HOME.
    - 1) A CLOTHING/PERSONAL ITEM INVENTORY FORM WILL BE GIVEN TO THE FOSTER PARENT(S) AT THE TIME OF THE CHILD'S PLACEMENT.
      - FORM – CLOTHING INVENTORY FORM
    - 2) THE FOSTER PARENT(S) SHOULD COMPLETE THE CLOTHING/PERSONAL ITEM INVENTORY AND RETURN THE FORM, WITH ORIGINAL RECEIPTS ATTACHED, TO THE PROGRAM DIRECTOR NO LATER THAN THE 45TH DAY OF PLACEMENT
    - 3) UPON RECEIPT, THE PROGRAM DIRECTOR WILL IMMEDIATELY REVIEW AND MAIL THE COMPLETED CLOTHING/PERSONAL ITEM INVENTORY, ALONG WITH ORIGINAL RECEIPTS, TO GUIDING LIGHT BOOKKEEPING.
    - 4) GUIDING LIGHT BOOKKEEPING WILL REIMBURSE A MAXIMUM OF \$150, UPON RECEIPT OF THE COMPLETED CLOTHING/PERSONAL ITEM INVENTORY FORM, WITH ATTACHED ORIGINAL RECEIPTS.
    - 5) DISPOSABLE DIAPERS ARE NOT CONSIDERED AS PART OF THE CLOTHING INVENTORY.
  - C) NOTE: ORIGINAL RECEIPTS ARE REQUIRED FOR GUIDING LIGHT REIMBURSEMENT.  
ON-GOING CLOTHING PURCHASES: (THESE ARE PURCHASES ROUTINELY PAID FOR BY THE FOSTER FAMILY.) AS FOSTER PARENTS PURCHASE NEW CLOTHING FOR THE FOSTER CHILD, THESE ITEMS ARE TO BE CONSIDERED HIS POSSESSIONS AND MAY NOT BE RETAINED BY THE FOSTER FAMILY WHEN THE CHILD IS DISCHARGED. IT RECOMMENDED THAT ALL CLOTHING RECEIPTS MUST BE SAVED (THIS DOES NOT INCLUDE "INITIAL CLOTHING ALLOWANCES" PAID FOR BY GUIDING LIGHT, AS DESCRIBED ABOVE.) WRITE THE CHILD'S NAME AT THE TOP OF THE RECEIPT. EACH NEW CLOTHING/PERSONAL ITEM THAT IS PURCHASED OR GIVEN (INCLUDING BIRTHDAY AND CHRISTMAS GIFTS) TO THE CHILD SHOULD BE ADDED TO THE CHILD'S CLOTHING/PERSONAL ITEM INVENTORY. CASE MANAGERS WILL CONDUCT CLOTHING INVENTORIES, AN INITIAL UPON PLACEMENT, QUARTERLY, AND A FINAL INVENTORY, WHEN THE CHILD IS DISCHARGED FROM THE HOME. IF THE CASE MANAGER IS NOT PRESENT AT THE DISCHARGE, THE FOSTER PARENT IS RESPONSIBLE FOR COMPLETING THE DISCHARGE CLOTHING INVENTORY.
  - D) THE CHILD IF THEY ARE AGE APPROPRIATE AND DEVELOPMENTALLY ABLE SHOULD SIGN AND DATE EACH CLOTHING/PERSONAL ITEM INVENTORY, THE GUIDING LIGHT CASE MANAGER, AND FOSTER PARENT ALSO NEED TO SIGN AND DATE THE CLOTHING/PERSONAL ITEM INVENTORY (INITIAL, QUARTERLY, DISCHARGE).

- E) EACH CHILD SHALL BE ABLE TO HAVE THEIR CLOTHES LABELED WITH THEIR NAME OR INITIALS.
- F) EACH CHILD'S CLOTHING AND PERSONAL ITEM INVENTORY WILL BE SENT WITH THE TDFPS CASEWORKER AT DISCHARGE.

VI. CPS CLOTHING VOUCHERS: GUIDING LIGHT IS NOT INCLUDED IN THESE TRANSACTIONS.



## CONFIDENTIALITY

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- I. CONFIDENTIALITY: INFORMATION ABOUT ONE AGENCY FOSTER FAMILY DISCUSSED WITH ANOTHER AGENCY FOSTER FAMILY IS PROHIBITED, AS VIOLATING CONFIDENTIALITY RULES. INFORMATION CONCERNING FOSTER CHILDREN, EMPLOYEES AND/OR AGENCY OPERATIONS IS STRICTLY CONFIDENTIAL. INFORMATION MUST NOT BE DISCUSSED WITH UNAUTHORIZED PERSONS EITHER INSIDE OR OUTSIDE THE AGENCY, AND IS NOT TO BE DISCUSSED EXCEPT IN A MANNER SO AS TO MAINTAIN CONFIDENTIALITY.
- II. AT NO TIME SHOULD INFORMATION CONCERNING CLIENT AND EMPLOYEE RECORDS AND/OR AGENCY OPERATIONS BE DISCUSSED DURING THE COURSE OF CASUAL CONVERSATION, NOR SHOULD IT BE DISCUSSED IN A FASHION WHICH DOES NOT SUPPORT EFFORTS TO RENDER QUALITY CARE. INDISCRIMINATE DISCLOSURE OF CONFIDENTIAL INFORMATION WILL BE CAUSE FOR TERMINATION OF EMPLOYMENT AND POSSIBLE LEGAL ACTION.
- III. EXCEPTIONS: IF NOT FOR COMMERCIAL USE, PUBLICITY, PECUNIARY BENEFIT, OR SIMILAR GAIN. IF NO REFERENCE IS MADE THAT THE CHILD IS IN THE CONSERVATORSHIP OF DFPS, AND DOES NOT STIGMATIZE THE CHILD IN ANY WAY. IF OLD ENOUGH, THE CHILD APPROVES OF THE RELEASE OR USE. IF THE PHOTO IS GIVEN TO THE CAREGIVER'S FRIENDS OR FAMILY, OR SENT IN A HOLIDAY CARD. IF A PHOTO IS GIVEN TO BIO FAMILY, USED AS A NORMAL PART OF SCHOOL, THE SCHOOL YEARBOOK, CHURCH NEWSLETTER, PHOTOS OF HONOR ROLL PUBLISHED IN THE LOCAL NEWSPAPER, A GROUP PHOTO OF A SCOUT TROOP DISTRIBUTED TO TROOP MEMBERS AND POSTED ON A COMMUNITY YOUTH CENTER BULLETIN BOARD, SPORTS TEAM PHOTOS IN A SCHOOL SHOWCASE, ETC. ANY OTHER RELEASE OF A PHOTO OF A FOSTER CHILD MUST BE APPROVED IN WRITING BY THE CHILD'S CPS WORKER OR CHAIN OF COMMAND.
- IV. YOU MUST ENSURE THE CHILD'S RIGHT TO CONFIDENTIALITY, INCLUDING REFRAINING FROM IDENTIFYING A FOSTER CHILD IN ANY INTERNET COMMUNICATION WITH OTHERS, INCLUDING SOCIAL NETWORKING SITES SUCH AS FACEBOOK, YOU TUBE, SNAP CHAT, ETC. PICTURES OR INFORMATION IDENTIFYING A CHILD AS A FOSTER CHILD ON THE INTERNET, OR SOCIAL NETWORKING SITE, VIOLATES THE CHILD'S RIGHT TO CONFIDENTIAL CARE.

## COURT HEARINGS

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- I. FOSTER PARENT MUST ENSURE THE CHILD IS AVAILABLE TO MEET WITH THE CHILD'S ATTORNEY AD-LITEM IN SUFFICIENT TIME BEFORE A COURT HEARING.
- II. THE MEETING MUST TAKE PLACE IN A PRIVATE SETTING ALLOWING CONFIDENTIALITY.
- III. THE ATTORNEY AD-LITEM MUST HAVE ACCESS TO THE CLIENT AND MAY WISH TO SPEAK TO THE CAREGIVER.
- IV. FOSTER PARENT MUST PROVIDE THE CHILD AND GUIDING LIGHT CASE MANAGER WITH A COPY OF THE COURT HEARING NOTICES.
- V. FOSTER PARENT MUST ENSURE CHILDREN AGES FOUR AND OLDER ATTEND PERMANENCY AND PLACEMENT COURT HEARINGS TO THE EXTENT POSSIBLE, UNLESS PROHIBITED BY COURT ORDER. IF A CHILD CANNOT ATTEND THE COURT HEARING IN PERSON, CONTACT THE GUIDING LIGHT CASE MANAGER TO ASSIST WITH ARRANGING INTERACTIVE VIDEO CONFERENCING EQUIPMENT OR CONFERENCE CALL. GUIDING LIGHT CASE MANAGER WILL CONFIRM WITH THE CHILD'S CASEWORKER THAT PARTICIPATION IS ALLOWED BY THE COURT.

## CHILD PLAN OF SERVICE (CPOS)

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- I. CHILD PLAN OF SERVICE:
  - THE CHILD PLAN OF SERVICE SHALL BE WRITTEN BY GUIDING LIGHT STAFF WITH PARTICIPATION FROM THE TREATMENT TEAM. THE CORE TREATMENT TEAM MEMBERS ARE THE MANAGING CONSERVATOR (CPS WORKER OR PROBATION OFFICER), LEVEL ONE STAFF PERSON, THERAPIST, CASE MANAGER, PROGRAM DIRECTOR, AND FOSTER PARENTS. DEPENDING ON THE SITUATION, ADDITIONAL PERSONS INVOLVED MAY INCLUDE, BUT ARE NOT

LIMITED TO, THE CHILD, THE CHILD'S PSYCHIATRIST, PSYCHOLOGIST, SCHOOL PERSONNEL, BIOLOGICAL FAMILY (AS APPROVED BY CPS), AND PASTOR. THE TREATMENT TEAM MAY MEET IN SEPARATE MEETINGS, PROVIDED THAT EACH TEAM MEMBER IS INFORMED OF THE DISCUSSIONS AND COMMENTS REGARDING THE CHILD'S SERVICE PLAN THAT WERE MADE AT EACH MEETING.

- THE CHILD PLAN OF SERVICE WILL BE REVIEWED EVERY 90 DAYS FOR TREATMENT CHILDREN UNDER THE REDESIGN AND TREATMENT SERVICES FOR EMOTIONAL DISORDERS, PRIMARY MEDICAL NEEDS, SEX TRAFFICKING VICTIM, PERSUASIVE DEVELOPMENT DISORDER, SPECIALIZED, AND INTENSE LEVEL CHILDREN AND EVERY 180 DAYS FOR CHILD CARE SERVICES (BASIC AND MODERATE) NON TREATMENT SERVICES CHILDREN AND TREATMENT SERVICES CHILDREN WITH INTELLECTUAL DISABILITIES. INCLUDED IN THIS PLAN ARE THE FOLLOWING:

- A. ANTICIPATED LENGTH OF PLACEMENT AND DESTINATION OF CHILD.
- B. REASON FOR PLACEMENT.
- C. PRESENTED PROBLEMS AT TIME OF PLACEMENT.
- D. HEALTH CARE FOR THE CHILD.
- E. SOCIAL AND EMOTIONAL NEEDS OF THE CHILD.
- F. EDUCATIONAL AND VOCATIONAL NEEDS OF THE CHILD.
- G. RECREATIONAL NEEDS OF THE CHILD.
- H. PLAN FOR VISITATION.
- I. PLAN FOR SUPERVISION OF PLACEMENT.
- J. MECHANISM FOR THE REVISION OF THE PLAN.
- K. SPECIFIC INSTRUCTIONS FOR A CHILD'S CARE
- L. LONG AND SHORT TERM BEHAVIORAL GOALS IDENTIFIED BY THE CHILD'S THERAPIST
- M. FOR YOUTH 14 YEARS OLD OR OLDER, THE CAREGIVER MUST BEGIN TEACHING CHILD EXPERIENTIAL LIFE SKILLS SUCH AS GROCERY SHOPPING, MEAL PREPARATION, LAUNDRY, HOUSEHOLD TASKS, BALANCING A CHECKBOOK, COOKING, NUTRITION EDUCATION THAT PROMOTES HEALTHY FOOD CHOICES, USING PUBLIC TRANSPORTATION (WHEN APPROPRIATE), AND MANAGING PERSONAL FINANCES.
- N. BASIC LIVING SKILLS AND NORMALCY

- EACH PERSON PARTICIPATING IN THE PLAN DEVELOPMENT, INCLUDING DISCUSSIONS REGARDING THE CHILD'S PARTICIPATION IN CHILDHOOD ACTIVITIES MUST SIGN AND DATE THE SIGNATURE PAGE OF THE SERVICE PLAN. ALL CHILDREN 14 YEARS AND OLDER MUST REVIEW AND SIGN THE INITIAL SERVICE PLAN. IF THE CHILD DISAGREES WITH THE SERVICE PLAN OR REFUSES TO SIGN THE SERVICE PLAN, GUIDING LIGHT MUST DOCUMENT THE INFORMATION.

**II. FOSTER FAMILY'S BASIC ROLE:**

THE FOSTER FAMILY SHALL PROVIDE FOR THE CHILD: PROPER BEDDING, COMFORTABLE CLOTHING, SAFE DRINKING WATER, NUTRITIOUS FOOD, LEISURE TIME SUPERVISION, MEDICAL ATTENTION, EDUCATIONAL STIMULATION AND NURTURING. THE FOSTER PARENTS WILL EDUCATE THE FOSTER FAMILY DAILY IN REGARDS TO CULTURES OTHER THAN THEIR OWN.

**III. CASE MANAGER'S ROLE:**

GUIDING LIGHT CASE MANAGERS VISIT FOSTER CHILDREN TWICE A MONTH FOR SPECIALIZED CHILDREN AND CHILDREN 0-24 MONTHS. ONE VISIT EACH MONTH IS TO OCCUR IN THE FOSTER HOME. IF CIRCUMSTANCES PREVENT THE HOME VISIT (I.E. CHILD WORKS AFTER SCHOOL) THEN THE CASE MANAGER WILL MAKE ANOTHER ARRANGEMENT FOR A FACE TO FACE VISIT WITH THE CHILD AND DOCUMENT THE EXCEPTION IN THEIR REPORTS. THE WRITTEN CPOS WILL INDICATE THE CASE MANAGER'S ROLE IN HELPING THE CHILD MEET TREATMENT GOALS. THE FOSTER PARENTS MAY REQUEST ADDITIONAL COUNSELING BY TELEPHONING THE GUIDING LIGHT OFFICE.

**III. GUIDING LIGHT WILL PROVIDE OR FACILITATE ACCESS TO VOCATIONAL TRAINING BY THE CHILD'S CPOS AND CPS TRANSITION PLAN AT AGE 14 AND/OR AS DEVELOPMENTALLY APPROPRIATE. FOSTER PARENTS WILL ENSURE THAT YOUTH 14 YEARS AND OLDER WILL RECEIVE PAL TRAINING THAT INCLUDES THE FINANCIAL LITERACY EDUCATION**

PROGRAM. PAL TRAINING MUST BE COMPLETED BEFORE THE CHILD'S 18<sup>TH</sup> BIRTHDAY. FOSTER PARENTS WILL REITERATE THE SKILLS LEARNED IN PALS THAT INCLUDES ENSURING THAT THE YOUTH UNDERSTANDS HOW TO:

- A. OBTAIN AND INTERPRET A CREDIT SCORE;
- B. PROTECT, REPAIR, AND IMPROVE A CREDIT SCORE
- C. AVOID PREDATORY LENDING PRACTICES
- D. SAVE MONEY AND ACCOMPLISH FINANCIAL GOALS THROUGH PRUDENT FINANCIAL MANAGEMENT PRACTICES
- E. USE BASIC BANKING AND ACCOUNTING SKILLS; INCLUDING BALANCING A CHECKBOOK;
- F. USE DEBIT AND CREDIT CARDS RESPONSIBLY;
- G. UNDERSTAND A PAYCHECK AND ITEMS WITHHELD FROM A PAYCHECK; AND
- H. PROTECT FINANCIAL, CREDIT, AND IDENTIFYING INFORMATION IN PERSONAL AND PROFESSIONAL RELATIONSHIPS.

V. FOR CHILDREN UNDER AGE 3, GUIDING LIGHT WILL:

- A. NOTIFY THE CHILD'S CPS WORKER AND PRIMARY CARE PHYSICIAN OF THE MENTAL DEVELOPMENT OF THE CHILD
  - B. ENSURE THAT A REFERRAL TO ECI IS MADE WITHIN 3 DAYS OF PLACEMENT.
  - C. IF THE CHILD WAS RECEIVING ECI SERVICES BEFORE PLACEMENT, GUIDING LIGHT MUST ENSURE THAT SERVICES CONTINUE.
- II. ANY DECISION MAKING REGARDING THE CHILD'S NEED FOR SUPERVISION, MUST INCLUDE DISCUSSIONS ON HOW NORMALCY FOR THE CHILD CAN BE ACHIEVED, AND DISCUSSIONS, IF APPLICABLE, REGARDING A CHILD'S REFUSAL TO PARTICIPATE IN CHILDHOOD ACTIVITIES. THE CHILD'S SERVICE PLAN MUST SPECIFY WHETHER THERE ARE ANY RESTRICTIONS ON THE CHILD'S PARTICIPATION IN THESE ACTIVITIES AND WHETHER THE ACTIVITIES MAY EXTEND INTO SLEEPING HOURS. THE SERVICE PLAN DOES NOT REQUIRE PRIOR APPROVAL FROM THE PARENT BEFORE THE FOSTER PARENT MAY CONSENT TO A FOSTER CHILD'S PARTICIPATION IN CHILDHOOD ACTIVITIES. HOWEVER, IF DFPS PROVIDES NOTICE IN ADVANCE THAT A CHILD IS PROHIBITED FROM AN ACTIVITY, THEN THE FOSTER PARENT MUST FOLLOW THE PARENT'S DECISION.

## DATING

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- I. GUIDING LIGHT RECOMMENDS THAT NO CHILD DATE SERIOUSLY BEFORE HIS/HER SIXTEENTH BIRTHDAY. DATING PRIVILEGES AND SPECIFICATIONS REGARDING WHOM TO DATE AND WHOM NOT TO DATE, WHERE TO GO, HOURS, ETC., MUST BE ACCORDING TO THE DICTATES OF THE CHILD PLAN OF SERVICE (CPOS).
- II. SINGLE FOSTER PARENTS ARE TO NOTIFY GUIDING LIGHT IMMEDIATELY WHEN THERE IS A CHANGE IN HOUSEHOLD COMPOSITION. FOSTER PARENTS MUST NOT HAVE OVERNIGHT DATES WHILE VERIFIED AS A FOSTER PARENT WITH GUIDING LIGHT. THEY ARE REQUIRED TO ALERT GUIDING LIGHT FIRST BEFORE HAVING A DATE OVER AS A FREQUENT VISITOR, TO ALLOW GUIDING LIGHT STAFF TO RUN HIS/HER BACKGROUND CHECK AND ALLOW TIME TO RECEIVE THE RESULTS. FOSTER PARENTS ARE TO ENSURE THAT DATES/FREQUENT VISITORS DO NOT CARE FOR, SUPERVISE, OR TRANSPORT FOSTER CHILDREN. FAILURE TO COMPLY WILL RESULT IN THE REMOVAL OF FOSTER CHILDREN IN THE HOME, A CORRECTIVE ACTION PLAN, OR RESCINDING VERIFICATION.
- III. ANY CHILD WHO COMMITS TEEN DATING VIOLENCE IS REQUIRED TO PARTICIPATE IN 12-WEEK PROGRAM THAT INCLUDES:
  - A. PREVENTION MEASURES, AND
  - B. HOW TO GET OUT OF TEEN DATING VIOLENCE SITUATION



THE FOSTER PARENT WILL BE REQUIRED TO ENSURE THE CHILD HAS TRANSPORTATION TO THE REQUIRED MEETINGS AS WELL AS NOTIFYING DFPS CASEWORKER SO THEY CAN ATTEND COURT HEARING WITH THE CHILD TO INSURE COMPLIANCE WITH THE PROGRAM.

## **DEVELOPMENTAL AND INTELLECTUAL DISABILITIES**

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### **I. ADMISSION AND TESTING**

IF A HOME DECIDES TO ONLY SERVE CHILDREN WITH INTELLECTUAL DISABILITIES THAT FOSTER HOME MAY NOT ACCEPT A CHILD WHO IS NOT BELOW AVERAGE IN INTELLECTUAL FUNCTIONING AND HAS DEFICITS IN ADAPTIVE BEHAVIOR. INTELLECTUAL FUNCTIONING MUST BE DETERMINED BY STANDARDIZED TESTING GIVEN BY A LICENSED PSYCHOLOGIST WHO HAS EXPERIENCE WITH INTELLECTUAL DISABILITIES.

### **II. PLAN OF SERVICE**

ANY RECORD OF SPECIALIZED TESTING OR TREATMENT MUST BE DOCUMENTED IN THE CHILD'S CPOS.

### **III. DAILY CARE**

CAREGIVERS MUST PROVIDE SURROUNDINGS AND EXPERIENCES REFLECTING COMMUNITY LIVING AND THAT ARE APPROPRIATE FOR THE CHILD. IF NECESSARY, THE FOSTER PARENT WILL PROVIDE ASSISTANCE TO HELP THE CHILD WITH MOBILITY.

SUPERVISED INDOOR AND OUTDOOR ACTIVITIES MUST BE PROVIDED SO THAT EVERY CHILD CAN PARTICIPATE. THE GUIDING LIGHT TREATMENT TEAM WILL ENSURE THAT RECREATION AND ACTIVITIES ARE DESIGNED TO MEET THE CHILD'S DEVELOPMENTAL NEEDS.

ARRANGEMENTS WILL BE MADE, AS NECESSARY FOR AN ON-CALL LICENSED NURSE FOR A CHILD WITH HABILITATION NEEDS (REQUIRES SERVICES THAT HELP A PERSON KEEP, LEARN OR IMPROVE SKILL AND FUNCTIONING FOR DAILY LIVING). SPECIALIZED SERVICE LEVEL CHILDREN REQUIRE CONSISTENT AND FREQUENT MEDICAL ATTENTION FROM A SKILLED CAREGIVER. THIS MAY INCLUDE ADMINISTERING OF LIFE-SUPPORT MEDICATIONS AND TREATMENTS.

FOSTER PARENTS WILL PROVIDE SPECIAL EQUIPMENT AS RECOMMENDED BY A PHYSICIAN OR OTHER HEALTH PROFESSIONAL. CAREGIVERS ARE RESPONSIBLE FOR ROUTINE ADJUSTMENT OR REPLACEMENT OF THIS EQUIPMENT.





# DISCIPLINE POLICY

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## I. PHILOSOPHY

GUIDING LIGHT USES BEHAVIOR MANAGEMENT/DISCIPLINE IN THE POSITIVE SENSE OF TEACHING APPROPRIATE BEHAVIOR. NO PHYSICAL DISCIPLINE (CORPORAL PUNISHMENT) IS USED.



FOSTER PARENTS, CHILD-CARE WORKERS, AND STAFF ARE THE ONLY ONES WHO CAN DISCIPLINE CHILDREN AND THEY WILL ENSURE THAT THE REASON IS MADE CLEAR TO THE CHILD AT THE TIME HE/SHE IS DISCIPLINED. CHILD-CARE WORKERS INCLUDE, BUT ARE NOT LIMITED TO, TEACHERS, SUNDAY SCHOOL TEACHERS, COACHES, AND POLICE.

PARENTAL DISCIPLINE OF CHILDREN IS NECESSARY TO INSTILL SELF-DISCIPLINE AND A PROPER ROLE IN RELATION TO AUTHORITY. THE ASSUMPTION HERE IS THAT HUMANITY IS NATURALLY INTERESTED IN THE SELF, WITHOUT REGARD FOR OTHERS. THEREFORE, THE PURPOSE OF DISCIPLINE IS TO TEACH A CHILD TO BECOME SHARING, NOT SELFISH; COOPERATIVE, NOT DEFIANT; OBEDIENT, NOT DISOBEDIENT; RESPECTFUL, NOT DISRESPECTFUL; AND CONSIDERATE OF OTHERS, NOT INCONSIDERATE.

THE INTENT IS TO DISCIPLINE (TO TEACH) THE CHILD, NOT TO PUNISH. THE FOSTER PARENT/STAFF WILL WORK TO PROVIDE THE CHILDREN WITH ALTERNATIVES TO INAPPROPRIATE BEHAVIOR AND SHOW THEM THE BENEFIT OF CONSIDERING CONSEQUENCES BEFORE THEY ACT. WHEN DISCIPLINE IS NECESSARY A CONNECTION BETWEEN THE CONSEQUENCES AND THE CHILD'S INAPPROPRIATE BEHAVIOR MUST BE ESTABLISHED BY ADDRESSING THE SITUATION IMMEDIATELY FOLLOWING AN INCIDENT. COUNSEL WITH THE CHILD ABOUT THE PROBLEM AND SHOW HIM/HER WAYS TO AVOID OR DEAL WITH THE PROBLEM IN THE FUTURE.

THE CAREGIVERS MUST USE TRAUMA INFORMED CARE PRINCIPLES BY ENSURING DISCIPLINE METHODS ARE CHILD-CENTERED AND CONSIDERS THE CULTURE, EXPERIENCES, AND BELIEFS OF THE CHILD. TIC TAKES INTO CONSIDERATION:

- A. THE IMPACT THAT TRAUMATIC EXPERIENCES HAVE ON THE LIVES OF CHILDREN;
- B. SYMPTOMS OF CHILDHOOD TRAUMA
- C, AN UNDERSTANDING OF A CHILD'S PERSONAL TRAUMA HISTORY
- D. THE RECOGNITION OF A CHILD'S TRAUMA TRIGGERS
- E. METHODS OF RESPONDING THAT IMPROVE THE CHILD'S ABILITY TO TRUST, TO FEEL SAFE, AND ADAPT TO CHANGES

GUIDING LIGHT STANDS FIRMLY AGAINST ABUSIVE PUNISHMENT; PUNISHMENT ADMINISTERED IN ANGER; PUNISHMENT THAT WILL BREAK THE CHILD'S SPIRIT (PERSONAL WORTH); PUNISHMENT ADMINISTERED IN A FASHION THAT IMPLIES THAT THE CHILD IS UNWANTED, UNNECESSARY, FOOLISH, UGLY, DUMB, A BURDEN, AN EMBARRASSMENT OR A DISASTROUS MISTAKE. GUIDING LIGHT IS INTERESTED IN TEACHING FOSTER PARENTS (AND BIOLOGICAL PARENTS) EFFECTIVE PARENTING TECHNIQUES AND HEALTHY FAMILY RELATIONSHIPS THAT WILL OBIATE PUNISHMENT.

## II. GUIDELINES

DISCIPLINE, PROPERLY ADMINISTERED, SHOULD PROMOTE A VALUE OF SELF-CONTROL, HENCE POSITIVE REGARD FOR OTHERS AND FOR SELF. SPECIFICALLY, FOSTER PARENTS MUST ADHERE TO THE FOLLOWING:

- A. A DETAILED, STRUCTURED AND COMMITTED ROUTINE IS IMPORTANT FOR ALL CHILDREN.

- B. BEHAVIOR CONTRACTS SHOULD BE UTILIZED, CLARIFYING MEASURABLE TARGET BEHAVIORS AND THEIR POSITIVE CONSEQUENCES, NEGATIVE CONSEQUENCES FOR NON-ACCOMPLISHMENT, AND PROVIDING CONSISTENT FOLLOW-THROUGH.
- C. BE PREPARED TO DEVELOP A LIST OF RULES AND EXPECTATIONS WITH LOGICAL CONSEQUENCES TO PERFORMANCE REGARDING RULES. THIS MUST BE SUBMITTED WITHIN ONE WEEK OF LICENSING.
- D. DISCIPLINE WHICH ACCOUNTS FOR A CHILD'S SPECIAL NEEDS IS MOST DESIRED, AND IS DESIGNED AS A TEACHING TOOL AND IS AGE APPROPRIATE AS DETERMINED BY THE TREATMENT TEAM. GUIDING LIGHT PROVIDES TRAINING THAT DEALS WITH THESE NEEDS IN DETAIL BEFORE AND AFTER FOSTER FAMILIES BECOME LICENSED. GENERALLY, EXPECTATIONS SHOULD BE CLEAR BEFOREHAND AND THE DISCIPLINE SHOULD BE SET AS WELL.
- E. LOGICAL CONSEQUENCES SHOULD BE ENFORCED, SOME EXAMPLES TO BE UTILIZED ARE:
  - 1. WITHDRAWAL OF PRIVILEGES (WHICH, PREFERABLY, ARE NOT OPPORTUNITIES THAT ARE BENEFICIAL TO THE CHILD)
  - 2. TIME OUT (NOT MORE THAN 1 MINUTE PER AGE)
  - 3. RESTRICTIONS AND "GROUNDING" (EITHER PRE-SET OR IN CONSULTATION WITH THE GUIDING LIGHT THERAPIST, GENERALLY LONG ENOUGH TO BE EFFECTIVE BUT NOT SO LONG TO FOSTER BITTERNESS AND RESENTMENT)
    - A. WITHIN LIMITS, A CAREGIVER MAY RESTRICT A CHILD'S ACTIVITIES AS A BEHAVIOR MANAGEMENT TOOL.
    - B. RESTRICTIONS OF ACTIVITIES, OTHER THAN SCHOOL OR CHORES, WHICH WILL BE IMPOSED ON A CHILD FOR MORE THAN 14 DAYS, MUST BE REVIEWED WITH AND APPROVED BY THE CHILD PLACEMENT MANAGEMENT STAFF OR TREATMENT DIRECTOR PRIOR TO OR WITHIN 24 HOURS OF IMPOSING THE RESTRICTION. IF THE RESTRICTION CONTINUES, IT MUST BE RE-EVALUATED WITHIN 14 DAYS BY THE CHILD PLACEMENT MANAGEMENT STAFF.
    - C. RESTRICTIONS TO A PARTICULAR ROOM OR BUILDING THAT WILL BE IMPOSED ON A CHILD FOR MORE THAN 24 HOURS MUST HAVE APPROVAL FROM THE SERVICE PLANNING TEAM, A PROFESSIONAL SERVICE PROVIDER, OR TREATMENT DIRECTOR PRIOR TO OR WITHIN 24 HOURS OF IMPOSING THE RESTRICTION.
    - D. GUIDING LIGHT WILL INFORM THE CHILD AND PARENT ABOUT ANY SUCH RESTRICTIONS PLACED ON THE CHILD.
    - E. DOCUMENTATION OF ALL APPROVALS, JUSTIFICATION FOR THE RESTRICTION, AND INFORMING THE CHILD AND PARENTS MUST BE IN THE CHILD'S RECORD.
  - 4. FINES (IN AN AMOUNT EQUITABLE WITH THE INFRACTION AND THE CHILD'S AVAILABLE RESOURCES). FOSTER PARENTS CANNOT USE THE FOSTER CHILD'S ALLOWANCE TO PAY FOR A FINE. A CHILD CAN HELP WITH A FINE BY DOING EXTRA CHORES.
  - 5. RESTITUTION, ADDITIONAL CHORES OR YARD WORK (APPROPRIATE TO THE SEVERITY OF THE BEHAVIOR INCURRING THE CONSEQUENCE)
- F. THE REASON FOR ANY PUNISHMENT OR RESTRICTION MUST BE EXPLAINED TO THE CHILD WHEN THE MEASURES ARE IMPOSED.
- G. COUNSELING, COMMUNICATION, AND ENCOURAGEMENT SHOULD BE UTILIZED.
- H. ROUTINE CONCRETE TEACHING, HABIT-FORMING, AND CONSISTENCY SHOULD BE UTILIZED.

I. FOSTER PARENTS WITH SHARP FINGERNAILS SHOULD TAKE SPECIAL PRECAUTIONS TO AVOID SCRATCHING FOSTER CHILDREN ACCIDENTALLY, WHICH COULD RESULT IN A CITATION OF PHYSICAL ABUSE ON THE CENTRAL REGISTRY, WHICH WOULD PROHIBIT SERVICES FOR ANY CHILDREN IN THE FUTURE.

### III. RESTRAINTS

RESTRAINING IS NOT TO BE USED AS A DISCIPLINARY MEASURE AND IS JUSTIFIED IN \*EMERGENCY SITUATIONS. EACH USE OF RESTRAINT MUST BE DOCUMENTED.

REFERENCE: SEE EMERGENCIES

### IV. ALL DISCIPLINE PRACTICES BELOW ARE PROHIBITED, INCLUDING:

1. RIDICULE, VERBAL ABUSE OR THREATS, OR DEROGATORY OR HUMILIATING REMARKS.
2. PHYSICAL PUNISHMENT INFLICTED UPON THE BODY (E.G. SPANKING OR SHAKING).
3. PUNISHMENT FOR BED-WETTING OR ACTIONS RELATED TO TOILET TRAINING.
4. DELEGATION OF DISCIPLINE TO ANOTHER CHILD OR GROUP OF CHILDREN, EXCEPT AS PART OF AN ORGANIZED SELF-GOVERNMENT PROGRAM THAT IS CONDUCTED IN ACCORDANCE WITH WRITTEN POLICY AND DIRECTLY SUPERVISED BY STAFF.
5. DENIAL OF MAIL, FOOD (INCLUDING SNACKS AND DESSERTS), WATER, SHELTER, SLEEP, A BATHROOM, CLOTHING, OR BED.
6. DENIAL OF ELEMENTS OF THE CPOS AND/OR THE CHILD PLAN OF SERVICE.
7. DENIAL OF COMMUNICATION WITH OR VISITING BY OR WITH THE FAMILY.
8. ASSIGNMENTS OF PHYSICALLY STRENUOUS EXERCISE OR WORK SOLELY AS PUNISHMENT.
9. REQUIRING A CHILD TO REMAIN SILENT FOR LONG PERIODS OF TIME.
10. GROUP PUNISHMENT FOR THE MISBEHAVIOR OF AN INDIVIDUAL CHILD.
11. DELEGATION OF DISCIPLINE TO PERSON(S) OTHER THAN ADULT CARE GIVER(S) OF THE CHILD.
12. FOSTER CHILDREN MAY NOT BE SUBJECTED TO THREATS OF REMOVAL FROM THE FOSTER HOME.
13. PLACEMENT OF A CHILD ALONE IN A LOCKED ROOM.
14. RESTRICTION TO THE FOSTER HOME FOR MORE THAN 24 HOURS WITHOUT EXPRESSED CONSENT OF GUIDING LIGHT.
15. MECHANICAL AND CHEMICAL RESTRAINTS AS WELL AS EMERGENCY MEDICATIONS FOR THE PURPOSE OF RESTRAINTS USED ON A GUIDING LIGHT FOSTER CHILD ARE PROHIBITED. HABILITATIVE HOMES (REQUIRES SERVICES THAT HELP A PERSON KEEP, LEARN OR IMPROVE SKILL AND FUNCTIONING FOR DAILY LIVING) WHERE PROTECTIVE DEVICES (RESTRAINTS USED TO PREVENT INVOLUNTARY SELF-INJURY OR TO PERMIT WOUNDS TO HEAL) AND SUPPORTIVE DEVICES (RESTRAINTS USED TO POSTURALLY SUPPORT AN INDIVIDUAL OR TO ASSIST INDIVIDUALS WHO CANNOT OBTAIN AND/OR MAINTAIN NORMAL BODILY FUNCTIONING) ARE NECESSARY AND ARE AN EXCEPTION TO THE PROHIBITION OF MECHANICAL RESTRAINTS.
16. PINCHING OR TWISTING THE SKIN
17. FORCING THE CHILD TO SMOKE SEVERAL CIGARETTES OR SWALLOW CHEWING TOBACCO
18. PULLING HAIR
19. WASHING THE INSIDE OF THE MOUTH WITH SOAP OR ANY SUBSTANCE CONSIDERED FOREIGN TO THE MOUTH
20. PULLING THE EARS

21. FORCING THE CHILD TO EAT FOOD, WITHHOLDING FOOD, OR USING FOOD AS A REWARD. WE ARE NOT UNDER ANY OBLIGATION TO REPLACE THE FOOD WITH ITEMS THAT THE CHILD ENJOYS/WANTS MORE THAN WHAT IS BEING PREPARED ON A MENU THAT MEETS STANDARDS
22. FORCING A CHILD TO PERFORM WORK TASKS THAT ARE BEYOND THEIR CAPABILITIES AND PHYSICAL ABILITIES
23. SLAPPING OF THE CHILD IN ANY MANNER, INCLUDING BIRTHDAY SPANKINGS
24. INFLECTING HARSH, CRUEL, UNUSUAL, UNNECESSARY, DEMEANING PUNISHMENT, OR PHYSICAL PUNISHMENT INFLICTED UPON THE BODY
25. REFUSING COMMUNICATION OR VISITING WITH THE FAMILY, INCLUDING BIRTH FAMILY MEMBERS.
26. FOSTER PARENTS WILL NOT SPIT ON OR BITE THE FOSTER CHILDREN.
27. PUTTING ANYTHING IN OR ON A CHILD'S MOUTH, SUCH AS SOAP OR TAPE
28. DEMEANING BEHAVIOR TO EMBARRASS, CONTROL, HARM, INTIMIDATE, OR ISOLATE THE CHILD. "DEMEANING BEHAVIOR" MAY INCLUDE USING PHYSICAL FORCE, RUMORS, THREATS, OR INAPPROPRIATE COMMENTS.
29. HUMILIATING, SHAMING, RIDICULING, REJECTING, SCREAMING, OR YELLING AT A CHILD;
30. SUBJECTING A CHILD TO ABUSIVE OR PROFANE LANGUAGE;
31. PLACING A CHILD IN A DARK ROOM, BATHROOM, OR CLOSET;
32. REQUIRING A CHILD TO REMAIN SILENT OR INACTIVE FOR INAPPROPRIATELY LONG PERIODS OF TIME FOR THE CHILD'S AGE;
33. CONFINING A CHILD TO A HIGHCHAIR, BOX, OR OTHER SIMILAR FURNITURE OR EQUIPMENT AS DISCIPLINE OR PUNISHMENT;
34. DENYING BASIC CHILD RIGHTS AS A FORM OF DISCIPLINE OR PUNISHMENT;
35. USE "UNPRODUCTIVE WORK" AS A FORM OF PUNISHMENT (FOR EXAMPLE, MOVING ROCKS FROM ONE SIDE OF THE FENCE TO THE OTHER.

**V. THE POLICY INCLUDES MEASURES FOR POSITIVE RESPONSES TO APPROPRIATE BEHAVIOR.**

- A. PLACING VALUE ON THE CHILD AS AN INDIVIDUAL.
- B. SHOWING FAITH IN THE CHILD, THUS ENABLING THE CHILD TO HAVE FAITH IN SELF.
- C. SINCERELY BELIEVING IN THE CHILD'S ABILITY, GAINING THE CHILD'S CONFIDENCE AND BUILDING THE CHILD'S SELF-RESPECT.
- D. RECOGNIZING A JOB "WELL-DONE" AND GIVING RECOGNITION FOR THE EFFORT.
- E. UTILIZING THE INTEREST OF THE CHILD TO MOTIVATE CHANGES.
- F. ISSUING RESPONSIBILITIES AND PRIVILEGES IN ACCORDANCE WITH INDIVIDUAL DEVELOPMENT LEVEL.
- G. IMMEDIATELY POINTING OUT AND PRAISING A CHILD WHEN THEY HAVE EXERCISED GOOD JUDGMENT OR BEHAVIOR.
- H. REDIRECTING CHILDREN WITH POSITIVE STATEMENTS THAT GIVE ALTERNATIVES WHEN THEIR BEHAVIOR IS UNACCEPTABLE.

## DOCUMENTATION AND REQUIRED LOGS

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### I. FOR ALL LEVELS OF CHILDREN EACH MONTH TURN IN:

- A. FOSTER PARENT PAPERWORK CAN BE ACCESSED ONLINE THROUGH THE EXTENDEDREACH.COM DATABASE.
- B. COMMUNICATION LOGS WITH ANY OF THE CHILD'S BIOLOGICAL FAMILY AND/OR FICTIVE KIN
- C. MEDICAL OR DENTAL APPOINTMENT FORMS
- D. MEDICATION LOGS FOR PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS
- E. REPORT CARDS/ARD INFORMATION, AND/OR ANY OTHER INFORMATION TO UPDATE CHILD'S SCHOOL RECORDS
- F. SERIOUS INCIDENT REPORTS, IF ANY, WITHIN 24 HOURS OF INCIDENT
- G. RESTRAINT REPORTS, IF ANY, WITHIN 24 HOURS OF INCIDENT



### III. QUATERLY, FOR ALL LOC CHILDREN, TURN IN:

- A. DAILY SCHEDULE (JANUARY, MAY AND AUGUST)
- B. HOUSE RULES, IF UPDATED

### IV. POINTERS

- A. MAKE SURE NAMES AND DATES ARE ON ALL PAGES
- B. WRITE IN BLACK PEN SO THAT PAPERWORK CAN TURN OUT OK ON THE COPY MACHINE
- C. SIGN ALL MEDICATIONS LOGS
- D. ONLINE FPPW- DUE BY THE 5<sup>TH</sup> OF THE FOLLOWING MONTH  
FPPW WILL BE APPROVED BY THE CM BY THE 5<sup>TH</sup> OF EACH MONTH
- E. ANY CORRESPONDENCE FROM TDFPS SENT DIRECTLY TO THE FOSTER FAMILY MUST BE PRESERVED AND SUBMITTED TO GUIDING LIGHT STAFF.

### V. ALL DOCUMENTATION MUST BE IN THE RECORD:

- A. NO LATER THAN 30 DAYS AFTER THE OCCURRENCE OR EVENT;
- B. COPIES OF ANY RECORDS KEPT BY THE CAREGIVERS MUST BE SUBMITTED TO GUIDING LIGHT EACH MONTH.

### VI. GUIDING LIGHT WILL PROVIDE ACCESS TO ALL RECORDS AND INFORMATION CONCERNING THE CHILD PROPERLY IDENTIFIED INDIVIDUALS APPOINTED BY A COURT, CASA, GUARDIAN AD LITEM, AND ATTORNEY AD LITEM).

- A. SUCH RECORDS AND INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, DOCUMENTATION OF FACE-TO-FACE VISITS WITH THE CHILD BY THE GUIDING LIGHT CM STAFF, THE CHILD'S SERVICE PLAN, DOCUMENTATION OF SERVICES PROVIDED TO A CHILD, DISCIPLINE LOGS, MEDICAL AND DENTAL INFORMATION, EDUCATIONAL DOCUMENTATION, AND NARRATIVES.
- B. GUIDING LIGHT WILL MAKE AN ASSESSMENT WHETHER AN INDIVIDUAL IS APPOINTED BY A COURT ORDER BY:
  - 1. REVIEW FOR A VALID COURT ORDER IF A CASA EMPLOYEE
  - 2. REVIEW FOR A VALID COURT ORDER AND NOTIFICATION LETTER OF VOLUNTEER ASSIGNMENT THAT CLARIFIES THE INDIVIDUAL'S APPOINTMENT TO THE CHILD, IF CASA VOLUNTEER.
- C. IF GUIDING LIGHT CANNOT READILY DETERMINE THE AUTHORITY OF THE INDIVIDUAL, THEN GUIDING LIGHT OR FOSTER PARENT WILL OBTAIN APPROVAL FROM THE CHILD'S CPS WORKER OR CHAIN OF COMMAND BEFORE GRANTING ACCESS TO THE CHILD'S RECORD.

## DRINKING AND DRUGS

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GUIDING LIGHT FOSTER CHILDREN ARE NOT PERMITTED TO USE ALCOHOL OR ILLEGAL DRUGS. IF A FOSTER PARENT SUSPECTS A FOSTER CHILD IN THEIR HOME IS USING DRUGS, THE FOSTER PARENT MUST OBTAIN WRITTEN APPROVAL FROM THE CASE WORKER PRIOR TO THE DRUG TEST. THE CHILD'S PRIMARY PHYSICIAN MAY ADMINISTER DRUG TESTING AS PART OF A TEXAS HEALTH STEPS CHECKUP OR OTHER DOCTOR'S VISIT. THE FOSTER PARENT MAY NOT DIRECTLY ADMINISTER THE DRUG TEST TO THE FOSTER CHILD. ALL ALCOHOLIC BEVERAGES MUST BE LOCKED AND ACCESS BY THE FOSTER CHILDREN PROHIBITED. FOR A FOSTER CHILD THE CONSUMPTION OF ALCOHOL WHILE TAKING PSYCHOTROPIC MEDICATION IS EXTREMELY DANGEROUS. IT IS IMPERATIVE THAT FOSTER PARENTS TAKE EVERY PRECAUTION TO ENSURE THAT SUCH CHILDREN DO NOT INGEST ALCOHOL AND OTHER DRUGS AS THE COMBINATION MAY INDUCE COMA OR DEATH.



CHILDREN WHO DEVELOP ALCOHOL OR DRUG ADDICTION WILL BE REFERRED TO TREATMENT IN A SUBSTANCE ABUSE TREATMENT PROGRAM.

THE DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES RESERVES THE RIGHT TO REQUEST DRUG TESTING FOR ANY PERSON THAT DIRECTLY CARES FOR OR HAS ACCESS TO A CHILD IN CARE (SUCH AS FOSTER PARENT, ASSISTANT, HOUSEHOLD MEMBER, OR FREQUENT VISITOR), IF THERE IS GOOD CAUSE TO BELIEVE THE PERSON MAY BE ABUSING DRUGS. GUIDING LIGHT IS RESPONSIBLE FOR ARRANGING AND PAYING FOR THE DRUG TEST IF MANDATED BY THE DEPARTMENT WITHIN 24 HOURS OF THE ALLEGATION. IF THE PERSON

REFUSES TO SUBMIT TO DRUG TESTING OR TEST POSITIVE FOR USING DRUGS, IT WILL RESULT IN DISCIPLINARY, INCLUDING RESCINDING OF FOSTER PARENT LICENSE. THE PERSON, WHOSE DRUG TEST IS POSITIVE, WILL HAVE THE RIGHT TO APPEAL AND HAVE THE OPPORTUNITY TO EXPLAIN AND OFFER WRITTEN DOCUMENTATION WHY THERE IS ANOTHER CAUSE FOR THE POSITIVE DRUG TEST.

## DRIVING A MOTOR VEHICLE

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FOSTER PARENTS NEED TO OBTAIN A DRIVER'S LICENSE AND/OR STATE IDENTIFICATION CARD FOR A CHILD AT AGE 16 OR BEFORE.

FOSTER PARENTS ARE ALLOWED TO TEACH OR SUPERVISE FOSTER CHILDREN LEARNING HOW TO DRIVE. THE DECISION TO LET A CHILD DRIVE WILL BE MADE BY:

- A. THE CHILD'S BIRTH PARENTS.
- B. THE CHILD'S FOSTER PARENTS.
- C. GUIDING LIGHT CASE MANAGER.
- D. CPS CASE WORKER/PROBATION OFFICER



ALL FOUR PARTIES MUST AGREE THAT THE FOSTER CHILD IS MATURE ENOUGH AND RESPONSIBLE ENOUGH TO BE GIVEN THE PRIVILEGE OF DRIVING AND IT MUST BE DOCUMENTED IN THE CHILD'S RECORD. ONLY THE FOSTER PARENT TEACHING THE CHILD HOW TO DRIVE AND THE CHILD LEARNING HOW TO DRIVE MAY BE PRESENT IN THE VEHICLE.

THE FOSTER PARENT IS RESPONSIBLE FOR THE FOSTER CHILD'S LIABILITY INSURANCE IF CHILD IS DRIVING THE FOSTER PARENT'S CAR. IF A CHILD SAVES ENOUGH MONEY TO PURCHASE A CAR, THEN IT IS THE FOSTER PARENT'S RESPONSIBILITY TO ENSURE THE FOSTER CHILD HAS LIABILITY INSURANCE. IF ALL PARTIES FEEL THE CHILD IS NOT RESPONSIBLE ENOUGH FOR A DRIVER'S LICENSE THEN THEY MUST AT LEAST OBTAIN A STATE ID ON OR BEFORE THE CHILD TURNS 16.

## EMERGENCIES

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THE DFPS STATEWIDE INTAKE HOTLINE'S PHONE NUMBER MUST BE READILY AVAILABLE AND DISPLAYED PROMINENTLY IN ALL FOSTER HOMES. (NOTE: THIS NUMBER IS CURRENTLY PROVIDED ON THE ENGLISH AND SPANISH OMBUDSMAN POSTER.)

GUIDING LIGHT MUST REPORT TO RCM WITHIN 24 HOURS WHEN A CHILD RUNS AWAY OR AN ALLEGATION OF ABUSE/NEGLECT.

### **DISASTER EMERGENCY PLAN (DEP)**

FOSTER PARENTS WILL RECEIVE DISASTER EMERGENCY PLAN (DEP) TRAINING EVERY YEAR AND A COPY OF YOUR DISASTER EMERGENCY PLAN MUST BE IN THE HOME WHICH INCLUDES EMERGENCY CONTACT NUMBERS.

AN EMERGENCY SYSTEM HAS BEEN ESTABLISHED BY GUIDING LIGHT FOR FAMILIES TO NOTIFY THE AGENCY OF A DISASTER/EMERGENCY EVENT, SAFETY OF CHILDREN, THE DESTINATION AND TIME OF ARRIVAL OF FAMILIES, AND THE CONDITION OF FOSTER CHILDREN DURING AN EVACUATION.

**CALL THE DISASTER NUMBER AND SPEAK TO THE GUIDING LIGHT RESPONSE TEAM AT:**

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THE GUIDING LIGHT RESPONSE TEAM WILL BE EXPECTING YOUR CALL TO COLLECT INFORMATION ABOUT YOUR DESTINATION AND THE CONDITION OF EACH FOSTER CHILD. THEY WILL MAINTAIN A TRACKING LOG OF EVERYONE'S WHEREABOUTS.

IN YOU NEED TO REACH GUIDING LIGHT BY EMAIL, PLEASE EMAIL: [ASSISTANCE@GUIDING LIGHTIFE.ORG](mailto:ASSISTANCE@GUIDINGLIGHTIFE.ORG) IT IS A DESIGNATED EMAIL FOR DISASTERS.

GUIDING LIGHT STAFF WILL VIEW THE ONLINE DATABASE FOR INFORMATION ABOUT FAMILIES AND THEIR CHILDREN IN CARE. THIS INFORMATION WILL INDICATE THE EMERGENCY CONTACT (THE PERSON FAMILIES MAY BE STAYING WITH DURING AN EVACUATION), THE VEHICLE MAKE AND NUMBER, PHONE NUMBERS, AND OTHER PERTINENT INFORMATION. THIS INFORMATION WILL SAVE TIME FOR FOSTER FAMILIES TO PROVIDE UPDATED INFORMATION PERIODICALLY REGARDING THEIR LOCATION AND THE CONDITION OF EACH CHILD IN CARE.

### **REFUSING TO EVACUATE:**

WARNING! FAMILIES WITH DFPS CHILDREN IN THEIR CARE ARE REQUIRED TO EVACUATE WHEN LOCAL AUTHORITIES ISSUE A MANDATE TO EVACUATE. IF A FAMILY REFUSES TO EVACUATE WHEN AUTHORITIES ISSUE THE MANDATORY EVACUATION, TDFPS CONSIDERS THIS A VIOLATION OF MINIMUM STANDARDS AND AGENCY POLICY, AND A CORRECTIVE ACTION PLAN WILL BE REQUIRED BECAUSE THEY PUT WARDS OF THE STATE IN DANGER. THE CPS TELEPHONE NUMBER TO BE USED TO REPORT INFORMATION ON CHILDREN THAT ARE NOT ACCOUNTED FOR DURING A MANDATORY AND EMERGENCY EVACUATION IS THE TEXAS ABUSE/NEGLECT HOTLINE NUMBER: (800) 252-5400.

### **MEDICATION REFILLS AND SCHOOL ENROLLMENT:**

IF A FAMILY IS FORCED TO RELOCATE DUE TO AN EMERGENCY, GUIDING LIGHT'S EXECUTIVE STAFF WILL CONFER BEFORE AND DURING AN EVENT TO ASSURE ADEQUATE STAFFING IN AREAS WHERE FOSTER CHILDREN WILL BE TRANSPORTED. GUIDING LIGHT STAFF WILL ASSIST FOSTER PARENTS WITH LOCATING MEDICAL AND DENTAL AS NECESSARY IN DESIGNATED AREAS. TDFPS WILL ARRANGE WITH LOCAL PHARMACISTS TO FILL PRESCRIPTIONS ON AN EMERGENCY BASIS; IF THE FAMILY PRESENTS THE BOTTLE OR THE PRESCRIPTION. STAFF WILL ALSO ASSIST AS NECESSARY WITH ENROLLING FOSTER CHILDREN IN LOCAL SCHOOLS WHEN CLOSED FOR AN EXTENDED TIME DUE TO A DISASTER.

TRAINING

#### DISASTER PLAN TRAINING WILL BE SCHEDULED AS FOLLOWS:

- AT ORIENTATION FOR PROSPECTIVE FAMILIES
- AT PRE-SERVICE TRAINING FOR NEW FOSTER FAMILIES  
ADVANCED FOSTER FAMILY TRAINING EVERY YEAR

TRAINING MATERIAL WILL BE UPDATED PRIOR TO THE TRAINING AFTER EACH TEAM REVIEW OF THE DISASTER/EMERGENCY PLAN (DEP). EACH TIME THE PLAN IS REVISED, FAMILIES WILL BE GIVEN A NEW REVISED COPY OF THE PLAN DURING THE FOLLOWING TRAINING EVENT, AND WILL SIGN OFF AS HAVING RECEIVED THE NEW PLAN. THIS COPY IS EXPECTED TO BE AVAILABLE IN THE HOME IN THE EVENT OF A LICENSING INSPECTION.

#### CRISIS COUNSELING

FOSTER PARENTS ARE CONSISTENTLY TRAINED TO MEET THE CHILD'S EMOTIONAL NEEDS DURING STRESSFUL PERIODS, AND WILL BE EXPECTED TO KEEP THE CHILDREN CALM DURING EVACUATION PROCEDURES. SHOULD A SERIOUS EVENT OF INJURY, TRAUMA, OR DEATH OCCUR DURING THE DISASTER OR THE EVACUATION, STAFF WILL ASSIST THE FAMILY IN LOCATING A PROFESSIONAL TO RENDER NECESSARY SERVICES, SUCH AS MEDICAL OR MENTAL HEALTH COUNSELING. ONCE THE CHILDREN RETURN HOME, ANY TRAUMA THEY MAY HAVE EXPERIENCED OR WITNESSED WILL BE ADDRESSED IN THERAPY WITH A SUB-CONTRACTED THERAPIST.

#### TYPES OF DISASTERS THAT COULD INITIATE THE EMERGENCY DISASTER PLAN:

##### FIRE

- 1) REMAIN CALM TO AVOID PANIC AMONG FAMILY MEMBERS.
- 2) EVALUATE SAFEST MEANS OF ESCAPE FROM THE HOME.
- 3) EVACUATE ALL MEMBERS OF THE HOUSE QUICKLY AND SAFELY.
- 4) CHECK TO BE SURE EACH PERSON IS ACCOUNTED FOR THAT LIVES IN THE HOME.
- 5) ONE PARENT WILL REMAIN WITH THE CHILDREN OUTSIDE THE HOME AT ALL TIMES, TO ASSURE THE CHILDREN'S ONGOING SAFETY. (REMAIN IN A SAFE LOCATION, FREE OF TRAFFIC AND FIRE).
- 6) AS QUICKLY AS POSSIBLE CONTACT THE LOCAL FIRE DEPARTMENT OR 911.
- 7) CONTACT THE GUIDING LIGHT CHILD PLACEMENT STAFF OR THE LOCAL BRANCH OFFICE DURING BUSINESS HOURS, AND JANELLE HOLLAND AFTER HOURS, AS SOON AS POSSIBLE.
- 8) IN THE EVENT A FOSTER CHILD HAS SUFFERED SERIOUS MENTAL OR PHYSICAL INJURY, IMMEDIATELY INITIATE THE NECESSARY CARE PLAN AS OUTLINED IN EMERGENCY SERVICES. THE FOSTER CHILD'S MANAGING CONSERVATOR MUST BE CONTACTED WITHIN A 24-HOUR PERIOD OF TIME FROM THE TIME THE INCIDENT IS REPORTED TO GUIDING LIGHT.
- 9) AN INCIDENT REPORT MUST ALSO BE COMPLETED AND TURNED IN TO THE GUIDING LIGHT OFFICE WITHIN 24 HOURS.

##### FLOOD

- 1) SHOULD SEVERE RAINS CONTINUE TO AN EXTENT THAT SERIOUS FLOODING IS SUSPECTED, THE FOSTER PARENTS SHOULD KEEP THEIR RADIOS TUNED TO THE LOCAL STATIONS FOR UP TO DATE FORECASTS.
- 2) IF IT IS INDICATED THAT THE CHANCE OF FLOODING IS IMMINENT, FOSTER PARENTS SHOULD HAVE ALL CHILDREN BOARD THE VEHICLES FOR EVACUATION.
- 3) FOSTER PARENTS/STAFF SHOULD LOAD ALL MEDICATIONS AND RECORDS (MED LOGS, MEDICAID CARDS, SS CARD)
- 4) TURN OFF ALL LIGHTS & UNPLUG ALL ELECTRICAL APPLIANCES (IF TIME PERMITS)



- 5) SAFELY TRANSPORT ALL CHILDREN TO HIGHER GROUND.
- 6) SHOULD THE ENTIRE VICINITY BE IN DANGER OF FLOODING, CHILDREN SHOULD BE TRANSPORTED TO A SAFE PLACE AT THE FOSTER PARENT'S DISCRETION (RED CROSS SHELTER, HOTEL).
- 7) GUIDING LIGHT OFFICE SHOULD BE NOTIFIED IMMEDIATELY UPON REACHING YOUR SAFE DESTINATION.

### **TORNADO**

- 1) IN CASE OF TORNADO WATCHES DECLARED BY THE NATIONAL WEATHER SERVICE (NWS), FOSTER PARENTS SHOULD UTILIZE THE PUBLIC INFORMATION SYSTEMS (NEWS ALERTS, EMERGENCY BROADCAST SYSTEM) TO MONITOR THE WEATHER.
- 2) ALL CHILDREN SHOULD BE ADVISED TO REMAIN INDOORS AND AWAY FROM WINDOWS. IF THE NWS DECLARES A TORNADO WARNING, ALL CHILDREN SHOULD BE GATHERED IN A SAFE LOCATION AND REMAIN SEATED (PREFERABLY IN AN INTERIOR ROOM WITHOUT WINDOWS OR GLASS).
- 3) ALL DOORS TO BEDROOMS, BATHROOMS, UTILITY ROOMS, ETC., SHOULD BE CLOSED.

### **HURRICANE**

- 1) WHEN LOCAL AUTHORITIES ISSUE A MANDATE TO EVACUATE, THE LOCAL GUIDING LIGHT OFFICE IS TO BE CLOSED PRIOR TO OR ON THE SAME DAY AS THE EVACUATION MANDATE.
- 2) FAMILIES WITH DFPS CHILDREN IN THEIR CARE ARE REQUIRED TO EVACUATE WHEN LOCAL AUTHORITIES ISSUE A MANDATE TO EVACUATE.
- 3) IF THE FAMILY REFUSES TO EVACUATE WHEN AUTHORITIES ISSUE THE MANDATORY EVACUATION, THE DFPS HOTLINE WILL BE CALLED, AND GUIDING LIGHT WILL CONSULT WITH CPS/DFPS/RCCL TO TAKE WHATEVER ACTION IS RECOMMENDED. A CORRECTIVE ACTION PLAN WILL BE REQUIRED BECAUSE THEY PUT WARDS OF THE STATE IN DANGER.

### **INFECTIOUS DISEASE OUTBREAK**

PREVENT SPREAD OF A COMMUNICABLE DISEASE SUCH AS COVID-19 (A RESPIRATORY VIRUS). THIS MAY INCLUDE THE SUSPENSION OF NON-ESSENTIAL WORK, TRAVEL, SUSPENSIONS OF LARGE GATHERINGS (SUGGESTIONS OF 10 PEOPLE), SOCIAL DISTANCING, NOT VISITING ANYONE FOR A NON-ESSENTIAL PURPOSE, ZOOM/LIFESIZE/MICROSOFT TEAMS MEETING INTERFACE/GOOGLE DUO/ OR FACETIME FOR FACE TO FACE VISITS MAY BE REQUIRED. THIS WILL CHANGE BASED ON FEDERAL AND STATE GUIDELINES (GUIDING LIGHT WILL KEEP POLICY, STAFF, AND FOSTER PARENTS UPDATED).

- 1) FOLLOW ALL CDC (CENTERS FOR DISEASE CONTROL AND PREVENTION) RECOMMENDATIONS ON TRAVEL HEALTH NOTICES (FOUND AT [HTTPS://WWWNC.CDC.GOV/TRAVEL/NOTICES](https://wwwnc.cdc.gov/travel/notices)) REGARDING STAFF AND CHILD TRAVEL AND SUBSEQUENT QUARANTINE.
- 2) EACH OFFICE WILL HAVE A SIGN POSTED INSTRUCTING VISITORS NOT TO VISIT IF THEY ARE ILL OR HAVE SYMPTOMS OF A RESPIRATORY ILLNESS.
- 3) IDENTIFY A LIST OF KEY CONTACTS AT YOUR LOCAL AND STATE HEALTH DEPARTMENTS.
  - a. GUIDING LIGHT USES THE FOLLOWING CONTACTS IN ORDER TO RECEIVE THE MOST ACCURATE INFORMATION REGARDING THE OUTBREAK INCLUDING, BUT NOT LIMITED TO: DFPS, CDC, AND COSA.GOV
  - b. MAINTAIN ONGOING COMMUNICATION WITH YOUR LOCAL PUBLIC HEALTH DEPARTMENT TO FACILITATE ACCESS TO RELEVANT INFORMATION BEFORE AND DURING AN OUTBREAK.
  - c. MONITOR LOCAL AND STATE PUBLIC HEALTH SOURCES TO UNDERSTAND OUTBREAK ACTIVITY IN YOUR COMMUNITY (THE CDC WEBSITE [HTTPS://WWW.CDC.GOV/](https://www.cdc.gov/) AND DEPARTMENT OF STATE HEALTH SERVICES WEBSITE [HTTPS://DSHS.TEXAS.GOV/](https://dshs.texas.gov/)).

- d. BE AWARE OF TEMPORARY SCHOOL CLOSURES AND ADDRESS HOW RESIDENTS WILL BE SUPERVISED WHEN LOCAL GATHERING PLACES MAY BE CLOSED FOR PUBLIC SAFETY.
- e. IF THERE IS TRANSMISSION IN THE COMMUNITY, OPERATIONS SHOULD ALSO CONSULT WITH PUBLIC HEALTH AUTHORITIES FOR ADDITIONAL GUIDANCE.

4) MAIN OR BRANCH OFFICE REQUIREMENTS

I. CLEANING AND SANITIZATION:

- HIGH TOUCH SURFACES IN COMMON AREAS WILL BE CLEANED ONCE PER BUSINESS DAY WITH CDC- APPROVED CLEANER FOR ELIMINATING THE COVID-19 VIRUS BY GUIDING LIGHT OFFICE STAFF OR BY CLEANING CREWS.
- COMMON SHARED DEVICES, INCLUDING BUT NOT LIMITED TO:
  1. IT KEYBOARDS AND MOUSE,
  2. DESKS,
  3. CHAIRS,
  4. MICROWAVES,
  5. COFFEE MAKERS,
  6. DOOR HANDLES
  7. LIGHT SWITCHES
  8. AND COPIERS SHOULD BE CLEANED BY USERS, WITH DISINFECTANT PRODUCTS IMMEDIATELY AFTER USING. GUIDING LIGHT WILL PROVIDE DISINFECTANT PRODUCTS FOR COMMON AREAS.
- GIVEN THAT CLEANING SUPPLIES ARE DIFFICULT TO PURCHASE, SUPPLIES PROVIDED BY GUIDING LIGHT SHOULD ALWAYS BE KEPT IN BUILDING AREAS. IF YOU USE THEM FOR YOUR INDIVIDUAL WORKSTATIONS, PLEASE RETURN SUPPLIES PROMPTLY TO THE SHARED SPACE FOR OTHERS TO USE. DO NOT TAKE PRODUCTS PROVIDED BY GUIDING LIGHT HOME.
- STAFF WILL DISINFECT OFFICE SPACE AS THEY ARE LEAVING THE OFFICE LOCATION. IT IS IMPERATIVE THAT ALL ABOVE SHARED SPACES LISTED ABOVE ARE CLEANED AT THE END OF EVERY SHIFT.

II. SOCIAL DISTANCING:

- a. EMPLOYEES SHOULD STAY AT LEAST SIX (6) FEET FROM OTHER PEOPLE, AND AVOID CONGREGATING IN COMMON AREAS, SUCH AS BREAK ROOMS AND LUNCH AREAS.
  1. WHEN HAVING MEALS IN THE COMMON AREAS, PLEASE CLEAN THE SPACE AFTER USING IT.
- b. EMPLOYEE WORKSPACE WILL BE ARRANGED TO PROVIDE EITHER 6 FEET OF SPACE OR A PHYSICAL BARRIER BETWEEN COWORKERS. WHEN OFFICES NEED MODIFICATION, THE EXECUTIVE DIRECTOR WILL REVIEW FOR APPROVAL.
- c. WE ENCOURAGE THE USE OF PHONE OR VIDEO CONFERENCES FOR MEETINGS.
  1. IF IN-PERSON MEETINGS ARE HELD, SOCIAL DISTANCE SHOULD BE MAINTAINED..
  2. IN ADDITION, WHEN 6 OR MORE PERSONS ARE IN A ROOM TOGETHER, EVERYONE IS ENCOURAGED TO WEAR MASK.
  3. STAFF WILL SELF-MONITOR TEMPERATURES AND NOT REPORT TO THE OFFICE OR INFIELD DUTIES IF THEY ARE FEELING SICK OR HAVE A TEMPERATURE. EMPLOYEES WITH A TEMPERATURE 100° OR HIGHER WILL BE SENT HOME IMMEDIATELY AND WHERE POSSIBLE, THE EMPLOYEE'S WORK AREA WILL BE CONTAINED AND CLEANED.
- d. MASKS ARE RECOMMENDED IN THE FOSTER HOMES AND IN LARGE GROUPS WHEN

PERFORMING GUIDING LIGHT DUTIES IN PUBLIC.

- e. FLEXIBLE WORKING FROM HOME
  - OFFICE SPACE: STAFF ARE ENCOURAGED TO WORK FROM HOME TO MAINTAIN SOCIAL DISTANCING STANDARDS, SUPERVISORS WILL WORK WITH STAFF AND TEAMS TO PROVIDE FLEXIBLE SOLUTIONS.
- f. WE ENCOURAGE ALL STAFF TO FOLLOW CDC GUIDELINES FOR PERSONAL TRAVEL AND CONSIDER COUNTRY CLASSIFICATION LEVELS AND RESTRICTIONS ON ENTRY TO THE US.

III. VISITORS

- a. USE OF THE GUIDING LIGHT OFFICES AND FACILITIES BY OUTSIDE GROUPS WILL BE VERY LIMITED UNTIL WE CAN REOPEN OUR OFFICES IN A SAFE MANNER TO MORE OUTSIDE VISITORS AND GROUPS.
- b. WHEN CORRESPONDING WITH POTENTIAL VISITORS, PLEASE INCLUDE THE MESSAGE IN SECTION VI, BELOW.

IV. SYMPTOMS:

ALL STAFF SHOULD CONTINUE TO SELF-MONITOR FOR THOSE COVID-19 RELATED SYMPTOMS AND CONTACT YOUR SUPERVISOR AND STAY HOME (WORK FROM HOME IF POSSIBLE) WHEN EXHIBITING ANY OF THE FOLLOWING:

- COUGHING
- SHORTNESS OF BREATH
- FEVER
- CHILLS
- REPEATED SHAKING WITH CHILLS
- MUSCLE PAIN
- HEADACHE
- SORE THROAT
- NEW LOSS OF TASTE OR SMELL

V. COMPLAINTS & EEO

- a. EMPLOYEES CONCERNED ABOUT SAFETY AND COWORKER'S COMPLIANCE WITH THE RETURN TO WORK

GUIDELINES MAY CONTACT THEIR SUPERVISOR.

VI. MESSAGE FOR VISITOR CORRESPONDENCE

WHEN YOU VISIT GUIDING LIGHT, PLEASE HELP US DO WELL AND STAY WELL:

- BE PREPARED TO HAVE YOUR TEMPERATURE TAKEN UPON ARRIVAL—NO TEMPERATURES OVER 100<sup>°F</sup>
- MAINTAIN 6-FOOT SOCIAL DISTANCING—OTHERWISE, FACEMASKS ARE REQUIRED
- FACEMASKS ARE REQUIRED FOR GATHERINGS OF TEN PEOPLE OR MORE

WE APPRECIATE YOUR UNDERSTANDING!

4) STAFF REQUIREMENTS:

- a. KEEP RESIDENTS AND EMPLOYEES INFORMED. OFFER TO SHARE INFORMATION ABOUT AVAILABLE COMMUNITY RESOURCES INCLUDING AREAS THAT PROVIDE FREE WI-FI FOR DISTANCE LEARNING, WHERE TO GET TESTED, ANY OTHER REQUIREMENTS AS RECOMMENDED BY CDC, INFORMATION AND REFERRAL NETWORKS, HOTLINES, ETC.

- b. DESCRIBE WHAT ACTIONS THE FACILITY IS TAKING TO PROTECT THEM AS INFORMATION EVOLVES AND CHANGES FROM GOVERNMENT OFFICIALS, INCLUDING ANSWERING THEIR QUESTIONS AND EXPLAINING WHAT THEY CAN DO TO PROTECT THEMSELVES AND THEIR FELLOW RESIDENTS.
  - c. NOTIFYING VIA STAFF EMAIL OR DURING A WEEKLY MEETING AS SOON AS WE ARE AWARE OF ANY CHANGES, FROM THE GOVERNOR.
  - d. EMAILING FOSTER PARENTS VIA EXTENDED REACH WITH ANY CHANGES.
  - e. DISCUSS UPDATES REGARDING COVID-19 EVERY TIME STAFF AND FOSTER FAMILIES MEET FACE TO FACE.
  - f. WHEN CONDUCTING FACE-TO-FACE SERVICES EITHER IN-HOME OR IN OFFICES, STAFF SHOULD CONTACT THE FOSTER PARENT BY PHONE PRIOR TO IN-PERSON CONTACT TO INQUIRE IF THERE ARE CURRENTLY ANY ILLNESSES IN THE HOME OR OFFICE. GUIDING LIGHT STAFF WILL CONDUCT FACE TO FACE EITHER IN THE HOME OR VIA A VIRTUAL SYSTEM, OR MEETING ON THE PORCH WHERE THERE IS 6 FEET DISTANCE.
  - g. WHEN PLANNING FOR OR AT THE TIME OF A HOME VISIT, IF A CLIENT OR FAMILY MEMBER REPORTS BEING SICK, SERVICE PROVIDERS AND GUIDING LIGHT STAFF MUST PLAN FOR ALTERNATE ARRANGEMENTS TO MAINTAIN CONTINUITY OF SERVICES UNTIL ALL MEMBERS OF THE HOUSEHOLD ARE WELL.
  - h. TO PREVENT STIGMA AND DISCRIMINATION, DO NOT MAKE EXPOSURE RISK DETERMINATIONS BASED ON RACE, ETHNICITY OR COUNTRY OF ORIGIN.
  - i. ENSURE CONFIDENTIALITY OF PEOPLE WITH ILLNESS, INCLUDING THOSE CONFIRMED TO HAVE COVID-19.
  - j. STAFF WILL HOLD THEMSELVES ACCOUNTABLE, KEEP SOCIAL DISTANCING, NOT COME TO THE OFFICE WITH A FEVER, AND BE MINDFUL OF OTHER PEOPLE WHEN IN THE OFFICE.
  - k. SELF-CHECK FOR FEVER BEFORE ENTERING THE OFFICE.
  - l. PLAN FOR THE POSSIBLE NEED TO REPORT CASES AND TRANSPORT PERSONS WITH SEVERE ILLNESS TO MEDICAL FACILITIES.
    - i. WHEN FOSTER PARENTS REPORT THE INFECTION STATUS OF THE CHILD, GUIDING LIGHT STAFF MUST COMPLETE THE COVID REPORT ON EXTENDED REACH. AN EMAIL WILL GENERATE SO EVERYONE REQUIRED WILL BE INFORMED.
    - ii. A COVID REPORT FOLLOW UP MUST BE COMPLETED WEEKLY TO REPORT ON THE STATUS OF TESTING, SYMPTOMS, AND SUPPORT.
    - iii. EXECUTIVE DIRECTOR & CASE MANAGER WILL RECEIVE THE EMAIL.
    - iv. IF THE CHILD NEEDS TO BE SEEN AT THE EMERGENCY ROOM OR WITH PRIMARY CARE PHYSICIAN, THE FOSTER PARENT WOULD PROVIDE TRANSPORTATION.
    - v. IF THE CHILD IS SERIOUSLY ILL, FOSTER PARENT WOULD DIAL 911 AND GO TO NEAREST HOSPITAL.
    - vi. A SERIOUS INCIDENT REPORT (SIR) WILL NEED TO BE COMPLETED WITH NOTIFICATION TO THE ABUSE/NEGLECT HOTLINE DUE TO CONTRACTING A COMMUNICABLE DISEASE IF THE CHILD TESTS POSITIVE. IF THE FOSTER PARENT OR STAFF TESTS POSITIVE AND EXPOSES THE CHILD, THEN THE HOTLINE MUST BE NOTIFIED.
    - vii. THE COVID REPORT WILL AUTOMATICALLY BE SENT TO THE DFPS COVID EMAIL ALONG WITH ANY REQUIRED SSCC.
  - m. GUIDING LIGHT STAFF MUST STAY IN CLOSE CONTACT WITH YOUR LOCAL JURISDICTION REGARDING SAFETY PROTOCOLS TO ENSURE A COORDINATED APPROACH TO SERVICE DELIVERY.
  - n. IF IT IS BELIEVED THAT ANY OF THESE DECISIONS WILL HAVE A DETRIMENTAL EFFECT FOR A CHILD, YOUTH OR FAMILY, PLEASE ELEVATE THE CONCERNS AS APPROPRIATE IN DISCUSSIONS ON WEEKLY MEETINGS. THESE DECISIONS WILL BE ON A CASE BY CASE BASIS, EX: CHILD RETURNING FROM RUNAWAY STATUS, GOING TO PARENT-CHILD VISITS
  - o. IF GUIDING LIGHT HAD TO MAKE A CHANGE IN VERIFICATION, OR NOT TAKE PLACEMENTS, ANY REQUIRED CHANGES WILL BE PROVIDED TO RCCL, DFPS & OUR RESIDENTIAL CONTRACT MANAGER.
- 5) FOSTER PARENT REQUIREMENTS:
- a. MONITOR CHILDREN FOR SYMPTOMS THAT RESEMBLE THOSE OF A DISEASE OUTBREAK.
  - b. CONTACT HEALTHCARE PROVIDERS FOR CHILDREN WITH FEVER OR RESPIRATORY SYMPTOMS AND FOLLOW MEDICAL ADVICE; NOT ALL CHILDREN WILL NEED TO BE SEEN BY A HEALTH CARE PROVIDER.
  - c. FOLLOW DISTANCE LEARNING GUIDELINES FROM THE TEA.
  - d. FOLLOW SOCIAL DISTANCING AS RECOMMENDED BY THE CDC.

- e. HAVE THE KIDS STAY CLOSE TO HOME ONLY BE IN SMALL GROUPS IN ORDER TO LOWER THE RISK OF INFECTION.
- f. IF SELF-QUARANTINE IS REQUIRED, NOTIFY THE GUIDING LIGHT CM SO A "COVID REPORTING" FORM CAN BE SUBMITTED IN ER.
- g. IF KIDS RUN AWAY (DURING AN ACTIVE OUTBREAK):
  - i. TAKE TEMPERATURE UPON ARRIVAL.
  - ii. MONITOR FOR SYMPTOMS.
  - iii. HAVE THE CHILD SELF-QUARANTINE FOR 14 DAYS.
  - iv. CONTACT THE CHILD'S HEALTH CARE PROVIDER AND OBTAIN INSTRUCTIONS ON HOW BEST TO CLOSELY SUPERVISE A POTENTIALLY SICK CHILD IN A HYGIENIC MANNER.

6) INTAKE REQUIREMENTS:

- a. PRIOR TO ADMITTING A CHILD TO A FOSTER HOME:
  - i. ASK QUESTIONS ABOUT RELEVANT SYMPTOMS, POTENTIAL CONTACT WITH A PERSON SHOWING SYMPTOMS OF A DISEASE OUTBREAK, AND/OR TRAVEL WITHIN 14 DAYS TO AN AREA WITH SIGNIFICANT COMMUNITY SPREAD OF A DISEASE OUTBREAK.
  - ii. BE AWARE OF HEALTH CONDITIONS THAT WOULD PUT THE CHILD AT GREATER RISK FOR GETTING SERIOUSLY SICK IF THEY CONTRACT THE DISEASE (FOR COVID-19, THIS CAN BE FOUND AT [HTTPS://WWW.CDC.GOV/CORONAVIRUS/2019-NCOV/SPECIFIC-GROUPS/HIGH-RISK-COMPLICATIONS.HTML](https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html))
    - 1. PRIMARY MEDICAL NEEDS (PMN) KIDS.
    - 2. PEOPLE WITH CHRONIC LUNG DISEASE OR MODERATE TO SEVERE ASTHMA.
    - 3. PEOPLE WHO HAVE SERIOUS HEART CONDITIONS.
    - 4. PEOPLE WHO ARE IMMUNOCOMPROMISED.
      - a. MANY CONDITIONS CAN CAUSE A PERSON TO BE IMMUNOCOMPROMISED, INCLUDING CANCER TREATMENT, SMOKING, BONE MARROW OR ORGAN TRANSPLANTATION, IMMUNE DEFICIENCIES, POORLY CONTROLLED HIV OR AIDS, AND PROLONGED USE OF CORTICOSTEROIDS AND OTHER IMMUNE WEAKENING MEDICATIONS.
    - 5. PEOPLE WITH SEVERE OBESITY (BODY MASS INDEX [BMI] OF 40 OR HIGHER).
    - 6. PEOPLE WITH DIABETES.
    - 7. PEOPLE WITH CHRONIC KIDNEY DISEASE UNDERGOING DIALYSIS.
    - 8. PEOPLE WITH LIVER DISEASE.
  - iii. IT IS AT THE FOSTER PARENT'S DISCRETION WHETHER THEY WANT TO HOLD PLACEMENTS DURING A CONTAGIOUS DISEASE OUTBREAK.

7) FACE-TO-FACE REQUIREMENTS:

- A. IF FACE-TO-FACE VISITS WITH CHILDREN ARE NOT REQUIRED TO BE IN PERSON DUE TO AN INFECTIOUS PANDEMIC, MONTHLY CONTACTS ARE STILL REQUIRED, BUT CONTACTS MAY NEED TO BE DONE THROUGH VIDEO CONFERENCING (CASE BY CASE VARIANCE FROM RCCR MUST BE COMPLETED PER HOME/FACILITY).
  - i. VIDEO-CONFERENCING IS INTERPRETED TO MEAN COMMUNICATIONS THROUGH TECHNOLOGY, SUCH AS FACETIME, GOOGLE DUO, OR SKYPE, AND WILL BE REFERRED TO AS A "VIRTUAL CONTACT".
- b. IN ORDER TO DECIDE WHETHER TO CONDUCT AN IN-PERSON FACE-TO-FACE CONTACT OR USE TECHNOLOGY TO CONDUCT A VIRTUAL CONTACT, THE CASE MANAGER SHOULD BALANCE THE SAFETY OF CHILDREN WHILE SIMULTANEOUSLY TAKING EFFORTS TO REDUCE POSSIBLE HEALTH RISKS TO THOSE CHILDREN, THEIR FAMILIES AND CARETAKERS, AND THEMSELVES.
- c. WHEN IN DOUBT, PLEASE CONSULT YOUR SUPERVISOR FOR THE UPDATED PROTOCOL AS A PANDEMIC CAN EVOLVE ON A DAILY BASIS.
- d. EXAMPLES OF WHEN AN IN-PERSON FACE TO FACE CONTACT SHOULD BE USED INCLUDE:
  - i. WHEN THERE HAVE BEEN ANY PREVIOUS NOTED ISSUES OR CONCERNS AROUND THE SAFETY OR QUALITY OF CARE PROVIDED IN THE PLACEMENT.
- e. IF AN IN PERSON FACE-TO-FACE CONTACT IS REQUIRED, THE FOLLOWING SHOULD BE DONE DIFFERENTLY.

PRIOR TO MAKING A HOME VISIT, CALL THE FAMILY AND ASK THE FOLLOWING:

- i. HAVE YOU TRAVELED OUT OF STATE IN THE LAST TWO WEEKS?
- ii. HAS ANYONE IN THE HOUSEHOLD TESTED POSITIVE FOR COVID-19?
- iii. HAVE YOU HAD CONTACT WITH ANYONE WHO COULD HAVE BEEN EXPOSED TO COVID-19 IN THE LAST TWO WEEKS?
- iv. DO YOU HAVE ANY SYMPTOMS OF A RESPIRATORY INFECTION (E.G., COUGH, SORE THROAT, FEVER, OR SHORTNESS OF BREATH)?

IF UNABLE TO MAKE CONTACT PRIOR TO MAKING A HOME VISIT:

- v. KNOCK ON THE DOOR AND ASK THE ABOVE QUESTIONS WHILE STANDING AT THE DOOR/ON THE PORCH AND MAINTAINING A DISTANCE OF APPROXIMATELY SIX FEET.
- vi. IF THE ANSWER TO ANY OF THE ABOVE LISTED QUESTIONS IS YES, REMAIN OUTSIDE OF THE RESIDENCE AND ENCOURAGE THE FAMILY TO CONTACT A MEDICAL PROVIDER.
- vii. STAFF CAN ASSIST THEM WITH MAKING A CALL TO 2-1-1.
- viii. STAFF WILL PROVIDE FAMILY WITH GUIDANCE TO REASSURE THE FAMILY WHO MAY BE NERVOUS ABOUT HAVING SOMEONE COME INTO CONTACT WITH THEM DURING THIS PERIOD.

IF THE ANSWER TO ALL OF THE ABOVE-LISTED QUESTIONS IS NO AND BOTH THE CASE MANAGER AND FAMILY ARE COMFORTABLE AND IN AGREEMENT:

- ix. THE CASE MANAGER ENTERS THE HOME BUT MAINTAINS A SIX-FOOT DISTANCE FROM HOUSEHOLD MEMBERS. (VISITS MAY HAVE TO BE ON THE PORCH. HAVE LAPTOP OR NOTEPAD IN HAND WHILE YOU WALK THE PREMISES, AND THEN GO BACK OUTSIDE TO REVIEW WITH THE FAMILY IN ORDER NOT TO TOUCH ANYTHING.)
- x. BEFORE THE CONCLUSION OF THE VISIT, DISCUSS VIRTUAL CONTACT OPTIONS FOR FUTURE CONTACTS DURING THE HEALTH CRISIS, AS NEEDED.

f. ALL MONTHLY FACE-TO-FACE CONTACTS FOR CHILDREN WITH PRIMARY MEDICAL NEEDS OR COMPLEX MEDICAL NEEDS CAN BE DONE WITH VIRTUAL CONTACTS AT THE DISCRETION OF DFPS AND RCCR APPROVED VARIANCES.

g. HOW TO DOCUMENT A VIRTUAL CONTACT WHEN APPROVED:

- i. VIRTUAL CONTACTS SHOULD BE DOCUMENTED AS A FACE-TO-FACE CONTACT, NOT A TELEPHONE CONTACT.
- ii. IN THE BODY OF THE CONTACT IT SHOULD BE DOCUMENTED WHAT KIND OF SYSTEM WAS USED TO DO THE VISIT. EXAMPLE: ZOOM, SKYPE, FACETIME.
- iii. DO NOT DOCUMENT THE STAFF LOCATION AS THE LOCATION OF THE VISIT. IN THE NARRATIVE TEXT FIELD DOCUMENT THAT THE CONTACT WAS A VIRTUAL CONTACT.

9.) IF A CHILD ON YOUR CASELOAD IS SICK:

- A. PLEASE CONTINUE TO HAVE THE CAREGIVER REACH OUT TO THE APPROPRIATE MEDICAL PROFESSIONAL AND OBTAIN MEDICAL CARE. THERE MAY BE TELEHEALTH OPTIONS AND THE MEDICAL PROFESSIONAL WILL GUIDE THE CAREGIVER WITH CHOICES. IF THEY ARE GOING TO THE EMERGENCY ROOM, THE FOSTER PARENT CAN NOTIFY THE CASE MANAGER DURING BUSINESS HOURS, OR JANELLE HOLLAND IF IT IS AFTER HOURS, DURING HOLIDAYS, OR ON THE WEEKEND.
- b. IF THE MEDICAL PROVIDER CONTACTED SAYS THEY WILL NOT SEE A SICK CHILD WHO IS IN DFPS CONSERVATORSHIP DURING THE COVID-19 HEALTH CRISIS:
  - i. THE CASE MANAGER CAN REACH OUT TO THE WELL BEING SPECIALIST IN YOUR REGION FOR ASSISTANCE OR HAVE THE CAREGIVER CONTACT THE SUPERIOR MEMBER HELP LINE AT 866-912-6283.
  - ii. FOR A SEVERE ILLNESS, GO TO THE EMERGENCY ROOM OR DIAL 911
- c. THE HELP LINE IS AVAILABLE 24/7 AND HAS OPTIONS FOR SPANISH SPEAKERS.

10.) IF A CHILD ON YOUR CASELOAD HAS MEDICATION ISSUES REQUIRING A DOCTOR VISIT, SUCH AS PSYCHOTROPIC MEDICATIONS:

- a. CONTACT THE PRESCRIBING MEDICAL PROVIDER AND DISCUSS OPTIONS.
- b. THERE MAY BE TELEHEALTH OPTIONS OR REFILL EXTENSIONS AVAILABLE.

- c. FOLLOW THE PRESCRIBING MEDICAL PROVIDER'S GUIDANCE.
- d. IF THE MEDICAL PROVIDER CONTACTED SAYS THEY CANNOT ASSIST WITH MEDICATION ISSUES DURING THE COVID-19 HEALTH CRISIS, CASE MANAGER CAN REACH OUT TO THE WELL BEING SPECIALIST IN YOUR REGION (LINK) FOR ASSISTANCE OR HAVE THE CAREGIVER CONTACT THE SUPERIOR MEMBER HELP LINE AT 866-912-6283.
- e. THE HELP LINE IS AVAILABLE 24/7 AND HAS OPTIONS FOR SPANISH SPEAKERS.
- f. CASE MANAGER SHOULD RECOMMEND TO THE FOSTER PARENT THAT THEY SHOULD TRY TO REFILL PRESCRIPTIONS DURING THE WEEK SO THAT THEY CAN REACH PRIMARY CARE PHYSICIAN DURING BUSINESS HOURS.

11.) HOME STUDIES:

- a. GUIDING LIGHT STAFF WILL CONDUCT HOME STUDIES AS RECOMMENDED BY THE STATE.
- b. IN CASES OF CRISIS THEY CAN BE POSTPONED OR DONE VIRTUALLY.

12.) CPS MEETINGS, COURT HEARINGS, FAMILY VISITS, OTHER CPS REQUIRED MANDATES:

- a. CPS WILL CONDUCT VISITS AT THEIR DISCRETION.
- b. GUIDING LIGHT WILL FOLLOW ALL COURT ORDERED REQUIREMENTS.
- c. MAY INCLUDE VIRTUAL VISITS AND CONTACTS WITH BIOLOGICAL PARENTS.

13.) ANY TRAINING THAT IS DUE TO EXPIRE WILL BE CONDUCTED VIRTUALLY THROUGH A LIVE INSTRUCTOR UNTIL TOLD OTHERWISE PER STATE DFPS OR SSCC REQUIREMENTS. IF ANY TRAINING CANNOT BE CONDUCTED FACE TO FACE DUE TO MANDATED STIPULATIONS, THE TRAINING WILL BE CONDUCTED AS SOON AS POSSIBLE IN PERSON.

- a. EX: IF FP HAS ALREADY GONE THROUGH EBI THEN THEY CAN DEMONSTRATE THE RESTRAINTS VIRTUALLY
- b. IF NOT, WE MUST WAIT UNTIL SOCIAL DISTANCING IS NOT REQUIRED ANYMORE.
- c. IMPORTANT THING IS TO TEACH THE DE-ESCALATION TO PREVENT NEED FOR RESTRAINTS.
- d. IF UNCERTAIN OF THE REQUIREMENTS, PLEASE CONSULT WITH THE EXECUTIVE DIRECTOR/PROGRAM DIRECTOR IN YOUR OFFICE.

14.) IF THE STATE REQUIRES VISITS IN PERSON AND IT WOULD BE DETRIMENTAL TO THE CHILD DUE TO SPREAD OF A HIGHLY CONTAGIOUS DISEASE, GUIDING LIGHT MUST COMPLETE A VARIANCE. CHILD CARE REGULATION (CCR) MAY APPROVE A VARIANCE REQUEST INCLUDING, BUT NOT LIMITED TO THE FOLLOWING MINIMUM STANDARDS THAT BROADLY APPLY TO ALL FOSTER HOMES:

- 749.1251(A) REGARDING PRE-PLACEMENTS VISITS OF CHILDREN INTO A FOSTER HOME.
- 749.1291(A) AND (B) REGARDING FACE-TO-FACE CONTACT BETWEEN THE CPMS AND CHILDREN IN FOSTER CARE.
- 749.2815(A)(1) REGARDING QUARTERLY SUPERVISORY VISITS OF THE FOSTER HOME.
- 749.2817(A) REGARDING SUPERVISORY VISITS OF A FOSTER HOME WHERE NO CHILDREN ARE PLACED.

15.) GENERAL PRECAUTIONS:

- a. WASH HANDS OR USE HAND SANITIZER BEFORE AND AFTER HOME OR OFFICE VISITS IN ADDITION TO WASHING HANDS FREQUENTLY.
- b. AVOID PHYSICAL TOUCH (E.G. SHAKING HANDS) WITH OTHERS.
- c. USE SOCIAL DISTANCING:
  - 1. THE PRACTICE OF MAINTAINING A GREATER THAN USUAL PHYSICAL DISTANCE (SUCH AS SIX FEET OR MORE) FROM OTHER PEOPLE OR OF AVOIDING DIRECT CONTACT WITH PEOPLE OR OBJECTS IN PUBLIC PLACES DURING THE OUTBREAK OF A CONTAGIOUS DISEASE IN ORDER TO MINIMIZE EXPOSURE AND REDUCE THE TRANSMISSION OF INFECTION.
- d. COVER YOUR NOSE AND MOUTH WITH A TISSUE WHEN YOU COUGH OR SNEEZE.
- e. THROW THE TISSUE AWAY IMMEDIATELY AFTER YOU USE IT.
- f. WASH YOUR HANDS OFTEN WITH SOAP AND WATER FOR AT LEAST 20 SECONDS, ESPECIALLY AFTER YOU COUGH OR SNEEZE.
- g. AVOID CLOSE CONTACT WITH PEOPLE WHO ARE SICK. WHEN YOU ARE SICK, KEEP YOUR DISTANCE FROM OTHERS TO PROTECT THEM FROM GETTING SICK, AS WELL.

- h. TRY NOT TO TOUCH YOUR EYES, NOSE, OR MOUTH. WHILE IT MAY SEEM SIMPLE, GERMS OFTEN SPREAD THIS WAY
- i. AT THE WORKPLACE, WASH YOUR HANDS FREQUENTLY AND PRACTICE CAUTION WHEN COMING INTO CONTACT WITH COMMONLY TOUCHED SURFACES LIKE DOOR HANDLES, HANDRAILS, AND ELEVATOR BUTTONS.

16.) NOTIFICATION – IF A CHILD IN CARE TESTS POSITIVE FOR COVID-19, GUIDING LIGHT MUST NOTIFY THE HOTLINE, CONTACT THE HEALTH DEPARTMENT AT ONE OF THE FOLLOWING NUMBERS FOUND USING THIS LINK: [HTTPS://DSHS.TEXAS.GOV/REGIONS/LHDS.SHTM](https://dshs.texas.gov/regions/lhds.shtm) AND COMPLETE AN SIR WITHIN 24 HOURS DUE TO THE MINIMUM STANDARDS REGARDING COMMUNICABLE DISEASES. DFPS AND/OR THE SSCC THAT PLACED THE CHILD WILL BE NOTIFIED BY WAY OF THE FOLLOWING:

A. FOR DFPS, EMAIL THE FOLLOWING EMAIL ADDRESS: [DFPSCOV19TESTREPORTING@DFPS.STATE.TX.US](mailto:DFPSCOV19TESTREPORTING@DFPS.STATE.TX.US)

1. IN THE SUBJECT LINE: CHILD’S NAME AND PERSONAL IDENTIFICATION NUMBER (PID)
  2. IN THE EMAIL, INCLUDE AS MUCH OF THE FOLLOWING INFORMATION ABOUT THE CHILD:
    - NAME
    - DATE OF BIRTH
    - MEDICAID NUMBER
    - PID (IF KNOWN)
    - CPS CASEWORKER’S NAME, ADDRESS
    - TYPE OF PLACEMENT
    - NAME OF THE PERSON MAKING THE REPORT AND PHONE NUMBER
    - DATE OF TESTING
    - TESTING SITE
    - TEST RESULTS
  3. THE CPS CW, RCCL, AND RCM WILL BE COPIED ON THE NOTIFICATION.
  4. COMPLETE THE EMERGENCY RESPONSE SURVEY: I AM NOT SURE HOW WE NEED TO SET UP OUR SURVEY???
- [HTTPS://WWW.SURVEYMONKEY.COM/R/RCCLCOVID19](https://www.surveymonkey.com/r/RCCLCOVID19)  
EACH TIME SOMEONE TESTS POSITIVE FOR COVID-19.

B. FOR OCOK, EMAIL THE FOLLOWING EMAIL ADDRESS: [DFPSCOV19TESTREPORTING@DFPS.STATE.TX.US](mailto:DFPSCOV19TESTREPORTING@DFPS.STATE.TX.US) AND CC THE OCOK CARE COORDINATOR OR QI & CONTRACTS SPECIALIST.

1. IN THE SUBJECT LINE: CHILD’S NAME AND PERSONAL IDENTIFICATION NUMBER (PID)
2. IN THE EMAIL, INCLUDE AS MUCH OF THE FOLLOWING INFORMATION ABOUT THE CHILD:
  - NAME
  - DATE OF BIRTH
  - MEDICAID NUMBER
  - PID (IF KNOWN)
  - CPS CASEWORKER’S NAME, ADDRESS
  - TYPE OF PLACEMENT
  - NAME OF THE PERSON MAKING THE REPORT AND PHONE NUMBER
  - DATE OF TESTING
  - TESTING SITE
  - TEST RESULTS

C. FOR ST. FRANCIS:

1. IF A STAFF MEMBER OR FOSTER PARENT HAS TESTED POSITIVE, EMAIL THE FOLLOWING TO [TXPROVIDERRELATIONS@ST-FRANCIS.ORG](mailto:TXPROVIDERRELATIONS@ST-FRANCIS.ORG)
  - FACILITY NAME/LOCATION
  - STAFF ROLE (IF FOSTER PARENT, ARE THERE REGION 1 CHILDREN IN THEIR CARE)
  - DATE THEY TESTED POSITIVE
  - ACTION TAKEN
2. IF A CHILD FROM REGION 1 HAS TESTED POSITIVE, EMAIL THE CHILD’S ST. FRANCIS CASE MANAGER WITH THE FOLLOWING INFORMATION:
  - CHILD’S NAME



- LOCATION (FACILITY OR HOME NAME)
  - DATE TESTED
  - DATE RESULTS RECEIVED
  - ACTION TAKEN
3. IF A CHILD FROM ANOTHER REGION HAS TESTED POSITIVE, EMAIL [TXPROVIDERRELATIONS@ST-FRANCIS.ORG](mailto:TXPROVIDERRELATIONS@ST-FRANCIS.ORG) WITH THE FOLLOWING INFORMATION:
- CHILD'S NAME
  - LOCATION (FACILITY OR HOME NAME)
  - DATE THEY TESTED POSITIVE
  - ACTION TAKEN
- E. FOR 2INGAGE, NOTIFY [CMD@2INGAGE.ORG](mailto:CMD@2INGAGE.ORG) AND [QUALITY@2INGAGE.ORG](mailto:QUALITY@2INGAGE.ORG).
- OTHER TYPES OF DISASTERS: CHEMICAL EMERGENCIES, DAM FAILURE, EARTHQUAKE, HAZARDOUS MATERIAL, HEAT, LANDSLIDE, CRITICAL EQUIPMENT FAILURE, NUCLEAR POWER PLANT EMERGENCY, WINTER STORM, WEAPONS OF MASS DESTRUCTION EVENTS, AND ACTS OF TERRORISM.
- 1) REMAIN CALM TO AVOID PANIC AMONG THE FAMILY MEMBERS.
  - 2) MOVE ALL PERSONS TO THOSE AREAS THAT HAVE NO WINDOWS. MOVE AS QUICKLY AS POSSIBLE.
  - 3) AS SOON AS POSSIBLE, CONTACT THE GUIDING LIGHT CHILD PLACEMENT STAFF DURING BUSINESS HOURS AND JANELLE HOLLAND AFTER HOURS.
  - 4) IN THE EVENT OF MENTAL OR PHYSICAL INJURY TO A CHILD, THE GENERAL PROCEDURE OUTLINED IN THE MEDICAL EMERGENCY PLAN WILL BE FOLLOWED, DEPENDING ON THE EXTENT OF THE INJURY AND THE SEVERITY OF THE DISASTER.
  - 5) IN THE EVENT OF A COMMUNICATION BLACKOUT INVOLVING TELEPHONE LINES, TUNE IN TO YOUR LOCAL RADIO AND/OR TELEVISION STATIONS FOR FURTHER INFORMATION.
    - a. THE FOSTER CHILD'S MANAGING CONSERVATOR MUST BE CONTACTED WITHIN 24 HOURS FROM THE TIME THE INCIDENT IS REPORTED TO GUIDING LIGHT.
  - 6) AN INCIDENT REPORT MUST ALSO BE COMPLETED AND TURNED IN TO THE GUIDING LIGHT OFFICE WITHIN 24 HOURS.

**TYPES OF COMMUNICATION:**

- 1) THE ORDER OF THE LINES OF COMMUNICATION IS AS FOLLOWS: LAND LINES, CELL PHONES AND THEN SATELLITE PHONES.
- 2) OFFICE CALL FORWARDING: WHEN OFFICES IN DISASTER SITES ARE CLOSED, GUIDING LIGHT HAS THE ABILITY TO REMOTELY FORWARD CALLS TO THE CORPORATE OFFICE OR OTHER DESIRED LOCATION BEFORE A STORM HITS. THE STAFF WILL BE TRAINED TO ACCEPT THESE CALLS. THE TRAINING WILL BE INCLUDED IN THE DEP TRAINING MATERIAL AND WILL BE PRESENTED TO EACH RECEPTIONIST AND STAFF WHO COVER THE PHONES WHEN THE RECEPTIONIST IS AWAY FROM HER DESK.
- 3) THE DISASTER NUMBER NEED TO UPDATE WITH OUR NUMBER MAY BE USED FOR FOSTER PARENTS TO CALL FOR NAVIGATION AND ALTERNATE EVACUATION ROUTES.
- 4) IF FAMILIES NEED TO REACH GUIDING LIGHT BY EMAIL, PLEASE EMAIL [ASSISTANCE@GUIDING LIGHTIFE.ORG](mailto:ASSISTANCE@GUIDINGLIGHTIFE.ORG).
  - a. IT IS ONE DESIGNATED EMAIL FOR EMERGENCIES.
- 5) THE GUIDING LIGHT STAFF DESIGNATED TO BE THE DFPS "EMERGENCY CONTACTS" ARE:
  - JANELLE HOLLAND, PHONE NUMBER 254-379-1853
 DFPS MAY ALWAYS CONTACT FOR INFORMATION IN THE EVENT OF AN EMERGENCY OR DISASTER

**NATURAL DISASTER:**

WHEN LOCAL AUTHORITIES INDICATE THE POSSIBILITY OF A NATURAL DISASTER

- 1) BE PREPARED AT ALL TIMES
- 2) MAPS: FLOOD PLAN ZONES MAP: THE QUALITY ASSURANCE STAFF WILL TRACK NATURAL DISASTERS USING THE FOLLOWING WEBSITE: <HTTPS://WWW.TWDB.TEXAS.GOV/FLOOD/>
  - b. AND WILL UPDATE THE PROGRAM DIRECTOR AS TO WHICH FAMILIES WILL BE AFFECTED BY THE DISASTER.
- 1) EMERGENCY FOOD/GEAR: FOSTER FAMILIES SHOULD REFER TO THE 72 HOUR CAREGIVER EMERGENCY SUPPORT PACK WHICH IS A LIST OF ITEMS THAT EACH FAMILY NEEDS TO HAVE ON HAND IN CASE OF EMERGENCY. IN ADDITION, THE LIST THE CAREGIVERS ARE REMINDED TO PAY SPECIAL ATTENTION TO:
  - a. MEDICATIONS: FOR CHILDREN IN THEIR CARE. THE CAREGIVER MUST BRING A FIRST AID KIT WITH THEM IN THE EVENT OF AN EVACUATION TO ENSURE SUPPLIES ARE AVAILABLE WHILE AWAY FROM THE HOME. WHEN SECURING THE HOME'S FIRST AID KIT, CAREGIVERS MUST ALSO BRING ALL MEDICATIONS USED BY CHILDREN IN CARE. GUIDING LIGHT RECOMMENDS OBTAINING A "TACKLE BOX" STYLE FIRST AID KIT, LARGE ENOUGH TO STORE BOTH THE KIT CONTENTS, MEDICATIONS USED BY CHILDREN IN CARE, AND MEDICATION LOGS FOR ENSURING PROPER DOCUMENTATION, SINCE ADMINISTERING MEDICATION MUST CONTINUE TO BE LOGGED DAILY. REFRIGERATED MEDICATIONS WOULD HAVE TO BE STORED IN PORTABLE COOLING DEVICES SUCH AS COOLERS IN TRANSPORT UNTIL SAFETY AND SHELTER IS SOUGHT.
  - b. PRIMARY MEDICAL NEEDS CHILDREN- WHO ARE IN CARE AND WHO REQUIRE SPECIALIZED MEDICAL OR AMBULATORY EQUIPMENT MUST CONTINUE RECEIVING PROPER MEDICAL CARE. SPECIALIZED EQUIPMENT THAT REQUIRES POWER WHEN THE POWER GOES OUT OR IF THEY ARE BEING TRANSPORTED TO SAFETY ALREADY HAVE BATTERY BACKUPS THAT LAST FOR AN EXTENDED/IDENTIFIED PERIOD OF TIME. IN THE EVENT THE SPECIFIED TIME LAPSES AND THE EQUIPMENT NO LONGER HAS POWER, CAREGIVERS WOULD BE REQUIRED TO SEEK HOSPITAL SERVICES AND DO SO TO ENSURE NO LAPSE IN POWER. CAREGIVERS ARE REQUIRED TO ENSURE ALL REGULARLY USED, NECESSARY MEDICAL EQUIPMENT IS CARRIED WITH THE FAMILY IN THE VEHICLE DURING AN EVACUATION. (I.E. NEBULIZERS, WHEELCHAIRS, WALKERS) THE GUIDING LIGHT RESPONSE TEAM WILL CONFIRM WITH THE FOSTER PARENT PRIOR, DURING, AND AFTER THE EMERGENCY TO ENSURE MEDICATIONS AND EQUIPMENT ARE AVAILABLE TO CHILDREN WITH SPECIAL NEEDS OR MEDICAL CONDITIONS.
  - c. GASOLINE: EACH FAMILY SHOULD HAVE A FULL TANK OF GAS PRIOR TO EVACUATION. CAREGIVERS SHOULD NOT TRANSPORT EXTRA FUEL TANKS IN THEIR CARS.
  - d. CHILDREN 24 MONTHS OF AGE/NON MOBILE-CAR SEATS AND OTHER DEVICES SUCH AS STROLLERS FOR TRANSPORTING SMALL CHILDREN UNDER THE AGE OF 24 MONTHS SHOULD BE PACKED IN THE EVACUATION VEHICLE WHEN TRANSPORTING THIS POPULATION. CHILDREN WHO HAVE SPECIAL HEALTH CARE OR DEVELOPMENTAL NEEDS SUCH AS LIMITED MOBILITY, MENTAL, VISUAL OR HEARING IMPAIRMENTS WILL CONTINUE TO NEED ANY SPECIALIZED EQUIPMENT SUCH AS AMBULATORY DEVICES (WHEELCHAIRS, WALKERS, HEARING AID/BATTERIES, EYEGLASSES ETC.) IN AN EMERGENCY. CAREGIVERS WILL NEED TO ENSURE THAT ANY CHILDREN IN THIS POPULATION CONTINUE TO HAVE ACCESS TO THE EQUIPMENT NORMALLY USED IN THE EVENT OF AN EVACUATION.
  - e. GENERATORS: DO NOT PURCHASE GENERATORS DUE TO THE DANGER OF MISINFORMED USE AND POTENTIAL FOR AFFIXATION.
  - f. FREEZER/REFRIGERATOR BAGS: FAMILIES NEED TO PURCHASE A PLASTIC BAG (HOME DEPOT) SPECIFICALLY DESIGNED TO PUT FOOD FROM THE REFRIGERATOR/FREEZER AND LEAVE IN THEIR HOMES THAT WILL ENSURE THAT THE CONTENTS WILL NOT LEAK TO RUINATION OF THE APPLIANCE.
- 4) PROTECTION AND/OR RECOVERY OF CHILDREN'S RECORDS (INCLUDING ELECTRONIC RECORDS)- ALL CHILDREN DOCUMENTS ARE SCANNED INTO GUIDING LIGHT'S ELECTRONIC PORTAL WHICH AUTOMATICALLY BACKS-UP DAILY AND CAN BE RECOVERED AFTER THE DISASTER FROM A SAFE BRANCH OFFICE. THE ELECTRONIC RECORDS INCLUDE BUT ARE NOT LIMITED TO, PLACEMENT INFORMATION, MEDICAL INFORMATION, COPIES OF MEDICAID AND STAR HEALTH CARDS, AND EDUCATION PORTFOLIO. GUIDING LIGHT CONDUCTS ELECTRONIC INFORMATION

BACKUPS TO ENSURE RECOVERABILITY ON A WEEKLY BASIS. GUIDING LIGHT USES ENCRYPTED TRANSMISSION OVER AN EXTERNAL NETWORK CONNECTION AS REQUIRED BY RULES AND LAWS TO ENSURE CONFIDENTIAL DFPS MATERIAL.

- a. GUIDING LIGHT'S ELECTRONIC PORTAL IS IN COMPLIANCE WITH DFPS'S CONTRACTOR INFORMATION SECURITY STANDARDS TO ENSURE THE CONFIDENTIALITY OF CHILDREN'S RECORDS APPLICABLE TO FEDERAL AND STATE LAWS. THE RECORDS WILL BE READILY AVAILABLE TO THE DEPARTMENT UPON REQUEST. ANY PAPER DOCUMENTS CHILDREN OR FAMILY DOCUMENTS WILL BE LOCKED IN A METAL FILE CABINET WITH NO WINDOWS FOR PROTECTION AGAINST WIND DAMAGE OR FLOODING
- b. 120 HOURS (5 DAYS) PRIOR TO IMPACT STORM RELATED AND NON-STORM RELATED DISASTERS UPON NOTIFICATION OF EVENT
  - 1) THE EXECUTIVE DIRECTOR WILL DETERMINE AREA/REGIONS THAT NEED TO BE NOTIFIED OF OFFICE CLOSURES.
  - 2) MAIN GUIDING LIGHT OFFICE WILL BE THE LOCATION UNLESS ANOTHER IS DETERMINED. AT THIS SITE, THERE WILL BE A COORDINATION OF COMMUNICATION FOR TRACKING OF STORMS OR OTHER CATASTROPHIC EVENTS AND DISSEMINATION OF AGENCY RESPONSES.

#### **COMMUNICATION BETWEEN CASE MANAGEMENT AND FOSTER FAMILY**

- 1) THE CASE MANAGER CONTACTS THEIR ASSIGNED FAMILIES TO VERIFY THEIR ANTICIPATED DESTINATION AND THE VEHICLE LICENSE PLATE NUMBER OF THE VEHICLE THE FAMILY PLANS TO DRIVE WHEN EVACUATING.
- 2) THE CASE MANAGER CONTACTS THEIR EXECUTIVE DIRECTOR WITH THE ABOVE INFORMATION.
- 3) THE EXECUTIVE DIRECTOR WILL FORWARD THIS INFORMATION TO THE GUIDING LIGHT RESPONSE TEAM.
- 4) LOGISTICS/ROUTES - STORM/DISASTER TRACKING, THE GUIDING LIGHT RESPONSE TEAM WILL MONITOR RADIO, TV STATIONS, AND WEBSITES REGULARLY TO UPDATE STAFF OF THE STATUS OF THE DISASTER.
- 5) MOVE AGENCY ASSETS THAT MIGHT BE AFFECTED. THIS WOULD INCLUDE HEAVY EQUIPMENT, LIVESTOCK, AND POSSIBLY RECORDS IF TIME ALLOWS. A LIST OF SUCH ASSETS SHOULD BE GIVEN TO THE DIRECTOR OF OPERATIONS, JANELLE HOLLAND, AND SHOULD BE UPDATED REGULARLY.
- 6) THE EXECUTIVE DIRECTOR CAN ACCESS THE DATABASE LISTING OF FAMILIES AND CHILDREN INCLUDING D.O.B, SS#, AND AGES USING GUIDING LIGHT'S ELECTRONIC PORTAL.
- 7) IN THE EVENT A FAMILY WITH CHILDREN IN CARE HAS NO PLACE TO GO, AND HAS NO FUNDS TO SECURE A HOTEL, THE STAFF PERSON (PROGRAM DIRECTOR, CASE MANAGER, OR TRACKING LOG DESIGNEE) WILL NEGOTIATE SPECIAL ARRANGEMENTS, ON BEHALF OF THE FAMILY, WITH THE EXECUTIVE DIRECTOR, JANELLE HOLLAND, TO ASSIST IN THIS FINANCIAL DILEMMA. STAFF TRAINING MATERIAL WILL INCLUDE THIS INFORMATION.
- 8) BACKUP TEAM: A BACK-UP PERSON WILL BE ASSIGNED BY THE DIRECTOR OF QUALITY ASSURANCE IN CASE THE PRIMARY PERSON RESPONSIBLE FOR ANY DUTY IS NOT AVAILABLE.

#### **EVACUATION AND POST EVACUATION REPORTING (DESTINATION REPORTING).**

- 1) FAMILIES WITH DFPS CHILDREN IN THEIR CARE ARE REQUIRED TO EVACUATE WHEN LOCAL AUTHORITIES ISSUE A MANDATE TO EVACUATE
- 2) IF THE FAMILY REFUSES TO EVACUATE WHEN AUTHORITIES ISSUE THE MANDATORY EVACUATION, THE HOTLINE WILL BE CALLED, AND GUIDING LIGHT WILL CONSULT WITH CPS/DFPS/RCCL TO TAKE WHATEVER ACTION IS RECOMMENDED. A CORRECTIVE ACTION PLAN WILL BE REQUIRED BECAUSE THEY PUT WARDS OF THE STATE IN DANGER

- 3) THE RESPONSE TEAM OR THEIR DESIGNEE WILL ASSIST FAMILIES TO ENSURE THAT MEDICAL SERVICES, TREATMENT AND EDUCATIONAL SERVICES ARE CONTINUED. SUCH SERVICES INCLUDE PROVIDING CHILDREN WITH MEDICATION AS PRESCRIBED (INCLUDING INSULIN AND ASTHMA RELATED TREATMENTS), EMERGENCY CARE, AND MEDICAL CARE FOR CHILDREN WITH PRIMARY MEDICAL NEEDS.
- 4) GUIDING LIGHT STAFF WILL ASSIST FOSTER PARENTS WITH LOCATING MEDICAL AND DENTAL AS NECESSARY IN DESIGNATED AREAS.
- 5) STAFF WILL ALSO ASSIST AS NECESSARY WITH ENROLLING FOSTER CHILDREN IN LOCAL SCHOOLS WHEN CLOSED FOR AN EXTENDED TIME DUE TO A DISASTER.
- 6) GUIDING LIGHT STAFF WILL ASSIST THE FOSTER FAMILY MAINTAIN SERVICES REQUIRED BY A COURT ORDER, VISITATIONS WITH BIOLOGICAL FAMILY AND SIBLINGS, AND ANY OTHER SERVICES REQUIRED BY THE CHILD'S SERVICE PLAN

#### COMMUNICATION TRACKING REPORT

- 1) A DISASTER TRACKING REPORT WAS CREATED FOR UPDATED INFORMATION ABOUT FOSTER FAMILY LOCATIONS AND CONDITIONS OF THE CHILDREN IN CARE. THE GUIDING LIGHT RESPONSE TEAM IS DESIGNATED AS THE CONTACT PERSON TO RECEIVE CALLS FROM FAMILIES ABOUT THEIR DESTINATION LOCATION.
- 2) THE DISASTER TRACKING REPORT IS UPDATED EACH TIME THE FOSTER PARENT UPDATES THEIR DISASTER PLAN. THE TRACKING REPORT IS ON EXTENDED REACH FOR ACCESS BY ANY GUIDING LIGHT STAFF MEMBER AT ANY TIME. THIS DISASTER TRACKING REPORT WILL BE USED TO UPDATE THE DFPS WEBSITE.
- 3) THIS CONTACT INFORMATION IS AVAILABLE IN TRAINING MATERIAL AS WELL AS DEP FOR ACCESS BY STAFF AND FOSTER FAMILIES. THE DISASTER NUMBER NEED TO UPDATE 800 ### FOR FAMILIES AND STAFF TO REACH DURING ALL HOURS. EMAIL ADDRESS: NEED TO UPDATE # [ASSISTANCE@GUIDING LIGHTIFE.ORG](mailto:ASSISTANCE@GUIDINGLIGHTIFE.ORG)
- 4) DESIGNATED AUSTIN GUIDING LIGHT STAFF WILL ACCESS THE ONLINE FORMS THAT WILL IDENTIFY EACH FAMILY AND CHILD IN CARE, AND PROVIDE WHERE THE FAMILY HAS TEMPORARILY RELOCATED IN THE EVENT OF A DISASTER. ADDITIONALLY, GUIDING LIGHT'S EXTENDED REACH PORTAL HAS CONTACT INFORMATION FOR EACH CHILD'S CASEWORKER AND CASEWORKER'S SUPERVISOR. THIS INFORMATION WILL BE GIVEN TO THE FOSTER PARENT UPON REQUEST.
- 5) CASE MANAGERS OR EXECUTIVE DIRECTOR CAN RE-VERIFY INFORMATION BY CALLING THEIR ASSIGNED FOSTER PARENTS BY PHONE TO ASSURE CORRECTNESS AND ACCURACY ON THE ONLINE FORM.
- 6) ANY NEW INFORMATION WILL BE COMMUNICATED TO THE ASSIGNED RESPONSE TEAM TO UPDATE THE DISASTER TRACKING REPORT.
- 7) THE GUIDING LIGHT RESPONSE TEAM WILL COLLECT INFORMATION DIRECTLY FROM FAMILIES OR STAFF ONCE THE FAMILY HAS EVACUATED TO UPDATE THE DFPS WEBSITE [WWW.DFPS.STATE.TX.US](http://WWW.DFPS.STATE.TX.US) DURING MASS EVACUATION IN TEXAS AS A METHOD TO CONTACT CPS TO PROVIDE INFORMATION ON THE LOCATION AND CONDITION OF CHILDREN IN CARE WHO HAVE BEEN EVACUATED AND WHEN THEY REACH THEIR DESTINATION. IN SITUATIONS, WHERE ONLINE REPORTING IS NOT ENABLED OR GUIDING LIGHT DOES NOT HAVE ACCESS TO INTERNET THE EVACUATION NOTIFICATION WILL BE MADE BY THE RESPONSE TEAM BY CALLING THE DFPS ABUSE/NEGLECT HOTLINE AT [1-800-252-5400](tel:1-800-252-5400) ONCE PER DAY AT MINIMUM, TO PROVIDE INFORMATION CONCERNING THE CHILDREN UNTIL ALL CHILDREN ARE ACCOUNTED FOR.
- 8) CASE MANAGERS WILL RE-INFORM FOSTER PARENTS TO CALL GUIDING LIGHT RESPONSE TEAM FOR A PREDICTION OF THEIR ESTIMATED TIME OF ARRIVAL AND THEN TO CALL AGAIN ONCE THEY REACHED THEIR DESTINATION.

- 9) GUIDING LIGHT WILL USE THE INFORMATION ON THE DISASTER TRACKING REPORT TO DETERMINE IF THEY REACHED THEIR DESTINATION IN THE GIVEN TIMEFRAME.

#### **RETURNING HOME**

- 1) MEMBERS OF THE GUIDING LIGHT RESPONSE TEAM ARE DESIGNATED TO CONTACT STAFF AND FAMILIES IN REMOTE LOCATIONS TO UPDATE THEM OF ANY NOTICES FROM LOCAL AUTHORITIES REGARDING LOCATIONS WITHOUT RESTORED POWER, AREAS THAT ARE SAFE TO RETURN HOME, ETC. ADDITIONALLY, THE RESPONSE TEAM WILL ASSIST FOSTER FAMILIES IF THEY ARE HAVING DIFFICULTY ACCESSING RESOURCES SUCH AS POWER, FOOD, WATER, AND TRANSPORTATION. THE DESTINATION OF SOME EVACUEES IS IN ANOTHER STATE, MAKING IT DIFFICULT TO ACCESS LOCAL INFORMATION.
- 2) THIS CONTACT INFORMATION IS AVAILABLE IN TRAINING MATERIAL AS WELL AS DEP FOR ACCESS BY STAFF AND FOSTER FAMILIES. THIS INFORMATION WILL BE POSTED ON THE TRACKING REPORT. LISTS WILL BE ASSIGNED TO EACH TEAM MEMBER TO AVOID DUPLICATION.
- 3) GUIDING LIGHT STAFF WILL UPDATE THE DFPS WEBSITE OR CALL THE DFPS 1-800 NUMBER ONCE THE FAMILY RETURNS HOME.
- 4) SERVICES AVAILABLE TO CHILDREN DURING AND AFTER A DISASTER: FOSTER PARENTS ARE CONSISTENTLY TRAINED TO MEET THE CHILD'S EMOTIONAL NEEDS DURING STRESSFUL PERIODS AND WILL BE EXPECTED TO KEEP THE CHILDREN CALM DURING EVACUATION PROCEDURES. SHOULD A SERIOUS EVENT OF INJURY, TRAUMA, OR DEATH OCCUR DURING THE DISASTER OR THE EVACUATION, STAFF WILL ASSIST THE FAMILY IN LOCATING A PROFESSIONAL TO RENDER NECESSARY SERVICES, SUCH AS MEDICAL OR COUNSELING. ONCE THE CHILDREN RETURN HOME, ANY TRAUMA THEY MAY HAVE EXPERIENCED OR WITNESSED WILL BE ADDRESSED IN THERAPY WITH A THERAPIST.

#### **DEP REVIEW:**

- 1) THE GUIDING LIGHT RESPONSE TEAM INCLUDING THE EXECUTIVE DIRECTOR IS RESPONSIBLE TO REVIEW AND UPDATE THE DISASTER/EMERGENCY PLAN AT A MINIMUM OF EVERY YEAR AND IS REVIEWED WHEN THERE ARE CHANGES IN ADMINISTRATION, CONSTRUCTION, OR EMERGENCY PHONE NUMBERS OCCUR.
- 2) INPUT WILL BE SOLICITED FROM OTHER STAFF INVOLVED IN PREVIOUS EMERGENCY SITUATIONS AND SUBMITTED TO THE REVIEW TEAM. EMPHASIS WILL BE PLACED UPON ANY CHANGES TO STAFFING OR CONSTRUCTION OF THE PLAN.
- 3) THE TRACKING REPORT CAN BE ACCESSED FROM GUIDING LIGHT'S SHARE POINT TO REVIEW ALL COMMUNICATION FROM FAMILIES, STAFF, AND DFPS.
- 4) THESE REVIEWS WILL BE SCHEDULED ON AN ANNUAL BASIS.
- 5) TRAINING MATERIAL WILL BE UPDATED IF CHANGES OCCUR DURING THE REVIEW.
- 6) THE REVISED DISASTER PLAN WILL BE GIVEN TO EACH FOSTER/ADOPTIVE FAMILY, AND A REVISED SIGNED PLAN WILL ALSO BE FILED IN EACH HOME'S RECORDS. EACH TIME THE DEP IS REVIEWED AND UPDATED, A NEW DISTRIBUTION OCCURS, AND SIGNED CONFIRMATION IS PLACED IN THE STAFF AND FAMILY RECORDS.

#### **TRAINING:**

- 1) TESTS, OUTLINES, HANDOUTS, AND SIGN-OFF SHEETS WILL BE PRE-PREPARED FOR DISTRIBUTION TO ALL PROGRAM DIRECTOR'S PRIOR TO THE TRAINING. THIS MATERIAL WILL BE UPDATED PRIOR TO THE TRAINING AFTER EACH DEP REVIEW.
- 2) FAMILIES WILL RECEIVE COPIES OF THE UPDATED DEP DURING TRAINING.
- 3) DISASTER/EMERGENCY PLAN TRAINING WILL BE SCHEDULED AS FOLLOWS:

- 4) NEW HIRE ORIENTATION (PROVIDED DURING PRE-SERVICE TRAINING FOR NEW FOSTER FAMILIES)
  - a. TRANSFER FAMILY ORIENTATION
  - b. PRE-SERVICE FOR NEW FOSTER FAMILIES
  - c. STAFF EVERY TWO YEARS (ANNUALLY FOR SSCC'S)
  - d. ADVANCED FF TRAINING EVERY TWO YEARS (ANNUALLY FOR SSCC'S)

**PRACTICE:**

- 1) A FOSTER HOME MUST PRACTICE DISASTER AND EMERGENCY PLANS EACH YEAR BY:
- 2) DISCUSSING THE PLANS AND PROCEDURES FOR HANDLING A FIRE AND WEATHER EMERGENCY WITH CHILDREN IN CARE;
- 3) CONDUCT A FIRE DRILL MONTHLY, SO CHILDREN ARE ABLE TO SAFELY EXIT THE FOSTER HOME WITHIN THREE MINUTES;
- 4) CONDUCT A SEVERE WEATHER DRILL ANNUALLY
  - a. THE CASE MANAGER MUST DOCUMENT THE DISCUSSIONS AND THE DRILLS, INCLUDING THE DATE AND TIME OF EACH IN A QUARTERLY SUPERVISORY VISIT.
  - b. FOR FOSTER HOMES TREATING PMN CHILDREN, A SUBSTITUTE SUCH AS A LARGE BODY PILLOW, SHOULD BE USED FOR EACH CHILD WITH PMN IF THE DRILL WOULD ENDANGER OR OVERSTIMULATE THE CHILD.

**SERIOUS INCIDENTS:**

ANY PROBLEM DURING A CRISIS SITUATION MUST BE DISCUSSED WITH THE CASE MANAGER OR JANELLE HOLLAND AT 254-379-1853 (IF AFTER HOURS) TO RESOLVE THE PROBLEM OR PROVIDE INSTRUCTIONS FOR WHAT ACTION IS TO BE TAKEN DURING THE CRISIS. IF JANELLE HOLLAND IS CALLED AFTER HOURS, THE FOSTER PARENT MUST CONTACT THE GUIDING LIGHT CASE MANAGER THE NEXT BUSINESS DAY. IF JANELLE HOLLAND DOES NOT ANSWER HIS CELL PHONE, THE FOSTER PARENT MUST LEAVE A VOICEMAIL THAT INCLUDES THEIR PHONE NUMBER AND AREA CODE. CPS IS NOT TO BE CALLED TO RESOLVE A PROBLEM, BUT IS TO BE CALLED ONLY TO BE NOTIFIED THAT THE SITUATION IS UNDER CONTROL. CPS WORKERS ARE NOT TO BE ASKED TO SOLVE ANY PROBLEM, BECAUSE THAT IS THE RESPONSIBILITY OF GUIDING LIGHT STAFF. CPS IS TO BE CALLED FOR NOTIFICATION ONLY AFTER THE SITUATION IS HANDLED APPROPRIATELY. A SERIOUS INCIDENT REPORT MUST BE FILLED OUT AND SUBMITTED TO THE GUIDING LIGHT CASE MANAGER FOR ALL SERIOUS INCIDENTS WITHIN 24 HOURS OF OCCURRENCE. YOUR GUIDING LIGHT CASE MANAGER WILL ASSIST YOU IN REVIEWING THE SERIOUS INCIDENT REPORT.

**A. NON-CRIMINAL SERIOUS INCIDENTS:**

1. ADMISSION TO EMERGENCY SHELTER
2. ALLEGATIONS OF ABUSE OR NEGLECT AGAINST AN ADULT
3. ALLEGATIONS OF ABUSE OR NEGLECT AGAINST A CHILD
4. DEATH
5. HOSPITALIZATION FOR CRITICAL PHYSICAL INJURY, PERMANENT DISABILITY, EMERGENCY ROOM VISIT  
(INCLUDING BUT NOT LIMITED TO: DISLOCATED FRACTURED OR BROKEN BONES, CONCUSSIONS, LACERATIONS REQUIRING STITCHES, 2<sup>ND</sup> OR 3<sup>RD</sup> DEGREE BURNS, COMMUNICABLE DISEASE)
6. SUICIDE PHYSICAL ATTEMPT/PSYCHIATRIC HOSPITALIZATION
  - A. THE CPS CASEWORKER AND SUPERVISOR NEED TO BE NOTIFIED IF AN ONSITE PSYCHIATRIST EVALUATES A CHILD FOR CONCERNS OF NEEDING ACUTE PSYCHIATRIC HOSPITALIZATION, AND DETERMINES THAT A HOSPITAL ASSESSMENT IS NOT NECESSARY.
7. UNAUTHORIZED ABSENCES (SEE UNAUTHORIZED ABSENCE SECTION FOR ADDITIONAL REPORTING TIMEFRAMES, CONTACTS, AND AGES OF CHILDREN)

8. COMMUNICABLE DISEASE- ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS), AMEBIASIS, AMEBIC MENINGITIS AND ENCEPHALITIS, ANAPLASMOSIS , ANTHRAX, ARBOVIRAL INFECTIONS CAUSED BY CALIFORNIA SEROGROUP VIRUS, ASBESTOSIS, ASCARIASISEASTERN EQUINE ENCEPHALITIS (EEE) VIRUS, POWASSAN VIRUS, WESTERN EQUINE ENCEPHALITIS (WEE) VIRUS, WEST NILE (WN) VIRUS, BABESIOSIS, BOTULISM-ADULT AND INFANT, BRUCELLOSIS, CAMPYLOBACTERIOSIS, CANCER, CARBAPENEM-RESISTANT ENTEROBACTERIACEAE, CHAGAS' DISEASE, CHANCROID, CHICKENPOX (VARICELLA), CHLAMYDIA TRACHOMATIS INFECTION, CONTAMINATED SHARPS INJURY, CONTROLLED SUBSTANCE OVERDOSE, CORONAVIRUS NOVEL, CRYPTOSPORIDIOSIS, CYCLOSPORIASIS, CYSTICERCOSIS, CYTOGENETIC RESULT (FETUS & INFANT ONLY), CREUTZFELDT-JAKOB DISEASE (CJD), CRYPTOSPORIDIOSIS, CYCLOSPORIASIS, DENGUE, DIPHTHERIA, ECHINOCOCCOSIS, EHRlichIOSIS, FASCIOLIASIS, SHIGA-TOXIN PRODUCING ESCHERICHIA COLI INFECTION, GONORRHEA, HANSEN'S DISEASE (LEPROSY), HAEMOPHILUS INFLUENZAE TYPE B INFECTION, INVASIVE, HANTAVIRUS INFECTION, HEMOLYTIC UREMIC SYNDROME (HUS), HEPATITIS A, B, C, AND E, (ACUTE), HEPATITIS B, (ACUTE AND CHRONIC) IDENTIFIED PRENATALLY OR AT DELIVERY, PERINATAL HEPATITIS B INFECTION, HEPATITIS B, C, &E (ACUTE), HOOK WORM, HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION, INFLUENZA-ASSOCIATED PEDIATRIC MORTALITY, INFLUENZA NOVEL, LEAD, CHILD BLOOD, ANY LEVEL & ADULT BLOOD, ANY LEVEL, LEGIONELLOSIS, LEISHMANIASIS ,LISTERIOSIS , LYME DISEASE, MALARIA, MEASLES (RUBEOLA), MENINGOCOCCAL INFECTION, INVASIVE, MULTIDRUG-RESISTANT ACINETOBACTER (MDR-A)NOVEL INFLUENZA, MUMPS, PARAGONIMIASIS, PERTUSSIS, PLAGUE, POLIOMYELITIS, ACUTE PARALYTIC, POLIOVIRUS INFECTION, N ON-PARALYTIC, Q FEVER, RABIES, RELAPSING FEVER, RUBELLA (INCLUDING CONGENITAL), SALMONELLOSIS, INCLUDING TYPHOID FEVER, SEVERE ACUTE RESPIRATORY SYNDROME (SARS) , SHIGELLOSIS, SMALLPOX, SPOTTED FEVER GROUP RICKETTSIOSES (SUCH AS ROCKY MOUNTAIN SPOTTED FEVER), STREPTOCOCCAL DISEASE: INVASIVE GROUP A, INVASIVE GROUP B, OR INVASIVE STREPTOCOCCUS PNEUMONIA; SYPHILIS, TAENIA SOLIUM & UNDIFFERENTIATED TAENIA INFECTIONS, INCLUDING CYSTICERCOSIS, TETANUS, TRICHINOSIS, TUBERCULOSIS, TULAREMIA, TYPHUS, VIBRIO INFECTION, INCLUDING CHOLERA (SPECIFY SPECIES), VIRAL HEMORRHAGIC FEVERS, YELLOW FEVER, VERSINIOSIS, VANCOMYCIN-INTERMEDIATE RESISTANT STAPHYLOCOCCUS AUREUS (VISA), VANCOMYCIN-RESISTANT STAPHYLOCOCCUS AUREUS (VRSA), YERSINIOSIS9. DISASTER (ANY INCIDENT THAT RENDERS ALL OR PART OF YOUR OPERATION UNSAFE OR UNSANITARY FOR A CHILD, SUCH AS A FIRE OR A FLOOD)

THE FOSTER PARENT MUST NOTIFY THE GUIDING LIGHT CASE MANAGER OR JANELLE HOLLAND ([254-379-1853](tel:254-379-1853)) (IF AFTER HOURS) IMMEDIATELY, REPORT ANY SERIOUS INCIDENTS DIRECTLY TO THE TEXAS ABUSE AND NEGLECT HOTLINE [1-800-252-5400](tel:1-800-252-5400), IF THE INCIDENT INVOLVES A CHILD UNDER THE CARE OF THE FOSTER PARENT, AND NOTIFY THE CHILD'S CPS CASEWORKER, CPS' CHAIN OF COMMAND, AND RCM OF:

1. ABUSE/NEGLECT ALLEGATIONS- AS SOON AS YOU BECOME AWARE OF IT. GUIDING LIGHT WILL ALSO PROVIDE INFORMATION AS TO WHETHER THERE IS A PLAN TO MOVE THE CHILD UNTIL THE INVESTIGATION IS COMPLETE;
2. SUBSTANTIAL PHYSICAL INJURY OR CRITICAL ILLNESS- AS SOON AS POSSIBLE, BUT NO LATER THAN 24 HOURS AFTER THE INCIDENT OR OCCURRENCE;
3. DEATH- WITHIN 2 HOURS AFTER THE CHILD'S DEATH; LAW ENFORCEMENT NO LATER THAN 1 HOUR AFTER THE CHILD'S DEATH
4. SUICIDE ATTEMPT- AS SOON AS YOU BECOME AWARE OF IT;
5. COMMUNICABLE DISEASE- NOTIFY THE HOTLINE UNLESS IT IS CONFIDENTIAL AS SOON AS POSSIBLE, BUT NO LATER THAN 24 HOURS AND NOTIFY CPS CASE WORKER IF THE CHILD HAS CONTRACTED THE COMMUNICABLE DISEASE OR HAS BEEN EXPOSED TO IT AS SOON AS POSSIBLE, BUT NO LATER THAN 24 HOURS AFTER YOU BECOME AWARE OF THE COMMUNICABLE DISEASE; AND
6. DISASTER- AS SOON AS POSSIBLE, BUT NO LATER THAN 24 HOURS.
7. UNAUTHORIZED ABSENCES (SEE CHART FOR TIME FRAMES TO CALL.)

**B. CRIMINAL SERIOUS INCIDENTS:**

1. ANY ARREST (DRUGS, STEALING, ASSAULT, ETC.)
2. SEXUAL INCIDENTS WITH AN ADULT OR BETWEEN CHILDREN WHERE THERE IS A SIGNIFICANT DIFFERENCE IN SIZE, DEVELOPMENTAL LEVEL, OR AGE DIFFERENCE GREATER THAN 2 YEARS
3. SEXUAL ASSAULT BY A CHILD TOWARDS PEERS OR SIBLINGS
4. PHYSICAL AGGRESSION BY CHILD THAT RESULTS IN OBSERVABLE PHYSICAL INJURY AND CAUSES MATERIAL IMPAIRMENT OR REQUIRES MEDICAL ATTENTION TOWARDS FOSTER PARENTS, PEERS, OR SELF.
5. UNAUTHORIZED POSSESSION OF FIREARMS

THE FOSTER PARENT MUST NOTIFY THE GUIDING LIGHT CASE MANAGER OR JANELLE HOLLAND (254)-379-1853 (IF AFTER HOURS) IMMEDIATELY, REPORT ANY SERIOUS INCIDENTS DIRECTLY TO THE TEXAS ABUSE/NEGLECT HOTLINE 1-800-252-5400, IF THE INCIDENT INVOLVES A CHILD UNDER THE CARE OF THE FOSTER PARENT, LAW ENFORCEMENT, AND NOTIFY THE CHILD'S CPS CASEWORKER OF:

- ARREST- AS SOON AS POSSIBLE, BUT NO LATER THAN 24 HOURS TO THE HOTLINE AND AS SOON AS YOU BECOME AWARE OF IT TO CPS CASEWORKER;
- PHYSICAL ABUSE BY A CHILD WITH SUBSTANTIAL INJURY- AS SOON AS YOU BECOME AWARE OF IT;
- SEXUAL ABUSE OF A CHILD- AS SOON AS YOU BECOME AWARE OF IT;
- UNAUTHORIZED POSSESSION OF A FIREARM- AS SOON AS POSSIBLE, BUT NO LATER THAN 24 HOURS TO THE HOTLINE AND AS SOON AS YOU BECOME AWARE OF IT TO CPS CASEWORKER

**C. NON-SERIOUS INCIDENTS THAT COULD BECOME SERIOUS INCIDENTS:**

1. ALCOHOL/DRUG USE
2. DISPENSING ALCOHOL OR DRUGS
3. EXCESSIVE VERBAL AGGRESSION
4. FIRE SETTING
5. HALLUCINATING
6. ILLNESS/INJURY (ASSAULTED BY PEER, SELF- INFLECTED INJURY, CONTAGIOUS DISEASE, BURN)
7. MEDICATION PROBLEM SUCH AS MISSED DOSAGE
8. MEDICAL HOSPITALIZATION
9. PHYSICAL AGGRESSION BY A CHILD THAT DOES NOT RESULT IN OBSERVABLE INJURY
10. PROPERTY DAMAGE
11. SEXUAL INCIDENTS
12. ANIMAL CRUELTY
13. SCHOOL OR SCHOOL BUS INCIDENT
14. VIOLATION OF HOUSE RULES

THE FOSTER PARENT MUST NOTIFY THE GUIDING LIGHT CASE MANAGER OR JANELLE HOLLAND (254)-379-1853 (IF AFTER HOURS) IMMEDIATELY. GUIDING LIGHT STAFF WILL JUDGE THE SERIOUSNESS OF THE INCIDENT AND IF THE TEXAS ABUSE/NEGLECT HOTLINE OR CPS CASEWORKER SHOULD BE CONTACTED FOR THE INCIDENTS.

**D. CLINICAL NON-SERIOUS INCIDENTS THAT COULD BECOME SERIOUS.**

1. THREATS OF LIFE ENDANGERMENT TO SELF OR OTHERS (SUICIDAL/HOMICIDAL)

THE FOSTER PARENT MUST NOTIFY JANELLE HOLLAND (254)-379-1853 IMMEDIATELY TO PROVIDE A CLINICAL ASSESSMENT OF THE SERIOUSNESS OF THE INCIDENT AND IF THE TEXAS ABUSE/NEGLECT HOTLINE OR CPS CASEWORKER SHOULD BE CONTACTED FOR THE FOLLOWING INCIDENTS. THE FOSTER PARENT MUST NOTIFY THE GUIDING LIGHT CASE MANAGER, AFTER JANELLE HOLLAND HAS COMPLETED THE ASSESSMENT.



E. FOSTER PARENT SERIOUS INCIDENT REPORTS

1. ANY INCIDENT THAT REQUIRES ALL OR PART OF THE HOME AS UNSAFE OR UNSANITARY, SUCH AS FIRE OR FLOOD.
2. DISASTER OR EMERGENCY THAT CAUSES THE HOME TO CLOSE (DEATH OF CAREGIVER)
3. FOSTER PARENT OR HOUSEHOLD MEMBER CONTRACTS COMMUNICABLE DISEASES LISTED IN SECTION A:8.
4. ALLEGATION THAT FOSTER PARENT OR ADULT HOUSEHOLD MEMBER HAS ABUSED DRUGS WITHIN THE PAST SEVEN DAYS
5. AN INVESTIGATION OF ABUSE OR NEGLECT BY AN ENTITY OTHER THAN RCCL
6. AN ARREST, INDICTMENT, OR A COUNTY OR DISTRICT ATTORNEY ACCEPTS "INFORMATION" REGARDING AN OFFICIAL COMPLAINT AGAINST AN EMPLOYEE, PROFESSIONAL LEVEL SERVICE PROVIDER, FOSTER PARENT, CONTRACT STAFF, OR OTHER ADULT IN THE AGENCY ALLEGING COMMISSION OF ANY CRIME OR WHEN LAW ENFORCEMENT RESPONDS TO AN ALLEGED INCIDENT AT THE FOSTER HOME.

THE FOSTER PARENT MUST NOTIFY THE GUIDING LIGHT CASE MANAGER OR JANELLE HOLLAND [\(254\)-379-1853](tel:254-379-1853) (IF AFTER HOURS) IMMEDIATELY, REPORT ANY SERIOUS INCIDENTS DIRECTLY TO THE TEXAS ABUSE/NEGLECT HOTLINE [1-800-252-5400](tel:1-800-252-5400), NOTIFY THE CHILD'S CPS CASEWORKER AS SOON AS POSSIBLE, BUT NO LATER THAN 24 HOURS FOR INCIDENTS SUCH AS FIRE, FLOOD, DISASTER, OR EMERGENCY THAT CAUSES THE HOME TO CLOSE (DEATH OF CAREGIVER), AND FOSTER PARENT CONTRACTING A COMMUNICABLE DISEASE. INCIDENTS THAT DO NOT REQUIRE A CALL TO THE CPS WORKER ARE ALLEGATIONS OF DRUG USE WITHIN THE PAST 7 DAYS, AN INVESTIGATION OF ABUSE OR NEGLECT BY AN ENTITY OTHER THAN RCCL, AND ARREST OR LAW ENFORCEMENT RESPONDS TO AN ALLEGED INCIDENT AT THE FOSTER HOME.



# FINANCES

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**I. CONTRACT AGREEMENT:**

OUR FOSTER PARENTS WILL RECEIVE BI-MONTHLY PAYMENTS OF AN AMOUNT BASED UPON THE NUMBER OF CHILDREN AND THEIR CORRESPONDING LOC IN THE HOME DURING THE PAYROLL PERIOD. SPECIAL NEEDS WILL BE DISCUSSED WITH THE GUIDING LIGHT STAFF.

- **RATE OF PAYMENT**

GUIDING LIGHT FOSTER PARENT PER DIEM PAYMENTS:

BASIC CARE	\$ 28.00 PER DAY
MODERATE	\$ 50.00 PER DAY
SPECIALIZED	\$ 60.00 PER DAY
INTENSE	\$92.43 PER DAY

A. THE MAJORITY OF THE CHILDREN PLACED WITH GUIDING LIGHT ARE IN THE CONSERVATORSHIP OF THE TDFPS. THEIR EXPENSES ARE COVERED BY TDFPS ACCORDING TO THEIR ASSIGNED YFT LEVEL OF CARE.

B. GUIDING LIGHT WILL ACCEPT CHILDREN FROM OTHER RECOGNIZED AGENCIES IN CONTRACTUAL AGREEMENT WITH GUIDING LIGHT OR PRIVATE PLACEMENTS WHEN A CHILD CAN BENEFIT FROM THE SERVICES OFFERED. THE FEE FOR THESE PLACEMENTS WILL BE COMMENSURATE TO THE DESIGNATED STATE REIMBURSEMENT FOR THE CHILD'S EQUIVALENT LEVEL OF CARE. ALL OF THE SAME SERVICES, AS DESCRIBED IN THE AGENCY'S POLICIES AND PROCEDURES, COMMENSURATE TO A CHILD IN THE STATE'S CONSERVATORSHIP WILL BE AFFORDED TO ALL PRIVATE PLACEMENTS

**II. ALLOWANCES AND MONEYS EARNED BY CHILDREN:**

THE FOSTER PARENTS SHALL REGULATE SPENDING ALLOWANCES UNTIL THE CHILD SHOWS ABILITY TO HANDLE MONEY. MONEYS EARNED BY CHILDREN WILL BE HANDLED UNDER THE SUPERVISION OF THE FOSTER PARENTS, I.E., SAVINGS, PERSONAL SPENDING, GIFTS, ETC., BUT REMAIN THE PROPERTY OF THE CHILD ALONG WITH PROCEEDS OF ANY INVESTMENTS BY THE CHILD AND ARE TO BE RETURNED TO THE CHILD AT DISCHARGE.

**III. INSURANCE AND MEDICAL ASSISTANCE:**

MEDICAL, PSYCHOLOGICAL, AND DENTAL EXPENSES ARE MEDICAID REIMBURSED OR THE RESPONSIBILITY OF THE REFERRING AGENCY. OTHER SERVICES SHALL BE AUTHORIZED IN ADVANCE BY THE CASE MANAGER BASED UPON NEED AND FREQUENCY AS ESTABLISHED BY A LICENSED HEALTH CARE PROFESSIONAL.

WHEN THE CHILD NEEDS MEDICAL ATTENTION, HE SHOULD BE TAKEN TO A PHYSICIAN AND GUIDING LIGHT IS TO BE NOTIFIED AT ONCE. PAYMENT WILL BE BY MEDICAID INSURANCE. IF THE PHYSICIAN RECOMMENDS A SPECIAL COURSE OF TREATMENT, THE FOSTER PARENTS SHALL DISCUSS IT WITH THE CASE MANAGER AND SECURE AUTHORIZATION BY THE MANAGING CONSERVATOR AND THE GUIDING LIGHT DIRECTOR.

**IV. SCHOOL TUITION:**

PRIVATE SCHOOL TUITION WILL NOT BE PAID BY GUIDING LIGHT UNLESS THE NEED IS INDICATED AND REQUESTED BY GUIDING LIGHT.

**V. PROPERTY DAMAGE:**

PROPERTY DAMAGE BY A FOSTER CHILD IS TO BE SUBMITTED TO THE FOSTER PARENT'S HOME INSURANCE. GUIDING LIGHT WILL NOT COVER PROPERTY DAMAGE.

**VI. TRANSPORTATION:**

GUIDING LIGHT WILL REIMBURSE FOR TRANSPORTATION FOR CHILD PLAN OF SERVICE REQUIREMENTS ONLY, INCLUDING BUT NOT LIMITED TO, PAL CLASSES, FAMILY VISITS, DRIVER'S EDUCATION CLASSES AND PRIVATE SCHOOLS IF REQUIRED BY CPS. PLEASE NOTE WE DO NOT REIMBURSE MILEAGE FOR TRAINING, DAY CARE, OR RECREATIONAL ACTIVITIES.

FOR GUIDING LIGHT REIMBURSEMENTS, YOU WILL BE REIMBURSED AT A RATE ESTABLISHED BY GUIDING LIGHT FOR APPROVED MILEAGE ACCRUED BEYOND 25 MILES FROM YOUR HOME FOR EACH ROUND TRIP. GUIDING LIGHT WILL REIMBURSE A MAXIMUM OF 275 MILES FOR EACH BIOLOGICAL FAMILY VISIT AND 175 MILES FOR EACH SIBLING VISIT. IN ORDER TO BE REIMBURSED FOR MILEAGE, YOU MUST SUBMIT AN EXPENSE ACCOUNT. FOSTER PARENT EXPENSES FOR TRAVEL ARE REQUIRED TO BE SUBMITTED TO THE PROGRAM DIRECTOR BY THE 3<sup>RD</sup> OF THE FOLLOWING MONTH. ALL EXPENSES MUST BE SUBMITTED NO LATER THAN 30 DAYS FROM THE INITIAL CUT-OFF DATE, OR THEY WILL NOT BE REIMBURSED. TRAVEL EXPENSES AND CHILDCARE COSTS DURING TRAINING ARE THE RESPONSIBILITY OF THE FOSTER PARENT

FOSTER PARENTS ARE TO USE THE MEDICAL TRANSPORT PROGRAM (MTP) TO RECEIVE REIMBURSEMENT FOR ROUTINE MEDICAL APPOINTMENTS (INCLUDING THERAPY), DENTAL APPOINTMENTS, AND DRUG STORE SERVICES. FOSTER PARENTS MUST NOTIFY MTP.



**VII. RESPITE/BABYSITTING:**

GUIDING LIGHT STRONGLY ENCOURAGES FOSTER PARENTS TO TAKE A BREAK FROM THEIR RESPONSIBILITIES AT LEAST EVERY THREE MONTHS. THEREFORE, FOSTER PARENTS SERVING LEVEL MODERATE, SPECIALIZED & INTENSE SERVICE LEVEL CHILDREN MAY BE REIMBURSED UP TO \$200 EACH QUARTER, PER FAMILY NOT PER CHILD, FOR RESPITE CARE. UNUSED DOLLARS MAY NOT BE ACCUMULATED. PAYMENT DOES NOT EXCEED ACTUAL EXPENSES INCURRED. PAYMENT TO THE RESPITE WORKER IS NOT THE RESPONSIBILITY OF GUIDING LIGHT AND IS NOT MADE DIRECTLY TO THE RESPITE WORKER BY GUIDING LIGHT. A RECEIPT IS REQUIRED FOR GUIDING LIGHT TO RELEASE PAYMENT TO THE FOSTER PARENT WITHIN 30 DAYS OF THE RESPITE CARE.

**VIII. HOLDING A BED:**

BEDS WILL BE HELD FOR CHILDREN CURRENTLY NOT IN THE HOME AT THE REQUEST OF THE MANAGING CONSERVATOR WHO AGREES TO PAY THE PER DIEM RATE UNTIL THE CHILD IS RETURNED OR THE MANAGING CONSERVATOR NOTIFIES THE FOSTER FAMILY THAT THE CHILD WILL NOT RETURN.

## HABILITATIVE CARE

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### I. PERSONNEL

SUFFICIENT STAFF SUPERVISION IS REQUIRED TO PREVENT CHILDREN FROM ABUSING OR MISTREATING EACH OTHER WHEN CHILDREN OF DIFFERENT AGES, DEVELOPMENTAL LEVELS OR SOCIAL NEEDS ARE GROUPED TOGETHER.

GUIDING LIGHT HAS A LICENSED PSYCHOLOGIST AVAILABLE ON A CONSULTING BASIS FOR DIAGNOSIS, TREATMENT AND CONSULTATION.

### II. ADMISSION

FOSTER HOMES PROVIDING HABILITATIVE CARE (REQUIRES SERVICES THAT HELP A PERSON KEEP, LEARN OR IMPROVE SKILL AND FUNCTIONING FOR DAILY LIVING) WILL NOT PROVIDE ANY OTHER TYPE OF CARE THAT CONFLICTS WITH THE CHILDREN'S BEST INTEREST OR WITH THE USE OF STAFF OR SPACE IN THE HOME.

### III. PLAN OF SERVICE

INTELLECTUAL FUNCTIONING WILL BE RE-EVALUATED BY A LICENSED PSYCHOLOGIST YEARLY UNTIL THE CHILD IS TEN AND EVERY TWO YEARS AFTER THE AGE OF TEN.

SPECIAL EMOTIONAL, PHYSICAL AND SOCIAL NEEDS WILL BE IDENTIFIED AND DOCUMENTED IN THE PLAN OF SERVICE. IN ADDITION, PROFESSIONAL CONSULTATION ON CPOS'S WILL BE OBTAINED FOR MODERATE AND SPECIALIZED LEVEL CHILDREN. A CHILD WILL RECEIVE ANY RECOMMENDED TREATMENT.

THE PLAN OF SERVICE WILL ADDRESS AN EDUCATIONAL OR TRAINING PLAN APPROPRIATE TO THE CHILD'S LEVEL OF INTELLECTUAL AND SOCIAL FUNCTIONING THAT ENCOURAGES NORMALIZATION.

SPECIAL EDUCATIONAL AND REMEDIAL RESOURCES WITHIN THE COMMUNITY WILL BE ACCESSED TO PROVIDE EACH CHILD WITH APPROPRIATE STIMULATION, AND ENCOURAGE SELF-HELP SKILLS, EGO GROWTH AND SUCCESSFUL EXPERIENCES WHEN THESE SERVICES ARE AVAILABLE.

### IV. DAILY CARE

A A DAILY SCHEDULE BASED ON THE NORMALIZATION PRINCIPLE WILL BE DEVELOPED DEMONSTRATING AN UNDERSTANDING OF NORMAL CHILD DEVELOPMENT AND USE OF TIME TO ENHANCE THE CHILD'S PHYSICAL, EMOTIONAL AND SOCIAL DEVELOPMENT.

B CAREGIVERS MUST PROVIDE SURROUNDINGS AND EXPERIENCES REFLECTING NORMAL COMMUNITY LIVING AS CLOSELY AS POSSIBLE THAT IS APPROPRIATE FOR THE CHILD'S SPECIAL NEEDS. IF NECESSARY, CAREGIVERS WILL PROVIDE ASSISTANCE TO ENABLE OPTIMUM MOBILITY OF THE CHILD.

C MEAL TIMES MUST PROMOTE SELF-HELP AND DEVELOPMENT. UNLESS MEDICAL ORDERS STATE DIFFERENTLY, CHILDREN MUST EAT OR BE FED IN THE DINING AREA. INFANTS MUST BE HELD DURING FEEDINGS UNLESS THERE ARE MEDICAL ORDERS TO THE CONTRARY.

D SUPERVISED INDOOR AND OUTDOOR ACTIVITIES MUST BE PROVIDED SO THAT EVERY CHILD CAN PARTICIPATE. THE GUIDING LIGHT TREATMENT TEAM WILL ENSURE THAT RECREATION AND ACTIVITIES ARE DESIGNED TO MEET THE CHILD'S DEVELOPMENTAL NEEDS.

E ARRANGEMENTS WILL BE MADE, AS NECESSARY, FOR AN ON-CALL LICENSED NURSE FOR A CHILD WITH HABILITATIVE NEEDS (REQUIRES SERVICES THAT HELP A PERSON KEEP, LEARN OR IMPROVE SKILL AND FUNCTIONING FOR DAILY LIVING). SPECIALIZED SERVICE LEVEL CHILDREN REQUIRE CONSISTENT AND

FREQUENT MEDICAL ATTENTION FROM A SKILLED CAREGIVER. THIS MAY INCLUDE ADMINISTERING OF LIFE-SUPPORT MEDICATIONS AND TREATMENTS.

**V. TRAINING PROGRAMS**

TRAINING PROGRAMS OF NON-AMBULATORY CHILDREN WILL INCLUDE THE DEVELOPMENT OF FITNESS, PROVIDING A VARIETY OF BODY POSITIONS AND CHANGES IN ENVIRONMENT. STIMULATION WILL BE PROVIDED TO EVERY CHILD FOR AT LEAST ONE HOUR EVERY DAY.

**VI. TRANSPORTATION**

A SUFFICIENT NUMBER OF CAREGIVERS MUST ACCOMPANY CHILDREN DURING TRANSPORTATION TO PROVIDE ADEQUATE CARE AND SUPERVISION.

SPECIAL PROVISIONS ARE NECESSARY WHEN TRANSPORTING NON-AMBULATORY CHILDREN, INCLUDING LOCKS FOR WHEEL CHAIRS AND HYDRAULIC LIFTS.

**VII. BUILDINGS, GROUNDS AND EQUIPMENT**

IN ADDITION TO A LIFEGUARD OR A PERSON CERTIFIED IN WATER SAFETY, THERE MUST BE AT LEAST ONE ADULT CAREGIVER OR VOLUNTEER FOR EACH NON-AMBULATORY CHILD OR CHILD SUBJECT TO SEIZURES WHEN IN A SWIMMING AREA.

SPECIAL EQUIPMENT RECOMMENDED BY A PHYSICIAN OR OTHER HEALTH PROFESSIONAL MUST BE PROVIDED FOR THE CHILD. EQUIPMENT MUST BE ROUTINELY ADJUSTED OR REPLACED WHEN NECESSARY.



# HOME ENVIRONMENT

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## I. EVALUATIONS

THE GUIDING LIGHT CASE MANAGERS WILL EVALUATE ALL MINIMUM STANDARDS FOR EACH FOSTER HOME QUARTERLY IN THE FORM A FOSTER HOME REVIEW. AT LEAST ONCE EVERY 6 MONTHS A QUARTERLY HOME REVIEW MUST BE CONDUCTED IN WHICH BOTH CAREGIVERS ARE AT HOME. DOCUMENTATION MUST INCLUDE THE NAMES OF ALL HOUSEHOLD MEMBERS PRESENT DURING THE VISIT. DURING ONE QUARTERLY REVIEW HOME VISIT DURING THE YEAR ALL HOUSEHOLD MEMBERS MUST BE PRESENT. TWO QUARTERLY REVIEW HOME VISITS WILL BE UNANNOUNCED PER YEAR. GUIDING LIGHT CASE MANAGER WILL OBSERVE THE HOME QUARTERLY FOR ANY PRODUCTS LISTED ON THE CONSUMER PRODUCT SAFETY



RECALLS TO USE BEST EFFORTS TO ENSURE THAT THERE ARE NO CHILD CARE PRODUCTS, TOYS, OR CLOTHING THAT ARE LISTED IN THE HOME. THE CASE MANAGER WILL ASSESS THE PHYSICAL ENVIRONMENT, FOSTER PARENT'S EMPLOYMENT, PHYSICAL HEALTH, CHALLENGING BEHAVIORS OF THE FOSTER CHILDREN AND THE LEVEL OF FOSTER PARENT'S STRESS DURING EACH SUPERVISORY VISIT INCLUDING STRESS DUE TO SIGNIFICANT CHANGE IN FINANCES. THE FOSTER PARENT MUST ALERT THEIR CASE MANAGER IF A NEW HOUSEHOLD MEMBER OR FREQUENT VISITOR IS ADDED TO THE HOME. THE INDIVIDUAL MUST HAVE CLEARED CRIMINAL HISTORY CHECKS PRIOR TO MOVING INTO THE HOME OR VISITING THE HOME. NON-COMPLIANCES ARE COMMUNICATED TO THE FOSTER PARENTS IN THE FORM OF A WRITTEN PLAN OF CORRECTION. THE FOSTER PARENTS ARE REQUIRED TO COMPLETE THIS PLAN IN ORDER TO CORRECT ANY NON-COMPLIANCES NOTED. WHENEVER A CHANGE OCCURS IN THE HOME THAT AFFECTS THE CONDITIONS OF THE VERIFICATION CERTIFICATE OR THE COMPOSITION OF THE FOSTER FAMILY, AN ADDENDUM TO THE HOME STUDY WILL BE COMPLETED BY GUIDING LIGHT STAFF SUCH AS: MARRIAGE, DIVORCE, SEPARATION, DEATH, BIRTH, OR ANY OTHER CHANGE IN THE HOUSEHOLD COMPOSITION.

- FOSTER HOMES MAY ALSO BE VISITED UNANNOUNCED AT RANDOM, SHOULD THE CASE MANAGER AND THE PROGRAM DIRECTOR FEEL THE NEED TO MORE CLOSELY MONITOR COMPLIANCE IN THE HOME.
- VERIFICATION OF THE FOSTER HOME APPLIES ONLY TO THE LOCATION OF THE RESIDENCE AT THE TIME THE HOME STUDY IS COMPLETED. IF THE FAMILY MOVES, THE AGENCY CANNOT REFER NEW CHILDREN UNTIL TEMPORARY VERIFICATION FOR THE NEW LOCATION IS ISSUED FOR NEW PLACEMENTS.

## II. HOME REQUIREMENTS/STANDARDS

- A. CHILDREN MUST HAVE INDOOR AREAS FOR THEIR USE. THERE MUST BE AT LEAST 40 SQUARE FEET PER CHILD IN LIVING AREAS THIS DOES NOT INCLUDE BEDROOMS, KITCHENS, BATHROOMS, UTILITY ROOMS, UNFINISHED ATTICS, OR HALLWAYS.
- B. FURNITURE IN LIVING AREAS MUST NOT BLOCK EXITS.
- C. A SLEEPING ROOM MUST HAVE AT LEAST 40 SQUARE FEET FOR AGENCY FOSTER HOMES OF FLOOR SPACE FOR EACH OCCUPANT. SINGLE OCCUPANT BEDROOMS MUST HAVE AT LEAST 80 SQUARE FEET OF FLOOR SPACE; FLOOR SPACE DOES NOT INCLUDE CLOSETS OR OTHER ALCOVES. SLEEPING ROOMS MUST PROVIDE ADEQUATE OPPORTUNITIES FOR REST AND PRIVACY.
- D. CHILDREN MUST NOT REGULARLY SLEEP IN A ROOM WITH AN ADULT. A CHILD MAY SHARE A BEDROOM WITH AN ADULT CAREGIVER IF:
  - 1) IN THE BEST INTEREST OF THE CHILD;
  - 2) THE CHILD IS UNDER THREE YEARS OLD AND SLEEPS IN THE BEDROOM OF THE CAREGIVER; AND

- 3) APPROVAL IS DOCUMENTED AND DATED IN THE CHILD'S SERVICE PLAN BY THE SERVICE PLANNING TEAM.
  - 4) AN EXCEPTION FOR A CHILD TO SHARE A BEDROOM WITH AN ADULT CAREGIVER MAY BE MADE DURING SPECIFIC TRAVEL AND CAMPING SITUATIONS IF NO OTHER MORE REASONABLE PROVISION IS AVAILABLE TO THE CHILD AND OTHER REQUIREMENTS ARE MET.
  - 5) TO FACILITATE CONTINUOUS SUPERVISION OF A CHILD, THE CAREGIVER MAY MOVE A CHILD TO A LOCATION WHERE THE CAREGIVER CAN DIRECTLY AND CONTINUOUSLY SUPERVISE A CHILD UNTIL THERE IS NO LONGER AN IMMEDIATE DANGER TO SELF OR OTHERS. HOWEVER, THE CAREGIVER MUST PROVIDE COMFORTABLE SLEEPING ARRANGEMENTS FOR THE CHILD.
- E. A FOSTER CHILD WHO TURNS 18 YEARS OLD WHILE IN A FOSTER HOME IS CONSIDERED AN ADULT AND MUST HAVE HIS/HER OWN BEDROOM UNLESS A VARIANCE IS GRANTED FROM LICENSING. BEFORE AN ADULT RESIDENT WHO HAS TURNED 18 YEARS OLD WHILE PLACED IN HIS CURRENT FOSTER HOME CAN SHARE A BEDROOM WITH A MINOR RESIDENT, THE CHILD PLACEMENT MANAGEMENT STAFF WILL ASSESS THE BEHAVIORS, MATURITY LEVEL, AND RELATIONSHIPS OF EACH RESIDENT TO DETERMINE WHETHER THERE ARE RISKS TO EITHER THE MINOR OR ADULT IN CARE. THE ASSESSMENT IN EACH RESIDENT'S RECORD
- F. EACH CHILD MUST HAVE HIS OR HER OWN BED. THE BED AND MATTRESS MUST BE LIFTED OFF THE FLOOR. BEDS MUST BE CLEAN AND COMFORTABLE.
- 1) THIS DOES NOT PREVENT A CHILD RECEIVING RESPITE CARE OR REQUIRING CLOSER SUPERVISION FROM SLEEPING ON A COUCH, SLEEPING BAG, ETC. FOR FEWER THAN 7 DAYS.
  - 2) TRUNDLE BEDS ARE NOT ALLOWED
- G. CHILDREN MAY NOT SLEEP IN THE SAME BED WITH AN ADULT:
- 1) UNLESS THE ADULT IS THE CHILD'S PARENT AND THE CHILD IS BETWEEN THE AGES OF 1 AND 10 YEARS OLD.
  - 2) CHILDREN MAY NOT SLEEP IN THE SAME BED WITH AN ADULT CAREGIVER
- H. THE BEDS, IN ADDITION TO A SHEETS, TOWELS, BLANKETS, PILLOWS, QUILTED MATTRESS COVER AND IF THE CHILD HAS A PROBLEM WITH ENURESIS OR ENCOPRESIS, A WATER PROOF MATTRESS PROTECTOR.
- I. LINENS MUST BE CHANGED WHEN SOILED, AND NO LESS OFTEN THAN ONCE A WEEK.
- J. EACH CHILD MUST HAVE FURNISHINGS AND INDIVIDUAL STORAGE SPACE IN THE CHILD'S BEDROOM FOR CLOTHING AND PERSONAL POSSESSIONS. ALL ITEMS MUST REMAIN CLEAN AND IN GOOD REPAIR.
- K. A CHILD SIX YEARS OLD OR OLDER MAY NOT SHARE A BEDROOM WITH A PERSON OF THE OPPOSITE SEX.
- 1) UNLESS A CHILD IS SHARING A BEDROOM WITH HIS MINOR PARENT
  - 2) NON-AMBULATORY CHILDREN RECEIVING TREATMENT SERVICES FOR PRIMARY MEDICAL NEEDS.
- L. THERE MUST BE ONE LAVATORY, ONE TUB OR SHOWER, AND ONE TOILET FOR EVERY EIGHT HOUSEHOLD MEMBERS.
- M. ALL LAVATORIES, TUBS AND SHOWERS MUST HAVE HOT AND COLD RUNNING WATER.
- N. BATHROOMS MUST BE NEAR THE SLEEPING AREA.
- O. BATHROOMS MUST BE THOROUGHLY CLEANED DAILY.
- P. THE FOSTER HOME WILL PROVIDE A TELEVISION AND RADIO FOR THE HOME AND THE CHILDREN WILL BE ALLOWED TO ENGAGE IN "NORMAL" VIEWING/LISTENING PRACTICES. HOWEVER, CONTENT CENSORSHIP IS AT THE DISCRETION OF THE FOSTER PARENTS. FOSTER PARENTS MAY CHOOSE NOT TO HAVE A TELEVISION SET IN THE HOME IF IT CONFLICTS WITH THEIR LIFESTYLE.

- Q. THE FOSTER HOME WILL PROVIDE OPERATING AIR CONDITIONING AND HEATING UNITS TO PROVIDE A COMFORTABLE AND SAFE ENVIRONMENT FOR THE CHILDREN.
- R. ONLY ROOMS THAT PROVIDE ADEQUATE OPPORTUNITIES FOR REST AND PRIVACY MAY BE USED AS A BEDROOM.
  - 1. FOSTER CHILDREN OR ANY OTHER HOUSEHOLD MEMBERS MAY NOT USE ANY OF THE FOLLOWING AS A BEDROOM:
    - A) A ROOM COMMONLY USED FOR OTHER PURPOSES, INCLUDING DINING ROOMS, LIVING ROOMS, HALLWAYS, OR PORCHES;
    - B) A PASSAGEWAY TO OTHER ROOMS;
    - C) A ROOM THAT DOES NOT HAVE DOORS FOR PRIVACY; OR
  - 2. A FOSTER CHILD MAY USE A BASEMENT AS A BEDROOM IF THERE IS:
    - A) A SECOND FIRE ESCAPE ROUTE FROM THE BASEMENT; AND
    - B) NATURAL LIGHTING.
  - 3. A FOSTER CHILD MAY NOT USE A BASEMENT AS A BEDROOM IF THERE IS NO NATURAL LIGHTING AND THERE MAY NOT BE MORE THAN 4 OCCUPANTS PER ROOM:
    - A) UNLESS THE HOME WAS VERIFIED PRIOR TO JANUARY 1, 2007; AND
    - B) UNTIL THE VERIFICATION IS NO LONGER VALID, OR THE HOME IS STRUCTURALLY ALTERED THROUGH THE ADDITION OF A NEW ROOM.
  - 4. A FOSTER CHILD MAY USE A DETACHED STRUCTURE AS A BEDROOM IF:
    - 1) THE CHILD IS 16 YEARS OLD OR OLDER
    - 2) THE SERVICE PLANNING TEAM APPROVES; AND
    - 3) THE DETACHED STRUCTURE IS INCLUDED IN REQUIRED FIRE AND HEALTH INSPECTIONS FOR THE FOSTER HOME.

### III. MAINTENANCE

EACH GUIDING LIGHT FOSTER HOME MUST BE MAINTAINED, REPAIRED AND CLEANED BOTH INSIDE AND OUTSIDE SO THAT THERE ARE NO HAZARDOUS SITUATIONS TO THE CHILDREN IN CARE.

- A. OUTDOOR AREAS MUST BE WELL DRAINED.
- B. WINDOWS AND DOORS USED FOR VENTILATION MUST BE SCREENED.
- C. EQUIPMENT AND FURNITURE MUST BE SAFE FOR THE CHILDREN.
- D. CHILDREN MUST BE PROTECTED FROM INFLAMMABLE AND POISONOUS SUBSTANCES UNLESS CAREGIVERS HAVE EVALUATED A CHILD AS CAPABLE AND LIKELY TO USE SUCH ITEMS RESPONSIBLY. AN ADULT CAREGIVER MUST BE IN CLOSE SUPERVISION DURING USE.
- E. EXPLOSIVE MATERIALS, FIREARMS AND PROJECTILES SUCH AS DARTS, ARROWS AND B-B'S MUST BE STORED OUT OF THE REACH OF CHILDREN. FOSTER PARENTS MUST NOTIFY GUIDING LIGHT EACH TIME A NEW FIREARM IS PURCHASED.
- F. ALL HOMES WILL BE KEPT CLEAN, HAVE AN ADEQUATE WATER SUPPLY AND SANITATION, AND BE WELL LIGHTED AND HEATED.
- G. EACH PET MUST BE VACCINATED AND TREATED AS RECOMMENDED BY A LICENSED VETERINARIAN SUCH AS DOGS, CATS, AND FERRETS. DOCUMENTATION OF VACCINATIONS AND TREATMENT MUST BE ON FILE IN THE AGENCY HOME. FOSTER PARENTS MUST ENSURE THE PHYSICAL ENVIRONMENT IS FREE FROM DOGS IN THE NEIGHBORHOOD THAT PLAY ROUGH TO PREVENT INJURY TO A CHILD.
- H. THE FOSTER PARENTS MUST TAKE MEASURES TO KEEP THE HOUSE AND GROUNDS FREE OF RODENTS, INSECTS AND STRAY ANIMALS.
- I. EACH HOME MUST HAVE AN INSTALLED AND MAINTAINED SMOKE DETECTOR IN THE FOLLOWING AREAS:
  - 1. IN HALLWAYS OR OPEN AREAS OUTSIDE SLEEPING ROOMS; AND
  - 2. ON EACH LEVEL OF A HOME WITH MULTIPLE LEVELS.
  - 3. DEPENDING ON THE SIZE AND LAYOUT OF THE HOME, ADDITIONAL SMOKE DETECTORS MAY BE REQUIRED BASED ON MANUFACTURER'S OR FIRE INSPECTOR'S INSTRUCTIONS.
- J. A FOSTER HOME MUST HAVE A FIRE EXTINGUISHER:
  - 1. IN EACH KITCHEN; AND
  - 2. ON EACH LEVEL OF THE HOME.
- K. THE FIRE EXTINGUISHER(S) MUST BE:



1. SERVICED OR REPLACED AFTER EACH USE; AND
  2. HAVE A MAINTENANCE CHECK ONCE A YEAR BY A PERSON QUALIFIED TO INSPECT FIRE EXTINGUISHERS
- L. EQUIPMENT MUST NOT HAVE OPENINGS, ANGLES, OR PROTRUSIONS THAT CAN ENTANGLE A CHILD'S CLOTHING OR ENTRAP A CHILD'S BODY OR BODY PARTS.
1. EQUIPMENT MUST BE SECURELY ANCHORED ACCORDING TO MANUFACTURER'S SPECIFICATIONS TO PREVENT COLLAPSING, TIPPING, SLIDING, MOVING, OR OVERTURNING.
  2. CLIMBING EQUIPMENT, SWINGS, AND SLIDES MUST NOT BE INSTALLED OVER ASPHALT OR CONCRETE.
  3. EQUIPMENT MUST BE APPROPRIATE, CLEANED, MAINTAINED, AND REPAIRED.
- M. TRAMPOLINES MAY ONLY BE USED AT THE FOSTER HOME IF:
1. THE NUMBER OF CHILDREN THAT ARE ALLOWED ON THE TRAMPOLINE AT ONE TIME ACCORDING TO THE MANUFACTURER'S INSTRUCTIONS
  2. SOMERSAULTS ARE NOT ALLOWED ON THE TRAMPOLINE
  3. SHOCK-ABSORBING PADS COVER THE SPRINGS, HOOKS, AND FRAME
  4. LADDERS ARE REMOVED FROM THE TRAMPOLINE WHEN THE TRAMPOLINE IS NOT IN USE;
  5. A CAREGIVER PROVIDES SUPERVISION AS FOLLOWS:
    - A) FOR CHILDREN UNDER 12 YEARS OLD, THE FOSTER PARENT MUST BE IMMEDIATELY PRESENT, WATCHING THE CHILDREN AT ALL TIMES, ENFORCING SAFETY RULES, MANUFACTURER'S INSTRUCTIONS, AND ABLE TO RESPOND IN AN EMERGENCY.
    - B) FOR CHILDREN 12 YEARS OLD AND OLDER, THE CAREGIVER MUST BE ON THE PREMISES, VISUALLY CHECKING ON THE CHILDREN AT FREQUENT INTERVALS, AND ABLE TO RESPOND IN AN EMERGENCY.

#### IV. FOOD PREPARATION, STORAGE AND EQUIPMENT

- A. ALL FOOD AND DRINK MUST BE SAFE, AND MUST BE PREPARED AND SERVED IN A SANITARY MANNER.
1. ANY PERSON PREPARING FOOD OR DRINKS MUST THOROUGHLY WASH THEIR HANDS BEFORE BEGINNING.
  2. ANIMALS MUST BE KEPT OUT OF THE COOKING AREA DURING PREPARATION.
- B. FOOD PREPARATION, DINING, AND STORAGE AREAS, EQUIPMENT, AND FURNITURE MUST BE CLEAN AND IN GOOD REPAIR.
- C. ALL FOOD MUST BE STORED OFF THE FLOOR. ALL FOOD ITEMS, EXCEPT THOSE WHICH ARE TO BE WASHED OR PEELED, MUST BE STORED IN COVERED CONTAINERS THAT ARE INSECT - AND RODENT-PROOF OR REFRIGERATED.
- D. FOOD ITEMS MUST BE PROTECTED FROM CONTAMINATION:
1. REFRIGERATED IMMEDIATELY AFTER USE AND AFTER MEALS, IF THE FOOD REQUIRES REFRIGERATION; AND
  2. COVERED WHEN STORED IN THE REFRIGERATOR
- E. UTENSILS AND CONTAINERS INTENDED FOR ONE-TIME USE (FOR EXAMPLE, PAPER AND PLASTIC DISHES) MUST NOT BE USED MORE THAN ONCE.
- F. ALL ALCOHOLIC BEVERAGES [AS WITH ALL DRUGS] MUST BE LOCKED AND ACCESS PROHIBITED TO THE FOSTER CHILDREN IN THE HOME.



- G. CAREGIVERS MUST GIVE CHILDREN FOOD OF ADEQUATE QUALITY AND IN SUFFICIENT QUANTITY TO SUPPLY THE NUTRIENTS NECESSARY FOR PROPER GROWTH AND DEVELOPMENT.
  - 1. CAREGIVERS MUST FEED AN INFANT WHENEVER THE INFANT IS HUNGRY.
  - 2. CAREGIVERS MUST PROVIDE A TODDLER OR SCHOOL AGE CHILD WITH THREE MEALS AND AT LEAST ONE SNACK A DAY.
  - 3. NO MORE THAN 14 HOURS MAY PASS BETWEEN THE LAST MEAL OR SNACK OF THE DAY AND THE AVAILABILITY OF THE FIRST MEAL THE FOLLOWING DAY.
  
- H. CAREGIVERS MUST PROVIDE A CHILD WITH FOOD THAT IS:
  - 1. OF ADEQUATE VARIETY, QUALITY, AND IN SUFFICIENT QUANTITY TO SUPPLY THE NUTRIENTS NEEDED FOR PROPER GROWTH AND DEVELOPMENT ACCORDING TO THE UNITED STATES DEPARTMENT OF AGRICULTURE GUIDELINES BY PROVIDING FRESH FRUITS, VEGETABLES, AND DAIRY PRODUCTS TO THE CHILDREN AT LEAST ONCE A DAY; AND
  - 2. APPROPRIATE FOR THE CHILD'S AGE AND ACTIVITY LEVEL. CHILDREN SHOULD BE INCLUDED IN THE MEAL PLANNING PROCESS.
  
- I. CAREGIVERS MUST NOT SERVE A CHILD NUTRIENT CONCENTRATES AND SUPPLEMENTS, SUCH AS PROTEIN POWDERS, LIQUID PROTEIN, VITAMINS, MINERALS, AND OTHER NONFOOD SUBSTANCES IN LIEU OF FOOD TO MEET THE CHILD'S DAILY NUTRITIONAL NEED, EXCEPT WITH WRITTEN INSTRUCTIONS FROM A LICENSED HEALTH-CARE PROFESSIONAL.
  
- J. CAREGIVERS MUST ENSURE DRINKING WATER IS ALWAYS AVAILABLE TO EACH CHILD AND IS SERVED IN A SAFE AND SANITARY MANNER. CHILDREN MUST BE WELL HYDRATED AND MUST BE ENCOURAGED TO DRINK WATER DURING PHYSICAL ACTIVITY AND IN WARM WEATHER.
  
- K. A CAREGIVER MUST OFFER A CHILD IN CARE THE SAME FOOD CHOICES THAT OTHER CHILDREN IN THE HOME ARE OFFERED, UNLESS MEDICALLY CONTRAINDICATED FOR THE CHILD.
  
- L. A CAREGIVER MUST OFFER A CHILD IN CARE FOOD CHOICES THAT ARE AT LEAST COMPARABLE TO WHAT THE ADULTS IN THE HOME ARE EATING, UNLESS MEDICALLY CONTRAINDICATED FOR THE CHILD
  
- M. THE CAREGIVER MUST OFFER A CHILD A MEAL OR SNACK ACCORDING TO THIS DIVISION, BUT THE CAREGIVER MAY NOT FORCE THE CHILD TO EAT. THE CAREGIVER DOES NOT HAVE TO OFFER OTHER FOOD TO A CHILD WHO:
  - 1. REFUSES A MEAL OR SNACK; OR
  - 2. CHOOSES NOT TO BE PRESENT WHEN A MEAL OR SNACK IS SCHEDULED.
  - 3. THE CAREGIVER MUST DISCUSS RECURRING EATING PROBLEMS WITH CHILD PLACEMENT STAFF AND THE CHILD'S PARENT.
  - 4. IF A MEAL OR SNACK IS NOT APPROPRIATE TO MEET A CHILD'S INDIVIDUAL NEEDS, FOR EXAMPLE FOOD ALLERGIES OR RELIGIOUS REASONS, THEN THE CAREGIVER WILL OFFER THE CHILD AN APPROPRIATE NUTRITIONAL SUBSTITUTE

**V. REQUIRED HEALTH AND SAFETY INSPECTIONS**

- A. FIRE INSPECTIONS, BY THE STATE OR LOCAL FIRE AUTHORITY, STATE FIRE MARSHALL, OR GUIDING LIGHT STAFF, MUST MEET REQUIREMENTS SET BY THE LOCAL FIRE MARSHAL. THE ORIGINAL MUST BE KEPT IN THE FOSTER PARENT'S HOME AND A COPY IN GUIDING LIGHT FILES. FOR FOSTER FAMILY HOMES, A GUIDING LIGHT STAFF IS AUTHORIZED TO CONDUCT AN INSPECTION WITH THE PRS CHECKLIST. FOR FOSTER HOMES CARING FOR PRIMARY MEDICAL NEEDS CHILDREN, IF THE LOCAL FIRE INSPECTOR REFUSES TO INSPECT, SCHEDULE WITH THE STATE FIRE MARSHAL. IF THE STATE FIRE MARSHAL ALSO REFUSES TO INSPECT, GUIDING LIGHT STAFF IS AUTHORIZED TO CONDUCT AN INSPECTION WITH THE PRS CHECKLIST. THE GUIDING LIGHT CASE MANAGER MUST DOCUMENT THE DATE OF EACH REFUSAL AND THE NAME AND AGENCY OF THE CONTACT PERSON. THIS DOCUMENT MUST BE KEPT WITH THE PRS CHECKLIST IN THE FOSTER PARENT'S HOME AND IN GUIDING LIGHT FILES. INSPECTIONS ARE REQUIRED EVERY 2 YEARS FOR FAMILY HOMES AND EVERY YEAR FOR ALL HOMES IN

HARRIS COUNTY UNLESS THE PRS CHECKLIST IS USED. IF THE PRS CHECKLIST IS USED, THE INSPECTIONS MUST BE DONE YEARLY. IF PRS CHECKLIST IS USED, THE FAMILY MUST COMPLETE A GAS INSPECTION, UNLESS THE HOME IS ALL ELECTRIC.

IF A FOSTER FAMILY CHANGES THEIR VERIFICATION TO ACCEPT PRIMARY MEDICAL NEEDS, THEY MUST MEET THE FIRE SAFETY MEASURES PRIOR TO VERIFICATION:

1. AN INSPECTION BY THE STATE OR LOCAL FIRE AUTHORITY. GUIDING LIGHT WILL DOCUMENT ALL ATTEMPTS. IF ONE CANNOT BE OBTAINED BY A STATE OR LOCAL FIRE AUTHORITY, THEN:
2. A FIRE SAFETY EVALUATION MAY BE CONDUCTED BY GUIDING LIGHT STAFF USING THE STATE FIRE MARSHAL'S FIRE PREVENTION CHECKLIST;
3. ONCE IT IS DETERMINED THAT A FIRE INSPECTION IS NOT AVAILABLE IN A PARTICULAR AREA AND DOCUMENTED, THAT DOCUMENT IS VALID FOR ONE YEAR.

DEFICIENCIES FOUND BY THE STATE OR LOCAL FIRE AUTHORITY OR THROUGH THE STATE FIRE MARSHAL'S CHECKLIST MUST BE CORRECTED, AND THE FOSTER HOME MUST COMPLY WITH ANY CONDITIONS OR RESTRICTIONS SPECIFIED BY THE INSPECTOR OR GUIDING LIGHT.

- B. HEALTH INSPECTIONS, MUST MEET REGULATIONS SET BY LOCAL HEALTH ORDINANCES AND THE TEXAS DEPARTMENT OF HEALTH (TDH). HEALTH INSPECTIONS ARE REQUIRED EVERY 2 YEARS FOR FAMILY HOMES UNLESS THE PRS CHECKLIST IS USED. IF THE PRS CHECKLIST IS USED, THE INSPECTIONS MUST BE DONE YEARLY. FOSTER HOME: FOSTER HOMES ARE REQUIRED TO HAVE A HEALTH INSPECTION FROM THE LOCAL HEALTH AUTHORITY OR BY, GUIDING LIGHT STAFF USING THE PRS CHECKLIST. THE GUIDING LIGHT CASE MANAGER MUST DOCUMENT EACH HEALTH INSPECTION, INCLUDING THE NAME AND TELEPHONE NUMBER OF THE PERSON WHO CONDUCTED THE INSPECTION. THE FOSTER HOME MUST CORRECT ANY DEFICIENCIES DOCUMENTED DURING THE INSPECTION AND MUST COMPLY WITH ANY CONDITIONS OR RESTRICTIONS SPECIFIED BY THE INSPECTOR OR GUIDING LIGHT.

## VI. SWIMMING POOLS

- A. OUTDOOR SWIMMING POOLS MUST HAVE FENCES. WHEN NOT IN USE, ENTRANCE AND EXITS TO OUTDOOR AND INDOOR POOLS MUST BE LOCKED. MACHINERY ROOMS MUST BE LOCKED TO KEEP CHILDREN OUT. A CERTIFIED LIFEGUARD OR PERSON CERTIFIED IN WATER SAFETY MUST BE ON DUTY WHEN THE HOME'S SWIMMING AREA IS IN USE.
- B. CAREGIVERS MUST USE PRUDENT JUDGMENT AND ENSURE CHILDREN IN GUIDING LIGHT CARE WHO ARE YOUNGER THAN 12 YEARS OLD, CHILDREN OF ANY AGE WHO ARE NOT COMPETENT SWIMMERS, AND CHILDREN RECEIVING TREATMENT SERVICES ARE PROTECTED FROM UNSUPERVISED ACCESS TO WATER SUCH AS A SWIMMING POOL, HOT TUB, FOUNTAIN, POND, LAKE, CREEK, OR OTHER BODY OF WATER. IF A CHILD IS ALLOWED TO SWIM IN A BODY OF WATER SUCH AS A RIVER, CREEK, POND, OR LAKE, THE SUPERVISING ADULT MUST CLEARLY DESIGNATE SWIMMING AREAS. THE CAREGIVERS MUST INFORM CHILDREN ABOUT HOUSE RULES FOR USE OF THE POOL AND APPROPRIATE SAFETY PRECAUTIONS. ADULT SUPERVISION AND MONITORING OF SAFETY FEATURES MUST BE ADEQUATE TO PROTECT CHILDREN YOUNGER THAN 12 YEARS OF AGE AND CHILDREN OF ANY AGE WHO ARE NOT COMPETENT SWIMMERS FROM UNSUPERVISED ACCESS TO THE POOL.
- C. THE SWIMMING POOL MUST BE BUILT AND MAINTAINED ACCORDING TO THE STANDARDS OF THE DEPARTMENT OF STATE HEALTH SERVICES AND ANY OTHER APPLICABLE STATE OR LOCAL REGULATIONS.
- D. A FENCE OR WALL THAT IS AT LEAST FOUR FEET HIGH MUST ENCLOSE THE POOL AREA. THE FENCE MUST BE WELL CONSTRUCTED AND BE INSTALLED COMPLETELY AROUND THE POOL AREA. A FOSTER HOME THAT WAS VERIFIED BEFORE JANUARY 1, 2007, HAS ONE YEAR FROM THAT DATE TO COMPLY WITH THIS REQUIREMENT. CAREGIVERS MUST CONTINUE TO PREVENT CHILDREN'S UNSUPERVISED ACCESS TO THE POOL.
- E. FENCE GATES LEADING TO THE OUTDOOR POOL AREA MUST BE SELF-CLOSING AND SELF-LATCHING. GATES MUST BE LOCKED WHEN THE POOL IS NOT IN USE. KEYS TO OPEN THE GATE MUST NOT BE ACCESSIBLE TO CHILDREN UNDER THE AGE OF 12 YEARS OLD, CHILDREN ANY AGE WHO ARE NOT COMPETENT SWIMMERS, OR ANY CHILDREN RECEIVING TREATMENT SERVICES.

- F. DOORS THAT LEAD FROM THE HOME TO THE POOL AREA MUST HAVE A LOCK THAT ONLY ADULTS OR CHILDREN OVER 10 YEARS OLD CAN REACH. THE LOCK MUST BE COMPLETELY OUT OF THE REACH OF CHILDREN YOUNGER THAN 10 YEARS OLD.
- G. FURNITURE, EQUIPMENT, OR LARGE MATERIALS MUST NOT BE CLOSE ENOUGH TO THE POOL AREA FOR A CHILD TO USE THEM TO SCALE THE FENCE OR RELEASE A LOCK.
- H. AT LEAST TWO LIFE-SAVING DEVICES MUST BE AVAILABLE, SUCH AS A REACH POLE, BACKBOARD, BUOY, OR A SAFETY THROW BAG WITH A BRIGHTLY COLORED BUOYANT ROPE OR THROW LINE. ONE ADDITIONAL LIFE-SAVING DEVICE MUST BE AVAILABLE FOR EACH 2,000 SQUARE FEET OF WATER SURFACE, SO A POOL OF 2,000 SQUARE FEET WOULD REQUIRE THREE LIFE SAVING DEVICES.
- I. DRAIN GRATES MUST BE IN PLACE, IN GOOD REPAIR, AND CAPABLE OF BEING REMOVED ONLY WITH TOOLS.
- J. CAREGIVERS MUST BE ABLE TO CLEARLY SEE ALL PARTS OF THE SWIMMING AREA WHEN SUPERVISING ACTIVITY IN THE AREA.
- K. THE BOTTOM OF THE POOL MUST BE VISIBLE AT ALL TIMES.
- L. POOL COVERS MUST BE COMPLETELY REMOVED PRIOR TO POOL USE.
- M. AN ADULT MUST BE PRESENT WHO IS ABLE TO IMMEDIATELY TURN OFF THE PUMP AND FILTERING SYSTEM WHEN ANY CHILD IS IN THE POOL.
- N. POOL CHEMICALS AND PUMPS MUST BE INACCESSIBLE TO ALL CHILDREN.
- O. MACHINERY ROOMS MUST BE LOCKED TO KEEP CHILDREN OUT.
- P. AN ABOVEGROUND POOL MUST:
  - 1) HAVE A BARRIER THAT PREVENTS A CHILD'S ACCESS TO THE POOL;
  - 2) BE INACCESSIBLE TO CHILDREN UNDER THE AGE OF 12 YEARS OLD, CHILDREN OF ANY AGE WHO ARE NOT COMPETENT SWIMMERS, OR ANY CHILDREN RECEIVING TREATMENT SERVICES; AND
  - 3) MEET ALL OTHER POOL SAFETY REQUIREMENTS;
- Q. THE MAXIMUM NUMBER OF CHILDREN ONE ADULT CAN SUPERVISE DURING SWIMMING ACTIVITIES IS BASED ON THE AGE OF THE YOUNGEST CHILD IN THE GROUP AND IS SPECIFIED IN THE FOLLOWING CHART:
- R. IN ADDITION TO MEETING THE REQUIRED SWIMMING CHILD/ADULT RATIO THERE MUST BE AT LEAST TWO ADULTS TO SUPERVISE THE CHILDREN.



- 1) IN ADDITION TO MEETING THE REQUIRED SWIMMING CHILD/ADULT RATIO, IF FOUR OR MORE CHILDREN ARE ACTUALLY IN THE WATER, THEN THERE MUST BE AT LEAST TWO ADULTS SUPERVISING THE CHILDREN.
- 2) WHEN A CHILD WHO IS NON-AMBULATORY OR WHO IS SUBJECT TO SEIZURES IS ENGAGED IN SWIMMING ACTIVITIES, WILL BE ASSIGNED ONE ADULT TO THAT ONE CHILD. THIS ADULT MUST BE IN ADDITION TO ANY LIFEGUARD ON DUTY IN THE SWIMMING AREA. THIS REQUIREMENT DOES NOT HAVE TO BE MET IF A LICENSED PHYSICIAN WRITES ORDERS IN WHICH THE PHYSICIAN DETERMINES THAT THE CHILD:
  - 3) IS AT LOW RISK OF SEIZURES AND THAT SPECIAL PRECAUTIONS ARE NOT NEEDED; OR
  - 4) ONLY NEEDS TO WEAR AN APPROVED LIFE JACKET WHILE SWIMMING AND ADDITIONAL SPECIAL PRECAUTIONS ARE NOT NEEDED.
- 5) A LIFEGUARD WHO IS SUPERVISING THE AREA WHERE THE CHILDREN ARE SWIMMING MAY BE COUNTED IN THE CHILD/ADULT RATIO; HOWEVER, ONE CAREGIVER MUST ALWAYS BE PRESENT AND THE LIFEGUARD MAY NOT BE THE ONLY PERSON COUNTED IN THE CHILD/ADULT RATIO.
- 6) THE RATIOS IN THE CHART BELOW DO NOT INCLUDE CHILDREN OVER THE AGE OF 12 YEARS' OLD WHO ARE COMPETENT SWIMMERS; HOWEVER THE CAREGIVER MUST STILL COMPLY WITH THE CHILD/CAREGIVER RATIO.

IF THE AGE OF THE YOUNGEST CHILD IS...	SWIMMING CHILD/ADULT RATIO
0 TO 23 MONTHS OLD	1:1
2 YEARS OLD 2	2:1
3 YEARS' OLD	3:1
4 YEARS' OLD	4:1
5 YEARS OLD OR OLDER IN A FOSTER HOME; AND EITHER: A. ONE CHILD IS RECEIVING TREATMENT SERVICES FOR PMN; OR B. THREE OR MORE CHILDREN ARE RECEIVING TREATMENT SERVICES	4:1
5 YEARS OLD OR OLDER IN A FOSTER HOME IN WHICH NO CHILDREN ARE RECEIVING TREATMENT SERVICES FOR PRIMARY MEDICAL NEEDS, AND NO MORE THAN TWO CHILDREN ARE RECEIVING TREATMENT SERVICES.	6:1

- S. TO MEET THE SWIMMING CHILD/ADULT RATIO, ADULT VOLUNTEERS AND ADULT RELATIVES WHO DO NOT MEET THE MINIMUM QUALIFICATIONS FOR CAREGIVERS MAY BE INCLUDED PROVIDED:
- 1). THERE ARE ENOUGH CAREGIVERS TO MEET THE CHILD/CAREGIVER RATIO;
  - 2). CHILDREN DO NOT SUPERVISE SWIMMING ACTIVITIES; AND
  - 3). COMPLIANCE WITH ALL OTHER POLICIES, INCLUDING, BUT NOT LIMITED TO, RULES RELATING TO SUPERVISION AND DISCIPLINE ARE ENSURED.
- T. A CHILD MUST WEAR A LIFE JACKET WHEN:
- 1) PARTICIPATING IN BOATING ACTIVITIES;
  - 2) THE CHILD IS IN MORE THAN TWO FEET OF WATER AND DOES NOT KNOW HOW TO SWIM;  
OR
  - 3) ORDERED BY A PHYSICIAN FOR A CHILD WITH A MEDICAL PROBLEM OR DISABILITY
- U. AT ALL TIMES DURING A SWIMMING ACTIVITY, AT LEAST ONE ADULT COUNTED IN THE SWIMMING CHILD/ADULT RATIO MUST BE ABLE TO SWIM, CARRY OUT A WATER RESCUE, AND BE PREPARED TO DO SO IN AN EMERGENCY

- V. WADING/SPLASHING POOLS (LESS THAN TWO FEET OF WATER) MUST BE:
  - 1) STORED OUT OF CHILDREN'S REACH, WHEN NOT IN USE;
  - 2) DRAINED AT LEAST DAILY; AND
  - 3) STORED, SO IT DOES NOT HOLD WATER
- W. A HOT TUB MUST BE COVERED WITH A LOCKING COVER WHEN NOT IN USE
- X. REGARDING A BODY OF WATER THAT IS ON OR ADJACENT AND ACCESSIBLE TO THE PREMISES OF A FOSTER HOME, THE FOLLOWING MUST BE DOCUMENTED:
  - 1) TYPE, LOCATION, AND SIZE OF THE BODY OF WATER; AND
  - 2) BARRIERS BETWEEN THE FOSTER HOME AND THE BODY OF WATER
- Y. A FOSTER PARENT USING THE PRUDENT PARENT STANDARD MAY APPROVE A CHILD TO PARTICIPATE IN UNSUPERVISED CHILDHOOD ACTIVITIES (ACTIVITIES AWAY FROM THE FOSTER HOME AND THE FOSTER PARENTS) INVOLVING SWIMMING THAT DO NOT COMPLY WITH THE RULES LISTED ABOVE HOWEVER, FOSTER PARENTS MUST MAKE THIS DETERMINATION BASED UPON THE CHILD'S BACKGROUND, AGE, LEVEL OF MATURITY, RESPONSIBILITY, AND PROFICIENCY IN SWIMMING BEFORE MAKING THIS DECISION. THIS APPROVAL MAY OR MAY NOT REQUIRE LIMITATIONS LIKE OTHER ADULT SUPERVISION OR THE NEED FOR A LIFE JACKET WHEN BOATING.

## VII. AUDIO/VIDEO MONITORS

IT IS RECOGNIZED AND ACKNOWLEDGED THAT THE USE OF AUDIO/VISUAL MONITORS IN THIS AGENCY'S FOSTER HOMES MAY BE WARRANTED UNDER CERTAIN CIRCUMSTANCES. AUDIO/VISUAL MONITORS MAY BE USED TO PROVIDE PROTECTION FOR THE CHILDREN FROM ACTIVITIES THAT MAY BE POTENTIALLY HARMFUL OR DANGEROUS TO SELF OR OTHERS. THE AUDIO COMPONENT IS UTILIZED TO ALERT THE PARENT DURING SLEEP AND WAKE TIME ACTIVITIES; THE VIDEO DISPLAY IS TO BE LOCATED IN THE PARENTS' BEDROOM FOR CONFIDENTIALITY PURPOSES.

- A. THE CHILDREN MUST BE ADVISED THAT THE MONITORS ARE IN USE AND WHERE THEY ARE LOCATED. THE CHILDREN MUST ALSO BE ADVISED OF THE PURPOSE AND CAPABILITY OF THE MONITORS AND THE MONITORS MUST BE PLAINLY VISIBLE TO THE CHILDREN.
- B. THE CHILDREN MUST BE ADVISED OF THE HOUSE RULES INDICATING EITHER:
  - 1) WHICH SEPARATE ROOMS CONTAIN NO MONITORS AND ARE TO BE UTILIZED FOR PRIVACY IN DRESSING.
  - 2) THE HOURS THE MONITORS WILL BE TURNED OFF TO ALLOW FOR PRIVACY IN DRESSING.
- AN ACKNOWLEDGEMENT FORM MUST BE SIGNED BY EACH CHILD RESIDING IN A HOME IN WHICH MONITORS ARE IN USE OR PROPOSED FOR USE AND APPROVED BY THE CHILD'S CPS WORKER.
- TAPING OF ACTIVITIES OBSERVED IS NOT ALLOWED, UNLESS PRIOR AUTHORIZATION IS OBTAINED BY THE TREATMENT TEAM AND THE EXECUTIVE DIRECTOR

## VIII. TRANSPORTATION

- A. VEHICLES USED TO TRANSPORT FOSTER CHILDREN MUST BE:
  - 1. MAINTAINED IN SAFE OPERATING CONDITIONS AT ALL TIMES; AND
  - 2. INSPECTED AND REGISTERED ACCORDING TO FEDERAL, STATE, AND LOCAL LAWS.
- B. THE DRIVER AND ALL PASSENGERS MUST FOLLOW ALL FEDERAL, STATE, AND LOCAL LAWS WHEN DRIVING, INCLUDING LAWS ON THE USE OF CHILD PASSENGER SAFETY SEAT SYSTEMS, SEAT BELTS, AND LIABILITY INSURANCE.
  - 1. CHECK THE EXPIRATION DATE THAT THE MANUFACTURER PLACED ON THE CAR SEAT. A NEW CAR SEAT MUST BE PURCHASED PRIOR TO THE EXPIRATION.
  - 2. IF A FOSTER PARENT WANTS TO PURCHASE A USED CAR SEAT, THEY MUST ASK IF THE CAR SEAT WAS INVOLVED IN A COLLISION. IF A CAR SEAT HAS BEEN INVOLVED IN A COLLISION, THEN IT SHOULD NOT BE PURCHASED BECAUSE IT COULD MALFUNCTION.
- C. OTHER CHILDREN IN THE FOSTER HOME MAY TRANSPORT A FOSTER CHILD ON AN OCCASIONAL BASIS, IF THE:
  - 1. CHILD DRIVING HAS A VALID DRIVER'S LICENSE; AND

2. SERVICE PLANNING TEAMS FOR THE FOSTER CHILDREN BEING TRANSPORTED AND THE FOSTER CHILD TRANSPORTING, IF APPLICABLE, APPROVE OF THE TRANSPORTATION ARRANGEMENTS. THE APPROVAL MUST BE DOCUMENTED IN THE CHILD'S CHILD PLAN OF SERVICE THAT THEY ARE ABLE TO RIDE IN A CAR WITH A DRIVER THAT IS NOT AN ADULT.
- D. WITH TREATMENT TEAM APPROVAL, CAREGIVERS MAY TEACH OR SUPERVISE FOSTER CHILDREN IN LEARNING TO DRIVE. THE CHILD PLACEMENT STAFF WILL DOCUMENT THE TREATMENT TEAM APPROVAL IN THE CHILD'S RECORD.
  - E. ONLY THE CAREGIVER RESPONSIBLE FOR INSTRUCTION AND THE CHILD LEARNING TO DRIVE MAY BE PRESENT IN THE VEHICLE.
  - F. A SUFFICIENT NUMBER OF CAREGIVERS TO MEET THE CHILD'S NEEDS MUST ACCOMPANY THE CHILD.
  - G. SPECIAL PROVISION(S) MUST BE MADE FOR TRANSPORTING NON-AMBULATORY AND NON-MOBILE CHILDREN. WHEN NECESSARY, THIS MUST INCLUDE LOCKS FOR WHEELCHAIRS AND HYDRAULIC LIFTS.
  - H. CHILDREN MUST BE INSIDE THE VEHICLE WHEN TRANSPORTED. THE BACK OF A PICK-UP TRUCK IS NOT CONSIDERED INSIDE THE VEHICLE. CHILDREN MUST NEVER BE TRANSPORTED IN THE BED OF A PICK-UP TRUCK, WHILE STANDING ON RUNNERS, OR WHILE ON THE HOOD OR TRUNK OF ANY VEHICLE.

TEXAS DEPARTMENT OF PUBLIC SAFETY REGARDING CHILD PASSENGER SAFETY SEAT SYSTEMS  
(MS 749.3103)

CHILD PASSENGER RECOMMENDATIONS

PHASE 1	REAR-FACING SEATS	INFANTS: BIRTH- 35+ POUNDS, 2+ YEARS OLD. REAR-FACING INFANT OR REAR-FACING CONVERTIBLE SAFETY SEAT AS LONG AS POSSIBLE, UP TO THE REAR-FACING HEIGHT OR WEIGHT LIMIT OF THE SEAT. PROPERLY INSTALL ACCORDING TO INSTRUCTIONS IN OWNER'S MANUAL, REAR-FACING IN THE BACK SEAT.
PHASE 2	FORWARD-FACING SEATS	WHEN CHILDREN OUTGROW THE REAR-FACING SAFETY SEAT (2+ YEARS), THEY SHOULD RIDE IN A FORWARD-FACING SAFETY SEAT AS LONG AS POSSIBLE, UP TO THE UPPER HEIGHT OR WEIGHT LIMIT (40-80+ POUNDS) OF THE HARNESSES. USUALLY 4+ YEARS OLD. PROPERLY INSTALLED FORWARD-FACING IN THE BACK SEAT. NEVER TURN FORWARD-FACING BEFORE CHILD MEETS ALL: AGE/HEIGHT/WEIGHT REQUIREMENTS SET BY SAFETY SEAT MANUFACTURER FOR FORWARD FACING.
PHASE 3	BOOSTER SEATS	AGE 4 AND 40+ POUNDS, CHILDREN CAN RIDE IN A BOOSTER SEAT WITH THE ADULT LAP AND SHOULDER BELT UNTIL THE ADULT SAFETY BELT WILL FIT THEM PROPERLY (USUALLY WHEN THE CHILD IS 4'9" TALL, 10-12 YEARS OLD. MUST HAVE A LAP/SHOULDER BELT TO USE A BOOSTER SEAT.
PHASE 4	ADULT SAFETY BELT	ONCE CHILDREN OUTGROW THEIR BOOSTER SEAT (USUALLY 4'9", 10-12 YEARS) THEY CAN USE THE ADULT LAP/SHOULDER SAFETY BELT IF IT FITS THEM PROPERLY. LAP PORTION LOW OVER THE HIPS/TOPS OF THIGHS AND SHOULDER BELT CROSSES THE CENTER OF THE SHOULDER AND CENTER OF THE CHEST.

CHILDREN ARE BETTER PROTECTED THE LONGER THEY CAN STAY IN EACH PHASE. KEEP CHILDREN IN EACH SEAT UP TO THE MAXIMUM AGE/WEIGHT/HEIGHT LIMITS BEFORE MOVING TO THE NEXT PHASE. ALL CHILDREN YOUNGER THAN AGE 13 YEARS SHOULD RIDE PROPERLY RESTRAINED IN THE BACK SEAT.

# HUNTING

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## I. WEAPONS/FIREARMS FOR HUNTING:

- A. GENERALLY, WEAPONS, FIREARMS, EXPLOSIVE MATERIALS, AND PROJECTILES (SUCH AS DARTS OR ARROWS), ARE PERMITTED, HOWEVER, THERE ARE SOME SPECIFIC RESTRICTIONS:
1. WEAPONS, FIREARMS, EXPLOSIVE MATERIALS, AND PROJECTILES ARE PERMITTED AT A FOSTER HOME PROVIDING TREATMENT SERVICES IF APPROVED BY THE TREATMENT TEAM AND STORAGE REQUIREMENTS ARE MET.;
  2. EXPLOSIVE MATERIALS, FIREARMS AND PROJECTILES SUCH AS DARTS, ARROWS AND B-B'S MUST BE STORED OUT OF THE REACH OF CHILDREN, INCLUDING LOCKED STORAGE AND SEPARATE LOCKED STORAGE FOR THE WEAPONS AND AMMUNITION. LOCKED STORAGE MUST BE MADE OF STRONG, UNBREAKABLE MATERIAL. IF THE LOCKED STORAGE HAS A GLASS OR ANOTHER BREAKABLE FRONT OR ENCLOSURE, THE GUNS MUST BE SECURED WITH A LOCKED CABLE OR CHAIN PLACED THROUGH THE TRIGGER GUARDS.
  3. FOSTER CHILDREN ARE NOT ROUTINELY GIVEN PERMISSION TO USE WEAPONS OR FIREARMS FOR HUNTING. THE DECISION WILL BE MADE BY THE FOLLOWING INDIVIDUALS:
    - A) THE CHILD'S BIRTH PARENTS.
    - B) THE CHILD'S CAREGIVERS.
    - C) GUIDING LIGHT CHILD PLACEMENT STAFF.
    - D) CPS WORKER/PROBATION OFFICER/CPS SUPERVISOR/CPS PROGRAM DIRECTORALL FOUR PARTIES MUST AGREE THAT THE FOSTER CHILD IS MATURE ENOUGH AND RESPONSIBLE ENOUGH TO BE GIVEN THE PRIVILEGE OF HUNTING WITH A WEAPON.
    - E) IN ADDITION, THE FOSTER CHILD MUST FULFILL THE FOLLOWING REQUIREMENTS.
      - 1) BE AT LEAST TWELVE YEARS OF AGE.
      - 2) MUST BE ACCOMPANIED BY AN ADULT.
      - 3) MUST HAVE SUCCESSFULLY COMPLETED THE HUNTER'S SAFETY COURSE.
      - 4) MUST HAVE CURRENT HUNTER'S LICENSE.
      - 5) MUST HAVE "HUNTING WITH A WEAPON" INCLUDED IN SERVICE PLAN
  4. NO CHILD MAY USE A WEAPON, FIREARM, EXPLOSIVE MATERIAL, PROJECTILE, OR TOY THAT EXPLODES OR SHOOTS, UNLESS THE CHILD IS DIRECTLY SUPERVISED BY AN ADULT KNOWLEDGEABLE ABOUT THE USE OF THE WEAPON, FIREARM, EXPLOSIVE MATERIAL, PROJECTILE, OR TOY THAT EXPLODES OR SHOOTS THAT IS TO BE USED BY THE CHILD.
  5. CAREGIVERS MUST NOTIFY THEIR CHILD PLACEMENT STAFF IF THERE IS A CHANGE IN THE TYPE OF OR AN ADDITION TO WEAPONS, FIREARMS, EXPLOSIVE MATERIALS, OR PROJECTILES.
- B. WHEN DETERMINING IF THESE ITEMS ARE STORED ADEQUATELY, GUIDING LIGHT WILL CONSIDER THE AGE, HISTORY, EMOTIONAL MATURITY, AND BACKGROUND OF THE CHILDREN IN THE HOME.
- C. WHEN GUIDING LIGHT COMPLETES A FOSTER HOME SCREENING, THE FOSTER HOME DEVELOPER MUST ASK WHETHER WEAPONS, FIREARMS, EXPLOSIVE MATERIALS, OR PROJECTILES ARE PRESENT IN THE HOME. IF THESE ITEMS ARE PRESENT, THE FOSTER HOME DEVELOPER MUST REVIEW GUIDING LIGHT POLICIES AND REQUIREMENTS WITH THE PROSPECTIVE CAREGIVERS.
- D. THE FOSTER HOME RECORD MUST INCLUDE DOCUMENTATION ON THE:
  - A. ITEMS PRESENT IN THE HOME; AND
  - B. SPECIFIC PRECAUTIONS THE CAREGIVERS MUST TAKE TO ENSURE THAT CHILDREN DO NOT HAVE UNSUPERVISED ACCESS.
- E. FIREARMS WHICH ARE INOPERABLE AND SOLELY ORNAMENTAL ARE EXEMPT FROM THE STORAGE REQUIREMENTS.
- F. A CAREGIVER MAY TRANSPORT A CHILD IN A VEHICLE WHERE A FIREARM (OTHER THAN HANDGUNS), OTHER WEAPONS, EXPLOSIVE MATERIALS, OR PROJECTILES IS PRESENT IF;



- A. ALL FIREARMS ARE NOT LOADED
- B. THE FIREARMS, OTHER WEAPONS, EXPLOSIVE MATERIALS, OR PROJECTILES ARE INACCESSIBLE TO THE CHILD
- C. POSSESSION OF THE FIREARM IS LEGAL
- D. IF THE CAREGIVER IS LICENSED TO CARRY A HANDGUN, THEN HE/SHE MAY DO SO WHEN TRANSPORTING THE CHILD AS LONG AS:
  - 1. THE HANDGUN IS IN POSSESSION AND CONTROL OF THE CAREGIVER; AND
  - 2. HE/SHE HAS A VALID AND CURRENT HANDGUN LICENSE FROM THE TX DEPT. OF SAFETY. THE CAREGIVER WILL NEED TO HAVE THE LICENSE AVAILABLE FOR LICENSING STAFF TO VIEW.



## INVESTIGATIONS

GUIDING LIGHT (GUIDING LIGHT) AND/OR THE DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES (DFPS) WILL LIKELY RECEIVE ALLEGATIONS OF ABUSE OR NEGLECT AGAINST OUR FOSTER PARENTS. ALL SUCH ALLEGATIONS ARE AUTOMATICALLY ASSIGNED TO BE INVESTIGATED BY DFPS LICENSING DIVISION (RCCL.) IN VERY RARE INSTANCES, RCCL WILL, IN TURN, ASSIGN THE INVESTIGATION TO GUIDING LIGHT STAFF, IF DETERMINED TO BE A MINOR ISSUE OR NOT A SAFETY ISSUE. GUIDING LIGHT STAFF WILL COMPLETE AN INVESTIGATION WITHIN AN AVERAGE OF 4 WEEKS.

SHOULD THE ALLEGATION BE DISCOVERED BY GUIDING LIGHT INITIALLY, GUIDING LIGHT STAFF IS MANDATED TO REPORT THE ALLEGATION TO RCCL IMMEDIATELY, AND TO REFRAIN FROM INTERFERING WITH THE STATE'S INVESTIGATION. IF THE ALLEGATION IS REPORTED DIRECTLY TO DFPS, GUIDING LIGHT STAFF WILL BE UNAWARE OF THE SITUATION UNTIL THE INVESTIGATION IS OVER AND RCCL FINALLY NOTIFIES GUIDING LIGHT OF THE FINDINGS.

THE AMOUNT OF TIME TYPICALLY TAKEN FOR RCCL TO COMPLETE AN INVESTIGATION WILL VARY, BUT THE AVERAGE TIME IS 4 MONTHS FROM START TO FINISH. GUIDING LIGHT HAS NO AUTHORITY TO SPEED UP AN RCCL INVESTIGATION. DURING THIS TIME, EACH CHILD'S CPS WORKER WILL DETERMINE WHETHER THAT FOSTER CHILD WILL BE REMOVED FOR HIS/HER SAFETY UNTIL THE INVESTIGATION IS COMPLETED. FOR THE DURATION OF THE INVESTIGATION, THERE ARE TIMES WHEN ALL THE FOSTER CHILDREN ARE REMOVED AND PLACED TEMPORARILY IN RESPITE CARE, AND OTHER TIMES WHEN ALL THE CHILDREN WILL REMAIN IN YOUR HOME. ALL CHILDREN MIGHT BE REMOVED OR PERHAPS ONLY ONE OR TWO.

EACH CHILD'S CPS WORKER HAS THE RIGHT NOT TO PLACE THEIR CHILD IN THIS HOME DURING THE RCCL INVESTIGATION. GUIDING LIGHT HAS NO AUTHORITY TO OVERRULE THIS CPS WORKER DECISION.

RCCL WILL CONDUCT THEIR INVESTIGATION BY PRIVATELY INTERVIEWING MEMBERS OF THE FOSTER FAMILY HOUSEHOLD, ONSITE. ANY REFUSAL TO ALLOW AN INTERVIEW OF BIOLOGICAL OR ADOPTED CHILDREN WILL BE PERCEIVED BY RCCL AS "HIDING SOMETHING." RCCL HAS A RIGHT TO INTERVIEW BIOLOGICAL AND ADOPTED CHILDREN IN THE HOME, AS PER MINIMUM STANDARDS. THEY ALSO HAVE THE RIGHT TO INTERVIEW CHILDREN AT SCHOOL, WITHOUT THE CAREGIVER BEING PRESENT. ADDITIONALLY, ANY REFUSAL TO UNLOCK A BEDROOM DOOR OF THE FOSTER PARENT'S BEDROOM OR AN ADULT BIOLOGICAL CHILD RESIDING IN THE FOSTER HOME WILL BE SEEN AS "HIDING SOMETHING," BY RCCL. RCCL HAS A RIGHT TO INSPECT ANY ROOM IN THE FOSTER HOME, AS PER MINIMUM STANDARDS.

ONCE GUIDING LIGHT RECEIVES THE RCCL REPORT OF FINDINGS, THE FAMILY WILL BE NOTIFIED AS TO ANY CITATIONS OR TECHNICAL ASSISTANCE (TA'S) RECOMMENDATIONS. IF ONE OR MORE CITATIONS HAVE BEEN ISSUED, GUIDING LIGHT WILL MAKE THE DECISION OF WHETHER TO TAKE THE CASE TO AN ADMINISTRATIVE REVIEW (AR.) IF EVIDENCE CAN BE PRODUCED BY GUIDING LIGHT CASE MANAGER OR OTHER STAFF TO OVERTURN THE CITATION, AN AR WILL BE SCHEDULED. THE EXECUTIVE ADMINISTRATOR AND THE GUIDING LIGHT ATTORNEY WILL PRESENT THE EVIDENCE TO A DFPS REVIEWER, REQUESTING THAT THE CITATION BE OVERTURNED.

IF THE FAMILY IS CITED FOR ABUSE/NEGLECT, YOU WILL SEE THE TEXAS FAMILY CODE #261.401 UNDER THE STANDARD RULE/DESCRIPTION COLUMN. THIS MEANS THE FAMILY IS PUT CHILD ABUSE AND NEGLECT REPORTING AND INQUIRY SYSTEM (CANRIS) ON WHICH MEANS THEY CAN NO LONGER CARE FOR CHILDREN IN ANY CAPACITY (EXCEPT THEIR OWN BIOLOGICAL FAMILY,) SUCH AS TEACHING, DRIVING A SCHOOL BUS, ADOPTING A CHILD, ETC.

IF THE FAMILY IS CITED FOR ABUSE/NEGLECT AND PUT ON CANRIS, GUIDING LIGHT WILL MAKE THE DECISION AS TO WHETHER TO TAKE THE CASE TO AN ADMINISTRATIVE REVIEW (AR) WITHIN 15 DAYS OF THE NOTICE. IF EVIDENCE IS PRODUCED BY GUIDING LIGHT CASE MANAGER OR OTHER STAFF THAT WILL HELP TO OVERTURN THE CITATION, AN AR WILL BE SCHEDULED. IF THERE IS NO EVIDENCE PRODUCED TO OVERTURN THE CITATION, THE FOSTER FAMILY VERIFICATION WILL BE RESCINDED. THE FAMILY CAN REQUEST THEIR OWN PERSONAL AR TO APPEAL THE RCCL ABUSE/NEGLECT CITATION.

THE AR TYPICALLY TAKES 6 MONTHS TO A YEAR FOR RCCL TO SCHEDULE. THE CPS JUDGE CAN ORDER THE FOSTER CHILDREN TO REMAIN IN THE FOSTER HOME WHILE THE AR IS PENDING, HOWEVER TYPICALLY CPS WILL NOT PLACE NEW FOSTER CHILDREN IN YOUR HOME. THERE MAY BE TIMES WHEN A CANRIS CASE IS UPHELD BY THE AR REVIEWER, WHEN GUIDING LIGHT MIGHT DECIDE TO TAKE THE CASE TO A STATE OFFICE OF ADMINISTRATION HEARING (SOAH) DEPENDING UPON THE AMOUNT OF EVIDENCE ON FILE. THE SOAH TYPICALLY TAKES 2 YEARS TO SCHEDULE. IF DFPS UPHOLDS THE CITATION AT THE HEARING, GUIDING LIGHT MIGHT CHOOSE TO TAKE THE CASE TO A DISTRICT COURT OUTSIDE OF DFPS. THE DISTRICT COURT TYPICALLY TAKES 1 YEAR TO SCHEDULE.

IF CITATIONS OCCUR UNDER THE SUPERVISION OF THE FAMILY'S RESPITE WORKER OR BABYSITTER, THE FOSTER FAMILY COULD STILL BE LIABLE FOR THE CITATIONS AND PLACED ON CANRIS.

FOR THE CITATIONS OR TA'S THAT DO NOT INVOLVE ABUSE & NEGLECT, THE FAMILY WILL RECEIVE A CORRECTIVE ACTION PLAN (CAP) FROM GUIDING LIGHT. THIS CAP WILL BE KEPT ON FILE FOR REVIEW WHEN FILES ARE MONITORED BY DFPS. THE CAP WILL LIST THE ACTIONS TO BE TAKEN FOR A RETURN TO "COMPLIANCE," SOME FOR THE FOSTER PARENTS TO CORRECT, AND SOME FOR GUIDING LIGHT STAFF TO CORRECT.

CONSEQUENCE TO FOSTER FAMILIES FOR VIOLATIONS OF MINIMUM STANDARDS OR GUIDING LIGHT POLICY THAT ARE REPEATED 3 TIMES OR MORE WILL BE STRINGENT. POSSIBLE CONSEQUENCES COULD BE, DEPENDING UPON THE SEVERITY OF THE CITATION:

1. PLACEMENT HOLD FOR 3 MONTHS
2. CLOSING THE HOME
3. REDUCING CAPACITY SIZE
4. CHANGING AGE RANGES ON THE VERIFICATION FROM NON-VERBAL CHILDREN TO VERBAL CHILDREN
5. INCREASED UNANNOUNCED VISITS FROM GUIDING LIGHT CASE MANAGER
6. ADDITIONAL TRAINING HOURS

## KINSHIP CARE/PCA

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THE FOSTERING CONNECTIONS ACT OF 2008 STEMMED A NEW DFPS PROGRAM CALLED THE PERMANENCY CARE ASSISTANCE PROGRAM (PCA) IN SEPTEMBER 2010. THIS IS A FINANCIAL ASSISTANCE PROGRAM TO HELP KINSHIP FOSTER PARENTS WHO SIGN AN AGREEMENT WITH DFPS AND SUBSEQUENTLY TAKE PERMANENT, LEGAL CUSTODY OF A CHILD.

1. TO BE ELIGIBLE TO SIGN A PCA AGREEMENT WITH DFPS AND RECEIVE PCA BENEFITS, KINSHIP FAMILIES MUST:
  - A. BE A LICENSED FOSTER PARENT
  - B. SERVE AS THE CHILD'S CAREGIVER FOR A LEAST SIX CONSECUTIVE MONTHS PRIOR TO THE TRANSFER OF PMC. IF A BREAK IN PLACEMENT OCCURS IN THE SIX-MONTH PERIOD, THE BREAKS IN PLACEMENT ARE SUBTRACTED FROM THE TOTAL PLACEMENT TIME.
  - C. DFPS MUST DETERMINE THAT REUNIFICATION AND ADOPTION ARE NOT VIABLE PERMANENCY OPTIONS FOR THE CHILD.
  - D. THE CHILD MUST DEMONSTRATE A STRONG ATTACHMENT TO THE KINSHIP CAREGIVER.
  - E. THE KINSHIP CAREGIVER MUST HAVE A STRONG COMMITMENT TO CARING PERMANENTLY FOR THE CHILD.
  - F. OLDER YOUTH MUST BE CONSULTED ABOUT THE PCA PLAN.
  - G. THE CAREGIVER NEGOTIATES AND SIGNS A PCA AGREEMENT, WHICH TAKES EFFECT ON THE DATE THAT PMC IS TRANSFERRED.
  - H. THE CHILD MUST BE IN THE TEMPORARY OR PERMANENT MANAGING CONSERVATORSHIP OF DFPS ON THE DAY PRIOR TO THE DAY BEFORE PMC IS TRANSFERRED.
  - I. SUBSEQUENT TO SIGNING THE PCA AGREEMENT, THE KINSHIP CAREGIVER IS NAMED IN COURT AS THE PERMANENT MANAGING CONSERVATOR FOR THE CHILD.
  - J. THE KINSHIP CAREGIVER CANNOT BE NAMED AS A JOINT MANAGING CONSERVATOR WITH DFPS OR THE BIOLOGICAL PARENTS, AND THE FINAL ORDER CANNOT AWARD POSSESSORY CONSERVATORSHIP TO A PARENT IN A MANNER THAT AFFECTS A REUNIFICATION.
2. IF A FAMILY IS ALREADY RECEIVING PCA BENEFITS FOR ONE CHILD, THE FAMILY WILL BE ABLE TO RECEIVE PCA BENEFITS FOR A SIBLING IF THE SIBLING IS IN DFPS CONSERVATORSHIP AND PLACED WITH THE FAMILY BY CPS.
  - A. CPS MUST RULE OUT REUNIFICATION AND ADOPTION FOR THE SIBLING
  - B. THE SIBLING CAN BECOME ELIGIBLE WITHOUT HAVING TO MEET MOST OF THE OTHER ELIGIBILITY CRITERIA FOR THE PROGRAM.
  - C. THE FAMILY MUST SIGN A NEW PCA AGREEMENT ON BEHALF OF THE SIBLING PRIOR TO OBTAINING PMC OF THE SIBLING.
3. CHILDREN IN PCA DO NOT HAVE TO MEET THE SAME "SPECIAL NEEDS" CRITERIA THAT ARE REQUIRED TO RECEIVE ADOPTION ASSISTANCE.
4. DFPS DOES NOT REQUIRE THAT BOTH KINSHIP CAREGIVERS (IF MARRIED) BE LISTED ON THE PMC ORDER FOR BOTH INDIVIDUALS TO RECEIVE PCA BENEFITS. GUIDING LIGHT REQUIRES MARRIED KINSHIP CAREGIVERS TO BOTH BE VERIFIED AS FOSTER PARENTS. GUIDING LIGHT DOES NOT LICENSE ROOMMATES AS CAREGIVERS.
5. WITHIN 30 DAYS OF CPS RULING OUT REUNIFICATION AND ADOPTION, THE CPS WORKER WILL LOCATE A KINSHIP CAREGIVER AND DECIDE IF THE CHILD'S PERMANENCY GOAL SHOULD BE PMC WITH THE SUPPORT OF PCA. THE CPS WORKER WILL DISCUSS THE KINSHIP CAREGIVER'S INTENT TO PURSUE PMC WITH PCA SUPPORT AND OBTAIN A SIGNED PCA STATEMENT OF INTENT. KINSHIP CAREGIVERS CAN DECIDE NOT TO PURSUE PMC WITH PCA AFTER THE STATEMENT OF INTENT IS SIGNED.
  - A. IF THE KINSHIP CAREGIVER DOES NOT WANT TO COMMIT TO ADOPTION OR PMC, DFPS WILL SEARCH FOR ANOTHER KINSHIP FAMILY OR FOSTER FAMILY WILLING TO ADOPT OR TAKE PMC OF THE CHILD.
  - B. IF THE KINSHIP CAREGIVER WANTS TO CONTINUE TO BE A VERIFIED FOSTER HOME AND DFPS AND THE COURT AGREES THAT IT IS IN THE CHILD'S BEST INTEREST, THE CHILD CAN CONTINUE TO REMAIN IN FOSTER CARE. THE KINSHIP CAREGIVER MUST MEET ALL THE REQUIREMENTS OF VERIFIED GUIDING LIGHT FOSTER FAMILY. GUIDING LIGHT MUST RE-SUBMIT ANY TIME LIMITED VARIANCES THAT WERE SPECIFICALLY FOR THE KINSHIP HOME.

6. ONCE A CHILD HAS BEEN PLACED WITH THE KINSHIP CAREGIVER AS A GUIDING LIGHT VERIFIED FOSTER HOME PLACEMENT, THE CPS CASE WORKER MUST MAKE THE DETERMINATION ABOUT WHEN AND IF TO SUBMIT THE PCA APPLICATION TO THE ELIGIBILITY SPECIALIST.
7. AFTER PMC IS AWARDED THE KINSHIP CAREGIVER, THE KINSHIP CAREGIVER CAN CHOOSE TO RESCIND THEIR GUIDING LIGHT FOSTER HOME VERIFICATION. THE GUIDING LIGHT CASE MANAGER IS NO LONGER RESPONSIBLE FOR MANAGING THE CHILD IN PCA. ALL GUIDING LIGHT AND DFPS SUPPORTED CHILD BENEFITS WILL END, SUCH AS DAY CARE, MILEAGE, CASE MANAGEMENT ETC. DFPS WILL MAKE ALL PAYMENTS TO THE FAMILY, NOT GUIDING LIGHT.
8. IN ORDER QUALIFY FOR THE PCA PROGRAM KINSHIP CAREGIVERS MUST BE LICENSED FOSTER PARENTS AND SERVE AS THE CHILD'S CAREGIVER FOR AT LEAST SIX CONSECUTIVE MONTHS. THE KINSHIP CAREGIVER MUST CONTACT AND INDICATE TO THE FOSTER HOME DEVELOPER (FHD) THAT A LETTER OF INTENT HAS BEEN SIGNED TO PURSUE KINSHIP CARE UNDER THE PCA PROGRAM.



## MAIL

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- I. THE CHILD MAY WRITE TO HIS BIOLOGICAL FAMILY AND, IN MOST CASES, SHOULD BE ENCOURAGED TO DO SO. GUIDING LIGHT'S RETURN ADDRESS SHOULD BE UTILIZED UNLESS OTHERWISE INSTRUCTED BY GUIDING LIGHT STAFF. YOUR CASE MANAGER WILL DELIVER RETURN MAIL.
- II. CHILDREN'S MAIL (INCLUDING ELECTRONIC MAIL) INCOMING AND OUTGOING MUST NOT BE OPENED OR READ UNLESS THE NEED FOR SUCH RESTRICTION IS DETERMINED BY LEVEL I GUIDING LIGHT STAFF OR THE TREATMENT TEAM. CHILDREN HAVE THE RIGHT TO PRIVACY IN WRITING, SENDING, OR RECEIVING CORRESPONDENCE UNLESS RESTRICTIONS ARE DETERMINED NECESSARY BY THE TREATMENT TEAM (GUIDING LIGHT CASE MANAGER, MANAGING CONSERVATOR OR PROBATION OFFICER, FOSTER PARENTS AND OTHER PROFESSIONALS ASSOCIATED WITH THE CASE). THE RESTRICTIONS WILL BE EVALUATED MONTHLY. REASONS FOR CONTINUED RESTRICTIONS MUST BE EXPLAINED TO THE CHILD.
- III. ANY AND ALL MAIL THAT COMES FROM TEXAS DEPARTMENT OF FAMILY AND PROTECTIVE (DFPS), CHILD PLACING SERVICES (CPS) AND/OR ANY OTHER DOCUMENTATION FROM THE STATE SHOULD BE GIVEN TO THE CASE MANAGER WITHIN 24 HOURS OF RECEIPT. PLEASE KEEP ALL DOCUMENTATION, INCLUDING THE ENVELOPE, TOGETHER.

## MEDICAL, VISION, DENTAL AND PHARMACY PROCEDURES

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### I. INITIAL MEDICAL, DENTAL, AND VISION APPRAISALS

- A. FOR ALL NEW TO CARE CHILDREN, A 3-DAY ASSESSMENT IS REQUIRED WITHIN 3 BUSINESS DAYS OF PLACEMENT.
- B. GUIDING LIGHT SHALL ENSURE THAT EACH CHILD RECEIVES A TEXAS HEALTH STEPS MEDICAL, HEARING, AND VISION APPRAISAL BY A LICENSED PHYSICIAN BY A STAR HEALTH NETWORKER PROVIDER WITHIN 30 DAYS OF THE CHILD'S ADMISSION TO FOSTER FAMILY CARE UNLESS THE CHILD IS BEING TRANSFERRED FROM ANOTHER AGENCY WHO HAS HAD AN EXAMINATION IN THE PRECEDING YEAR.



- C. GUIDING LIGHT SHALL ARRANGE FOR IMMEDIATE MEDICAL ATTENTION WHEN A MEDICAL PROBLEM IS RECOGNIZED AT THE TIME OF REFERRAL.
- D. GUIDING LIGHT SHALL ENSURE THAT EACH CHILD SIX MONTHS OR OLDER RECEIVES A DENTAL APPRAISAL BY A TEXAS HEALTH STEPS DENTAL PROVIDER WILL BE SCHEDULED WITHIN 30 DAYS OF PLACEMENT AND COMPLETED WITHIN 60 DAYS OF ADMISSION, UNLESS THE CHILD HAS HAD AN APPRAISAL WITHIN THE PREVIOUS 6 MONTHS AND THE RESULTS OF THE APPRAISAL ARE AVAILABLE.
- E. GUIDING LIGHT SHALL ENSURE THAT EACH CHILD RECEIVES OTHER APPRAISALS AND FOLLOW-UP TREATMENTS AS ORDERED BY THE PHYSICIAN OR DENTIST AS A RESULT OF THE INITIAL APPRAISAL.
- F. AFTER THE INITIAL APPRAISALS, GUIDING LIGHT SHALL ENSURE THROUGH THE FOSTER HOME THAT EACH CHILD HAS A MEDICAL APPRAISAL EVERY YEAR AND A DENTAL APPRAISAL SEMI-ANNUALLY.

- G. GUIDING LIGHT SHALL CONFIRM, WITHIN 30 CALENDAR DAYS OF PLACEMENT, THE IMMUNIZATION RECORD OF THE CHILD. AN APPROPRIATE IMMUNIZATION SCHEDULE MUST BE ESTABLISHED FOR THE CHILD BASED ON HIS IMMUNIZATION STATUS. IN ACCORDANCE WITH TEXAS DEPARTMENT OF HEALTH GUIDELINES FOR TUBERCULOSIS TESTING, GUIDING LIGHT REQUIRES ALL FOSTER CHILDREN TO BE TESTED FOR TB UPON ENTERING THE FOSTER CARE SYSTEM. IF A CHILD HAS BEEN REMOVED FROM FOSTER CARE FOR SIX MONTHS OR MORE AND RETURNS TO TDFPS, THEY MUST BE RETESTED. ANY FOSTER INFANT MUST BE TESTED WHEN THEY TURN ONE YEAR OF AGE. IF THE CHILD IS A NEW PLACEMENT THEN THE CHILD MUST RECEIVE THE TB TEST WITHIN 30 DAYS OF PLACEMENT.
  
- H. IF A CHILD IS PRESCRIBED PSYCHOTROPIC MEDICATIONS, THE PHYSICIAN, PHYSICIAN ASSISTANT, OR NURSE PRACTITIONER IN STAR HEALTH NETWORK MUST EVALUATE THE NEED FOR CONTINUED TREATMENT WITH THE MEDICATION AT A MINIMUM OF EVERY 3 MONTHS. THE FOSTER PARENT MUST ATTEND THE MEDICAL VISITS WITH THE CHILD. IF A CHILD IS PRESCRIBED A PSYCHOTROPIC MEDICATION, THE FOSTER PARENT MUST NOTIFY GUIDING LIGHT CASE MANAGER AND CASE WORKER BY THE NEXT BUSINESS DAY. THE FOSTER PARENT AND PHYSICIAN MUST SIGN FORM 4526 FOR EACH NEW PSYCHOTROPIC MEDICATION OR DOSAGE CHANGE. THE FOSTER PARENT MUST SEND THE FORM 4526 AS SOON AS POSSIBLE, AND THE GUIDING LIGHT CASE MANAGER MUST SEND TO THE CHILD'S CASEWORKER NO LATER THAN FIVE DAYS AFTER THE APPOINTMENT.
  
- I. GUIDING LIGHT CASE MANAGER WILL REVIEW MEDICATIONS AND MEDICATION LOGS ON A MONTHLY BASIS IN THE FOSTER HOME AND UPON RECEIPT AT THE BEGINNING OF THE FOLLOWING MONTH. THE MONTHLY REVIEW IN THE FOSTER HOME WILL BE DOCUMENTED IN THE CASE MANAGER CONTACTS INCLUDING ANY ERRORS FOUND BY THE REVIEWER AND EFFORTS MADE TO FIX THE ERRORS. CPMS WILL REVIEW AND APPROVE ALL MEDICATION LOGS PRIOR TO BEING UPLOADED INTO EXTENDEDREACH. MEDICATIONS WILL ALSO BE REVIEWED WITH THE FOSTER PARENT UPON PLACEMENT AND DOCUMENTED IN THE CHILD'S GUIDING LIGHT ORIENTATION THAT IS PLACED IN THE CHILD'S RECORD.

II. EACH VISIT TO THE DOCTOR OR DENTIST MUST BE DOCUMENTED IN THE CHILD'S RECORD AND REPORTED TO THE CHILD-PLACING AGENCY. FOSTER PARENT MUST ATTACH ALL MEDICAL RECORDS FROM THE APPOINTMENT TO THE APPROPRIATE FORM OR MAY DOCUMENT INFORMATION THAT WAS PROVIDED VERBALLY BY THE HEALTHCARE PROVIDER ON THE MEDICAL AND DENTAL FORMS. RETAIN THE ORIGINAL COPY IN THE CHILD'S FOLDER AND SUBMIT A COPY OF THE COMPLETED FORMS TO THE CHILD'S CPS CASEWORKER. THE DOCUMENTATION MUST INCLUDE:

- A. THE NAME OF THE CHILD
- B. THE DATE OF BIRTH OF THE CHILD
- C. THE NAME AND ADDRESS OF THE ATTENDING PHYSICIAN OR DENTIST
- D. THE TYPE OF EXAMINATION AND REASON FOR THE VISIT
- E. COMPLETED COPY OF THE RESULTS OF THE MEDICAL EXAMINATION
- F. FOLLOW UP TREATMENT RECOMMENDATIONS AND ANY APPOINTMENTS RESCHEDULED
- G. MEDICATIONS AND CHANGES TO MEDICATIONS
- H. A NOTATION OF THE CHILD'S REFUSAL OF THE EXAMINATION, IF APPLICABLE
- I. IF THE MEDICAL EXAMINATION IS A RESULT OF AN INJURY OR ILLNESS, THE DOCUMENTATION OF THE CIRCUMSTANCES SURROUNDING THE INCIDENT, INCLUDING THE DATE AND TIME OF THE INCIDENT
- J. ANY OTHER DOCUMENTATION PROVIDED BY THE HEALTH-CARE PROFESSIONAL WHO PERFORMED THE EXAMINATION
- K. DOCUMENTATION OF WHETHER THE APPOINTMENT WAS A TEXAS HEALTH STEPS MEDICAL OR DENTAL CHECKUP
- L. THAT A CHILD WITH PRIMARY MEDICAL NEEDS (PMN) HAD A MEDICAL EXAMINATION WITHIN 7 DAYS BEFORE OR 3 DAYS AFTER THE DATE OF PLACEMENT.

**III. PSYCHOTROPIC MEDICATION REPORTS:**

- A. FOSTER PARENT/MEDICAL CONSENTER MUST SIGN FORM 4526 AT EACH VISIT AS WELL AS THE DOCTOR/PSYCHIATRIST AND SEND TO GUIDING LIGHT NO LATER THAN THE NEXT BUSINESS DAY. IF THE PSYCHIATRIST REFUSES TO FILL OUT GUIDING LIGHT'S PSYCHOTROPIC MEDICATION FORM, FOSTER

PARENT/MEDICAL CONSENTER SHOULD STILL FILL OUT THE TOP OF THE REPORT AND ATTACH THE DOCTOR'S REPORT AND ATTACH IT TO THE GUIDING LIGHT MEDICATION REPORT. IN THE MIDDLE OF THE PAGE WRITE "SEE ATTACHED REPORT" AND THE FOSTER PARENT/MEDICAL CONSENTER SHOULD SIGN THE FORM.

- B. IF A REGULAR MEDICAL EXAM REPORT WAS FILLED OUT IN PLACE OF THE PSYCHOTROPIC MED REPORT, A COPY OF THE MEDICAL EXAM SHOULD BE ATTACHED TO THE PSYCHOTROPIC MED REPORT. THE PSYCHOTROPIC MED REPORT SHOULD BE SIGNED AND DATED BY THE MEDICAL CONSENTER AND NOTED AS "SEE ATTACHED REPORT".
- C. ALL CHILDREN RECEIVING PSYCHOTROPIC MEDICATIONS MUST BE PROVIDED APPROPRIATE PSYCHOSOCIAL THERAPIES, BEHAVIOR STRATEGIES, AND OTHER NON-PHARMACOLOGICAL INTERVENTIONS.
- D. THE FOSTER PARENT MUST DISCUSS RISK AND BENEFITS WITH THE PRESCRIBING DOCTOR. IF FOSTER PARENT HAS QUESTIONS/CONCERNS ABOUT THE MEDICATION REGIMEN OF THE CHILD, THE FOSTER PARENT SHALL REQUEST ASSISTANCE FROM A STAR HEALTH MANAGER BY CALLING 1-866-912-6283, NOTIFY THE GUIDING LIGHT TREATMENT TEAM, AND DFPS CASEWORKER OR THE CASE WORKER'S CHAIN OF COMMAND

#### IV. MEDICAL PROCEDURES WHILE THE CHILD IS IN A GUIDING LIGHT FOSTER HOME

- A. THE GUIDING LIGHT CHILD PLACEMENT STAFF (CASE MANAGER) WILL ENSURE THROUGH THE FOSTER HOME THAT EACH CHILD HAS A MEDICAL EVALUATION ACCORDING TO THE TEXAS HEALTH STEPS MEDICAL CHECKUPS. FOR CHILDREN (ALREADY IN THE SYSTEM) UNLESS REQUIRED MORE FREQUENTLY BY THE CHILD'S MEDICAL PROVIDER. A SUBSEQUENT THSTEPS MEDICAL CHECKUP MUST BE SCHEDULED ONE YEAR AFTER THE PREVIOUS CHECKUP AND NO LATER THAN THE CHILD'S NEXT BIRTHDAY.

EXAMPLE: IF A CHILD WAS PLACED IN MARCH 2011 REQUIRING A MEDICAL EXAM WITHIN 30 DAYS AND HIS BIRTHDAY WAS MAY 1, 2011, THE FOSTER PARENT MUST TAKE THE CHILD FOR ANOTHER MEDICAL EXAM BY THE CHILD'S BIRTHDAY. THE FOSTER PARENT MUST ASK THE DOCTOR TO SCHEDULE THE FOSTER CHILD'S NEXT ANNUAL EXAM IN MAY 1, 2012 OR A FEW DAYS BEFORE HIS BIRTHDAY.

THE FOSTER PARENT WILL SCHEDULE A DENTAL EXAMINATION AT EVERY 6 MONTHS FROM THE DATE OF THE CHILD'S LAST DENTAL CHECKUP, UNLESS OTHERWISE SPECIFIED BY THE DENTIST THROUGH STAR HEALTH.

- 1) DENTAL EXAMINATIONS FOR ALL CHILDREN WHO ARE UNDER 6 MONTHS UPON ENTRY INTO DFPS CONSERVATORSHIP, OR WITHIN 30 DAYS OF BECOMING 6 MONTHS.
  - 2) FOR ALL CHILDREN A SUBSEQUENT CHECKUP MUST BE OBTAINED 6 MONTHS AFTER THE MONTH IN WHICH THE CHILD RECEIVED THE PREVIOUS CHECKUP.
  - 3) FOR CHILDREN WITH PRIMARY MEDICAL NEEDS (PMN), THE FOSTER PARENT MUST REQUEST WRITTEN DOCUMENTATION FROM THE CHILD'S DOCTOR IF THE CHILD IS UNABLE TO ATTEND TEXAS HEALTH STEPS DENTAL CHECKUPS IN ACCORDANCE WITH REQUIRED TIMEFRAMES.
- B. IN THE EVENT THAT COMMUNITY AND MEDICAID DENIES FUNDING FOR RECOMMENDED MEDICAL, DENTAL, VISION, OR PHARMACY SERVICES, AS SOON AS PRACTICABLE BUT NO LATER THAN THE 3<sup>RD</sup> BUSINESS DAY, GUIDING LIGHT WILL NOTIFY CPS WORKER OR CPS WORKER'S CHAIN OF COMMAND FOR ASSISTANCE
  - C. IN THE EVENT THAT GUIDING LIGHT HAS QUESTIONS REGARDING THE PRESCRIBED RECOMMENDATIONS FOR FOLLOW-UP TREATMENT, GUIDING LIGHT WILL RAISE THESE QUESTIONS WITH CPS AND CPS WILL ASSIST GUIDING LIGHT WITH A RESOLUTION.

#### V. CONTINUED CARE

- A. THE FOSTER PARENTS SHALL ENSURE THAT CHILDREN RECEIVE ALL NECESSARY MEDICAL CARE WHEN THEY ARE ILL. IF THE DOCTOR REQUESTS FOR A FOLLOW UP APPOINTMENT, THE FOSTER PARENT IS REQUIRED TO TAKE THE FOSTER CHILD TO THE FOLLOW UP VISIT EVEN IF THE CHILD IS FEELING BETTER.

- B. FOSTER PARENTS ARE REQUIRED TO ENSURE THAT FOSTER CHILDREN 36 MONTHS (3 YEARS OLD) AND OLDER RECEIVE ANNUAL TEXAS HEALTH STEPS MEDICAL CHECKUP AS SOON AFTER THE CHILD'S BIRTHDAY AS PRACTICAL BUT NOT LATER THAN THE CHILD'S NEXT BIRTHDAY; UNLESS REQUIRED MORE FREQUENTLY BY THE CHILD'S PROVIDER. FOR EXAMPLE, A FOSTER CHILD WAS PLACED MARCH 1, 2011 AND HIS BIRTHDAY IS MAY 1, 2011, THE FOSTER PARENT MUST REQUEST FROM THE MEDICAL HEALTH PROFESSIONAL THAT THE FOSTER CHILD'S NEXT ANNUAL EXAM BE SCHEDULED ON/BEFORE MAY 1, 2012 AND DENTAL EXAMINATIONS AT LEAST EVERY 6 MONTHS. FOSTER PARENTS ARE REQUIRED TO ENSURE THAT FOSTER CHILDREN HAVE VISION AND HEARING SCREENINGS ANNUALLY AT THEIR MEDICAL HEALTH CHECKUP. FOSTER PARENTS ARE TO ENSURE TEXAS HEALTH STEPS MEDICAL SERVICES ACCORDING TO THE TEXAS HEALTH STEPS PERIODICITY SCHEDULE.
- C. CHILDREN UNDER 36 MONTHS (3 YEARS OLD) REQUIRE MORE FREQUENT TEXAS HEALTH STEPS CHECKUPS AS FOLLOWS OR AS DIRECTED BY HEALTH CARE PROVIDER:
  - 3 TO 5 DAYS AFTER BIRTH;
  - 2 WEEKS AFTER BIRTH; AND
  - 2 MONTHS, 4 MONTHS, 6 MONTHS, 9MONTHS, 1 YEAR, 15 MONTHS, 18MONTHS, 2 YEARS AND 2 ½ YEARS.
- D. A MEDICATION LOG, FORM PROVIDED BY GUIDING LIGHT, SHALL BE KEPT ON A DAILY BASIS BY THE FOSTER FAMILY DOCUMENTING ALL MEDICATIONS ADMINISTERED TO THE FOSTER CHILD, INCLUDING OVER-THE-COUNTER MEDICATIONS, AND SUBMITTED MONTHLY.
- E. A LICENSED PHYSICIAN IN THE COMMUNITY OF THE FOSTER FAMILY WILL BE SELECTED BY THE FOSTER FAMILY, SUBJECT TO SANCTIONING BY GUIDING LIGHT. THE PHYSICIAN SHALL PROVIDE APPRAISAL AND TREATMENT IN ACCORDANCE WITH HIS/HER LICENSING STANDARDS AND ACCEPT PAYMENT FROM MEDICAID AS FULL PAYMENT
- F. ARRANGEMENTS WILL BE MADE, AS NECESSARY, FOR AN ON-CALL NURSE TO BE AVAILABLE FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES, INTELLECTUAL DISABILITIES, PRIMARY MEDICAL, OR HABILITATIVE NEEDS.
- G. THERAPY AND OTHER APPOINTMENTS AT ALL TIMES POSSIBLE ARE TO BE SCHEDULED OUTSIDE OF SCHOOL HOURS TO MINIMIZE DISRUPTIONS TO A CHILD'S EDUCATION.
- H. THE FOSTER PARENT MUST HAVE CONSENT FROM THE CHILD'S CASE WORKER OR CASE WORKER SUPERVISOR BEFORE CONSENTING TO MAJOR MEDICAL CARE INCLUDING:
  - 1) ANY SURGICAL PROCEDURES (INCLUDING DENTAL)
  - 2) ANY TREATMENT THE CHILD'S PHYSICIAN CONSIDERS DANGEROUS OR
  - 3) ANY OTHER MEDICAL TREATMENT THAT MAY BE THREATENING TO THE CHILD'S LONG TERM HEALTH.

## VI. EMERGENCY CARE

IN THE EVENT OF AN EMERGENCY, FOSTER PARENTS WILL BE EXPECTED TO ACT WITH SOUND JUDGMENT AND TAKE THE CHILD TO THE NEAREST HOSPITAL EMERGENCY ROOM OR DENTIST OFFICE.

- A. THE FOSTER PARENT/RESPIRE STAFF WILL NOTIFY THE AGENCY AS TO THE NATURE OF THE EMERGENCY, THE DIAGNOSIS, AND PROGNOSIS AS SOON AS POSSIBLE, NOT TO EXCEED 24 HOURS.
- B. THE AGENCY WILL IN TURN NOTIFY THE MANAGING CONSERVATOR/PARENT.
- C. THE EXPENSES OF ANY MEDICAL/DENTAL EMERGENCY WILL BE PAID THROUGH MEDICAID IF A CPS, JUVENILE PROBATION OR TJJD CHILD),
- D. IF A CHILD IS HOSPITALIZED FOR MEDICAL NEEDS, GUIDING LIGHT WILL PROVIDE EMOTIONAL SUPPORT FOR THE CHILD IN ACCORDANCE WITH THE CHILD'S MEDICAL NEEDS AND SUPERVISORY REQUIREMENTS, INCLUDING ARRANGING FOR RELIEF AS NEEDED FOR THE CHILD'S FOSTER PARENT. THE FOSTER PARENT MUST NOT LEAVE THE CHILD AT THE MEDICAL HOSPITAL UNSUPERVISED.



## EMERGENCY CARE – OUT-OF-STATE

**\*\* IMPORTANT: BEFORE YOU/YOUR CHILD IS TAKEN OUT OF STATE, CALL SUPERIOR AT 1-866-912-6283 AND ASK WHAT CLINICS OR HOSPITALS ACCEPT THE TEXAS MEDICAID PROGRAM. \*\***

WHAT IF I/MY CHILD ARE OUT OF STATE?

- A. FOR AN EMERGENCY, GO TO THE NEAREST EMERGENCY ROOM FOR CARE THAT HAS BEEN APPROVED PER INSTRUCTIONS ABOVE.
- B. GETS SICK AND NEEDS MEDICAL CARE, CALL YOUR SUPERIOR DOCTOR OR CLINIC. YOUR DOCTOR WILL TELL YOU WHAT YOU NEED TO DO IF YOU ARE NOT FEELING WELL.  
OUT OF STATE DOCTORS, CLINICS, OR ER:
  - A. MUST BE ENROLLED IN TEXAS MEDICAID TO GET PAID.
  - B. SHOW THEM YOUR TEXAS MEDICAID ID CARD AND SUPERIOR ID CARD BEFORE BEING SEEN.
  - C. HAVE THE DOCTOR CALL SUPERIOR FOR AN AUTHORIZATION NUMBER. THE PHONE NUMBER IS ON THE BACK OF THE SUPERIOR ID CARD.

## VII. CARE REQUIREMENTS FOR CHILDREN WITH PRIMARY MEDICAL NEEDS

THE FOLLOWING INSTANCES DEFINE CHILDREN WITH PRIMARY MEDICAL NEEDS:

- A. A CHILD WHO CANNOT MAINTAIN AN OPEN AIRWAY WITHOUT ASSISTANCE;
- B. A CHILD WHO NEEDS FEEDING TUBES, OR MUST BE FED THROUGH A PARENTAL ROUTE TO STAY ALIVE;
- C. A CHILD HAVING OTHER LIFE-THREATENING CONDITIONS THAT REQUIRE THE ASSISTANCE OF OTHERS OR MECHANICAL SUPPORTS TO STAY ALIVE;
- D. A CHILD NEEDING STERILE TECHNIQUES OR SPECIAL PROCEDURES TO PROMOTE HEALING PREVENT INFECTION OR PREVENT TISSUE BREAKDOWN.

A LICENSED PHYSICIAN MUST EVALUATE THE CHILD WITHIN 72 HOURS OF ADMISSION TO A FOSTER HOME. THE EVALUATION MUST CONFIRM THE CHILD CAN BE APPROPRIATELY CARED FOR IN THE HOME AND DOCUMENTED IN THE CHILD'S RECORD.

PRIOR TO ADMISSION, THE CAREGIVERS ACCEPTING THE CHILD MUST BE ADEQUATELY TRAINED IN THE PRESCRIBED MEDICAL PROCEDURES AND MEDICAL EQUIPMENT FOR THE CHILD. THIS MUST BE DOCUMENTED IN THE PHYSICIAN'S PRE-ADMISSION EVALUATION.

THE PHYSICIAN MUST INCLUDE ORDERS DOCUMENTING ORDERS FOR ALL MEDICATION, TREATMENT, DIET, RANGE OF MOTION PROGRAMS AT STATED INTERVALS, HABILITATION AS APPROPRIATE, AND ANY OTHER SPECIAL MEDICAL OR DEVELOPMENTAL PROCEDURES.

THE EVALUATION OF A CHILD WITH MEDICAL NEEDS MUST BE REVIEWED BY A LICENSED PHYSICIAN WHENEVER A MEDICAL OR RELATED PROBLEM OCCURS AND NO LESS THAN EVERY 90 DAYS. THIS REVIEW MUST BE DOCUMENTED IN THE CHILD'S RECORD.

A CHILD REQUIRING A NASOGASTRIC TUBE FEEDING, MUST HAVE THE TUBE INSERTED AND REMOVED BY A REGISTERED NURSE OR LICENSED VOCATION NURSE TRAINED IN THE PROCEDURE. THE TUBE MUST NOT BE LEFT IN PLACE MORE THAN 7 DAYS.

## VIII. PROTECTIVE DEVICES

PROTECTIVE DEVICES ARE RESTRAINTS USED TO PREVENT INVOLUNTARY SELF-INJURY, TO PERMIT WOUNDS TO HEAL, OR TO ADMINISTER MEDICATION PRESCRIBED BY A PHYSICIAN.

- A. PHYSICIAN'S ORDERS ARE REQUIRED FOR USE BY A CHILD OF A PROTECTIVE DEVICE.
- B. PROTECTIVE DEVICES ARE TO BE USED ONLY TO PREVENT INVOLUNTARY INJURY, TO PERMIT WOUNDS TO HEAL, AND TO ADMINISTER MEDICATION OR OTHER MEDICAL TREATMENT PRESCRIBED BY A PHYSICIAN.
- C. THE USE OF PROTECTIVE DEVICES MUST BE DOCUMENTED IN THE CHILD'S RECORD AND MUST BE PART OF THE CHILD'S PLAN OF SERVICE WHEN DEVELOPED AND REVIEWED; WAYS TO REDUCE THE NEED FOR PROTECTIVE DEVICES MUST BE DISCUSSED AND RECORDED.
- D. PROTECTIVE DEVICES MAY NOT BE USED AS PUNISHMENT, A CONVENIENCE FOR CAREGIVERS OR AS A SUBSTITUTE FOR PROGRAM TREATMENT.

**IX. SUPPORTIVE DEVICES**

SUPPORTIVE DEVICES ARE RESTRAINTS USED TO POSTURAL SUPPORT AN INDIVIDUAL OR TO ASSIST INDIVIDUALS WHO CANNOT OBTAIN AND/OR MAINTAIN NORMAL BODILY FUNCTIONING.

- A SUPPORTIVE DEVICES MAY BE UTILIZED TO POSTURAL SUPPORT A CHILD OR ASSIST IN OBTAINING AND MAINTAINING NORMAL BODY FUNCTIONING (FOR EXAMPLE: POSEY VESTS TO HELP SUPPORT CHILDREN NOT ABLE TO POSTURAL SUPPORT THEMSELVES).
- B SUPPORTIVE DEVICES ARE CONSIDERED AS ADJUNCTS TO A CHILD'S PROPER CARE AND MAY NOT BE USED AS A SUBSTITUTE FOR APPROPRIATE NURSING CARE.
- C A PHYSICIAN MUST PRESCRIBE THE USE OF A SUPPORTIVE DEVICE, INDICATING THE CIRCUMSTANCE UNDER WHICH IT IS PERMITTED.
- D THE USE OF SUPPORTIVE DEVICES MUST BE DOCUMENTED IN A CHILD'S PLAN OF SERVICE BOTH WHEN DEVELOPED AND REVIEWED AND MUST INCLUDE A DISCUSSION OF WAYS TO REDUCE THE NEED FOR SUPPORTIVE DEVICES.
- E IF NOT SPECIFICALLY FOR ASSISTING WITH SLEEP OR SAFETY DURING SLEEP, THE PRESCRIBED DEVICE MUST BE REMOVED DURING THE NIGHT AND OTHER REST PERIODS.
- F SUPPORTIVE DEVICES MAY NOT BE USED AS PUNISHMENT, AS A CONVENIENCE FOR STAFF OR OTHER INDIVIDUALS OR AS A SUBSTITUTE FOR EFFECTIVE TREATMENT OR HABILITATION.

**X. PSYCHOTROPIC MEDICATION**

- A. ANY MIND-ALTERING OR BEHAVIOR MODIFYING MEDICATIONS ORDERED FOR A CHILD MUST:
  - 1. BE ADMINISTERED ACCORDING TO THE PHYSICIAN'S DIRECTIONS.
  - 2. EACH DOSE ADMINISTERED MUST BE DOCUMENTED IN THE CHILD'S MEDICAL RECORD.
  - 3) DOCUMENTATION MUST INCLUDE THE MEDICATIONS GIVEN, THE DOSAGE, THE TIME AND THE NAME OF THE PERSON ADMINISTERING THE MEDICATION.
  - 4) BE RE-EVALUATED FOR APPROPRIATENESS FOR CONTINUATION BY THE PRESCRIBING PHYSICIAN AT A MINIMUM OF EVERY 3 MONTHS.
  
- B. ANY CHANGES IN THE MEDICATION LEVEL WILL BE MADE BASED UPON THE QUARTERLY EVALUATION. THE REST OF THE TREATMENT TEAM WILL BE ADVISED OF THE RESULTS OF THE EVALUATION. THE CHILD'S CHILD PLAN OF SERVICE REVIEW WILL ALSO ADDRESS THE MEDICATION EVALUATION.
  
- C. IN THE EVENT THAT THE CHILD IS INCARCERATED FOR AN OFFENSE, I.E. STEALING, RUNNING AWAY, ETC. THE FOSTER PARENT(S) IS RESPONSIBLE FOR PROVIDING THE AUTHORITIES WITH THE CHILD'S MEDICATION PRIOR TO THE NEXT SCHEDULED DOSAGE. THIS MAY INVOLVE TRANSPORTING THE PRESCRIPTION AT THE TIME OF INCARCERATION. THE FOSTER PARENT(S) IS RESPONSIBLE FOR PROVIDING THE FOLLOWING INFORMATION TO AN OFFICER OF THE FACILITY.
  - 1. THE CONTAINER IN WHICH THE PRESCRIPTION WAS FILLED STATING THE NAME OF THE PRESCRIPTION, THE DOSAGE AMOUNT, AND THE PRESCRIBING PHYSICIAN.
  - 2. A COPY OF THE DOSAGE SCHEDULE FOR THE MONTH
  - 3. A WRITTEN EXPLANATION OF THE POSSIBLE SIDE EFFECTS.
  
- D. CAREGIVERS MUST MAINTAIN A CUMULATIVE RECORD OF ALL PRESCRIPTION MEDICATION DISPENSED TO A CHILD AND ALL NONPRESCRIPTION MEDICATION, INCLUDING SUPPLEMENTS, DISPENSED TO A CHILD UNDER FIVE YEARS OLD, AND HOW OFTEN THE CHILD RECEIVES THE MEDICATION OR SUPPLEMENT. CAREGIVERS MUST UPDATE THE MEDICATION RECORD WITHIN 24 HOURS OF ADMINISTERING MEDICATION. THIS RECORD MUST INCLUDE THE:
  - 1. CHILD'S FULL NAME
  - 2. PRESCRIBING HEALTH-CARE PROFESSIONAL'S NAME, IF APPLICABLE;
  - 3. MEDICATION NAME, STRENGTH, AND DOSAGE
  - 4. DATE (DAY, MONTH, AND YEAR) AND THE TIME THE MEDICATION WAS ADMINISTERED;
  - 5. NAME AND SIGNATURE OF THE PERSON WHO ADMINISTERED THE MEDICATION;
  - 6. CHILD'S REFUSAL TO ACCEPT MEDICATION, IF APPLICABLE; AND

7. REASONS FOR ADMINISTERING THE MEDICATION, INCLUDING THE SPECIFIC SYMPTOMS, CONDITION, AND/OR INJURIES OF THE CHILD THAT THE CAREGIVER IS TREATING, FOR PRN PRESCRIPTIONS AND NONPRESCRIPTION MEDICATIONS (INCLUDING SUPPLEMENTS) FOR CHILDREN UNDER FIVE YEARS OLD.
- E. CAREGIVERS MUST DOCUMENT ANY PROHIBITED PRESCRIPTION MEDICATIONS (FOR EXAMPLE, MEDICATION ALLERGIES OR CONTRAINDICATIONS) OR PROHIBITED NONPRESCRIPTION MEDICATIONS AND SUPPLEMENTS IN THE MEDICATION RECORD.
- F. THE MEDICATION RECORDS OF PRESCRIPTION, NONPRESCRIPTION, AND SUPPLEMENTS AND HOW OFTEN THE CHILD RECEIVED THE MEDICATION OR SUPPLEMENT MUST BE INCORPORATED INTO THE CHILD'S RECORD.
- G. THE CAREGIVERS MUST MAINTAIN AT THE FOSTER HOME THE CHILD'S MEDICATION RECORDS FOR THE CURRENT MONTH.
- H. CAREGIVERS MUST SUBMIT COPIES OF THE CHILD'S MEDICATION RECORDS TO THEIR CHILD PLACEMENT STAFF EACH MONTH. THESE RECORDS MUST BE FILED IN THE CHILD'S RECORD.
- I. COPIES OF ALL FOSTER CHILDREN'S MEDICATION RECORDS MUST BE MAINTAINED WHILE THE CHILD IS IN GUIDING LIGHT CARE.

XI. ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS

- A. A FOSTER PARENT OR RESPITE WORKER SHALL BE RESPONSIBLE FOR ENSURING THAT A FOSTER CHILD IS PROVIDED WITH ANY ROUTINE HEALTH CARE OR MEDICATION ORDERED BY A PHYSICIAN.
- B. PRESCRIPTION DRUGS SHALL BE ADMINISTERED BY AN ADULT ONLY TO THE FOSTER CHILD FOR WHOM THE MEDICATION WAS PRESCRIBED AND ACCORDING TO THE PRESCRIBING PHYSICIAN'S INSTRUCTIONS.
- C. IF SPECIAL PROCEDURES ARE REQUIRED FOR THE ADMINISTRATION OF MEDICINE OR DRUGS, THE FOSTER CAREGIVER SHALL BE TRAINED IN THIS PROCEDURE, PRIOR TO THE NECESSITY OF ADMINISTERING THAT PROCEDURE.
- D. PRESCRIPTION/NON-PRESCRIPTION DRUG LOGS MUST BE COMPLETED BY THE FOSTER CAREGIVER FOR ALL SCHEDULED AND NONSCHEDULED ADMINISTRATION OF DRUGS.
- E. GUIDING LIGHT MUST OBTAIN A GENERAL WRITTEN CONSENT TO ADMINISTER ROUTINE, PREVENTIVE, AND EMERGENCY MEDICATIONS. THE GUIDING LIGHT CASE MANAGER MUST SUBMIT FORM 2759 AND MEDICAL CONSENT TRAINING CERTIFICATE TO THE CASEWORKER EACH TIME A CHILD IS PLACED OR A CAREGIVER IS DESIGNATED A MEDICAL CONSENTER
- F. EACH FOSTER YOUTH AGE 16 AND UP, MUST BE TOLD THEY CAN REQUEST A HEARING FROM A COURT TO DETERMINE IF THEY HAVE THE CAPACITY TO CONSENT TO MEDICAL CARE TO BECOME THEIR OWN MEDICAL CONSENTER. CHILDREN AGES 16 AND 17 WHO HAVE BEEN DESIGNATED BY THE COURT AS THEIR OWN MEDICAL CONSENTER MUST COMPLETE MEDICAL CONSENT TRAINING AND FORM 2759 WITHIN 7 DAYS OF THE COURT DESIGNATION OR IF THE CHILD HAS A NON-EMERGENCY APPOINTMENT WITH THE CHILD'S BEHAVIORAL HEALTHCARE PROVIDER WITHIN THOSE SEVEN DAYS, BUT PRIOR TO SUCH APPOINTMENT. IF TAKING PSYCHOTROPIC MEDICATION, THE CHILD MUST ALSO COMPLETE THE ONLINE DFPS PSYCHOTROPIC MEDICATION TRAINING. THE GUIDING LIGHT CASE MANAGER MUST SUBMIT DOCUMENTATION OF SUCCESSFUL COMPLETION OF TRAINING(S) AND FORM 2759 WITHIN 5 DAYS OF COMPLETION TO THE CASEWORKER. EACH CHILD MUST COMPLETE MEDICAL CONSENT TRAINING AND FORM 2759 WITHIN 120 DAYS PRIOR TO THEIR 18<sup>TH</sup> BIRTHDAY. IF TAKING PSYCHOTROPIC MEDICATION, THE CHILD MUST ALSO COMPLETE THE ONLINE DFPS PSYCHOTROPIC MEDICATION TRAINING. THE GUIDING LIGHT CASE MANAGER MUST SUBMIT DOCUMENTATION OF SUCCESSFUL COMPLETION OF TRAINING(S) AND FORM 2759 WITHIN 5 DAYS OF COMPLETION TO THE CASEWORKER

G. TO THE BEST OF THEIR KNOWLEDGE, CAREGIVERS MUST INFORM THE PERSON LEGALLY AUTHORIZED TO GIVE MEDICAL CONSENT OF THE BENEFITS, RISKS, AND SIDE EFFECTS OF ALL PRESCRIPTION MEDICATION AND TREATMENT PROCEDURES USED AND THE MEDICAL CONSEQUENCES OF REFUSING THEM, AND/OR PROVIDE THE NAME AND TELEPHONE NUMBER OF THE PRESCRIBING HEALTH-CARE PROFESSIONAL FOR MORE INFORMATION.

H. CAREGIVERS MUST:

1. BE INFORMED ABOUT POSSIBLE SIDE EFFECTS OF MEDICATIONS ADMINISTERED TO THE CHILD;
2. STORE ALL MEDICATION IN THE ORIGINAL CONTAINER UNLESS THERE IS AN ADDITIONAL CONTAINER WITH THE SAME LABEL AND INSTRUCTIONS;
3. ADMINISTER ALL MEDICATIONS ACCORDING TO THE INSTRUCTIONS ON THE LABEL OR ACCORDING TO A PRESCRIBING HEALTH-CARE PROFESSIONAL'S SUBSEQUENT SIGNED ORDERS;
4. ADMINISTER EACH CHILD'S MEDICATION IMMEDIATELY AFTER PREPARATION;
5. ENSURE THE CHILD HAS TAKEN THE MEDICATION AS PRESCRIBED;
6. ENSURE A PERSON TRAINED IN AND AUTHORIZED TO ADMINISTER PRESCRIPTION MEDICATION ADMINISTERS THE MEDICATION TO A CHILD IN CARE UNLESS THE CHILD IS ON A SELF - MEDICATION PROGRAM;
7. MAINTAIN ANY DOCUMENTATION PROVIDED BY THE HEALTH-CARE PROFESSIONAL ON THE ADMINISTRATION OF CURRENT PRESCRIPTION MEDICATION;
8. NOT PHYSICALLY FORCE A CHILD TO TAKE PRESCRIPTION MEDICATION;
9. ENSURE THAT EMPLOYEES DO NOT PROVIDE ANY PRESCRIPTION MEDICATION OR TREATMENT TO A CHILD EXCEPT ON WRITTEN ORDERS OF A HEALTH-CARE PROFESSIONAL;
10. NOT BORROW OR ADMINISTER PRESCRIPTION MEDICATION TO A CHILD THAT IS PRESCRIBED TO ANOTHER PERSON;
12. NOT ADMINISTER PRESCRIPTION MEDICATION TO MORE THAN ONE CHILD FROM THE SAME CONTAINER. ONLY THE CHILD FOR WHOM THE PRESCRIPTION MEDICATION WAS PRESCRIBED MAY USE THE MEDICATION.

I. THE CAREGIVER MUST FOLLOW THE LABEL AND ENSURE THE NONPRESCRIPTION MEDICATION AND SUPPLEMENTS ARE NOT CONTRAINDICATED WITH ANY OTHER MEDICATION PRESCRIBED TO THE CHILD OR THE CHILD'S MEDICAL CONDITIONS. THE CAREGIVER MUST INFORM THE CHILD'S PHYSICIAN OF THE ADMINISTRATION AND DOSAGE OF ANY NONPRESCRIPTION MEDICATION OR SUPPLEMENTS TO ENSURE THE NONPRESCRIPTION MEDICATION AND/OR SUPPLEMENTS ARE NOT CONTRAINDICATED WITH ANY OTHER MEDICATION PRESCRIBED TO THE CHILD OR THE CHILD'S MEDICAL CONDITION. THIS MUST BE DOCUMENTED IN THE CHILD'S RECORD.

J. THE CAREGIVER MAY GIVE NONPRESCRIPTION MEDICATION OR SUPPLEMENTS TO MORE THAN ONE CHILD FROM ONE CONTAINER.

K. A CHILD SHOULD HAVE A DSM-IV PSYCHIATRIC DIAGNOSIS BEFORE THE PRESCRIBING OF PSYCHOTROPIC MEDICATIONS.

L. EACH CHILD'S MEDICAL RECORD SHOULD CONTAIN DEFINED TARGET SYMPTOMS AND TREATMENT GOALS FOR THE USE OF PSYCHOTROPIC MEDICATIONS. THESE TARGET SYMPTOMS AND TREATMENT GOALS SHOULD BE ASSESSED AT EACH CLINIC VISIT WITH THE CHILD AND CAREGIVER. WHENEVER POSSIBLE, RECOGNIZED CLINICAL RATING SCALES OR OTHER MEASURES SHOULD BE USED TO QUANTIFY THE RESPONSE OF THE CHILD'S TARGET SYMPTOMS TO TREATMENT AND THE PROGRESS TOWARD TREATMENT GOALS.

M. IN MAKING A DECISION REGARDING WHETHER TO PRESCRIBE A PSYCHOTROPIC MEDICATION IN A SPECIFIC CHILD, THE CLINICIAN SHOULD CAREFULLY CONSIDER POTENTIAL SIDE EFFECTS, INCLUDING THOSE THAT ARE UNCOMMON BUT POTENTIALLY SEVERE, AND EVALUATED THE OVERALL BENEFIT TO RISK RATIO OF PHARMACOTHERAPY.

N. APPROPRIATE MONITORING OF INDICES SUCH AS HEIGHT, WEIGHT, BLOOD PRESSURE, OR OTHER LABORATORY FINDINGS SHOULD BE DOCUMENTED.

O. DOSES SHOULD USUALLY BE STARTED LOW AND TITRATED CAREFULLY AS NEEDED.

P. ONLY ONE MEDICATION SHOULD BE CHANGED AT A TIME, UNLESS A CLINICALLY APPROPRIATE REASON TO DO OTHERWISE IS DOCUMENTED IN THE MEDICAL RECORD.

Q. IF A MEDICATION IS BEING USED IN A CHILD FOR PRIMARY TARGET SYMPTOM OF AGGRESSION ASSOCIATED WITH A DSM-IV NON-PSYCHOTIC DIAGNOSIS (E.G., CONDUCT DISORDER, OPPOSITIONAL DEFIANT DISORDER, INTERMITTENT EXPLOSIVE DISORDER), AND THE BEHAVIOR DISTURBANCE HAS BEEN IN REMISSION FOR SIX MONTHS, THEN SERIOUS CONSIDERATION SHOULD BE GIVEN TO SLOW TAPERING AND DISCONTINUATION OF THE MEDICATION. IF THE MEDICATION IS CONTINUED IN THIS SITUATION, THE NECESSITY FOR CONTINUED TREATMENT SHOULD BE EVALUATED AT A MINIMUM OF EVERY SIX MONTHS.

R. THE FOLLOWING SITUATIONS INDICATE A NEED FOR FURTHER REVIEW OF A CHILD'S CASE. THESE PARAMETERS DO NOT NECESSARILY INDICATE THAT TREATMENT IS INAPPROPRIATE, BUT THEY DO INDICATE A NEED FOR FURTHER REVIEW:

1. ABSENCE OF THOROUGH ASSESSMENT OF DSM-IV DIAGNOSIS IN THE CHILD'S RECORD.
2. FIVE OR MORE PSYCHOTROPIC MEDICATIONS PRESCRIBED CONCOMITANTLY.
3. PRESCRIBING OF:
  - A) TWO OR MORE CONCOMITANT ANTIDEPRESSANTS
  - B) TWO OR MORE CONCOMITANT ANTIPSYCHOTIC MEDICATIONS
  - C) TWO OR MORE CONCOMITANT STIMULANT MEDICATIONS
  - D) THREE OR MORE CONCOMITANT MOOD STABILIZER MEDICATIONS

S. THE PRESCRIBED PSYCHOTROPIC MEDICATION IS NOT CONSISTENT WITH APPROPRIATE CARE FOR THE PATIENT'S DIAGNOSED MENTAL DISORDER OR WITH DOCUMENTED TARGET SYMPTOMS USUALLY ASSOCIATED WITH A THERAPEUTIC RESPONSE TO THE MEDICATION PRESCRIBED.

T. PSYCHOTROPIC MEDICATION DOSE EXCEEDS USUALLY RECOMMENDED DOSES.

U. PSYCHOTROPIC MEDICATIONS ARE PRESCRIBED FOR CHILDREN OF A VERY YOUNG AGE, INCLUDING CHILDREN RECEIVING THE FOLLOWING MEDICATIONS WITH AN AGE OF:

1. ANTIDEPRESSANTS: LESS THAN FOUR YEARS OF AGE
2. ANTIPSYCHOTICS: LESS THAN FOUR YEARS OF AGE
3. PSYCHOSTIMULANTS: LESS THAN THREE YEARS OF AGE

V. FOR A CHILD TO BE ON A SELF-MEDICATION PROGRAM:

1. THE CHILD'S HEALTH-CARE PROFESSIONAL MUST GIVE WRITTEN AUTHORIZATION FOR THE CHILD TO BE ON THE PROGRAM;
2. THE CHILD'S SERVICE PLAN MUST INCLUDE THE SELF-MEDICATION PROGRAM AND ANY REQUIREMENTS FOR CAREGIVER SUPERVISION; AND
3. GUIDING LIGHT MUST NOTIFY THE PARENT AND THE PERSON LEGALLY AUTHORIZED TO GIVE MEDICAL CONSENT THAT THE CHILD IS ON THE PROGRAM.

W. WHEN A CHILD WHO IS ON A SELF-MEDICATION PROGRAM TAKES A DOSAGE OF THE MEDICATION, GUIDING LIGHT MUST ENSURE THERE IS A SYSTEM FOR REVIEWING THE CHILD'S MEDICATION EACH DAY AND THAT THE CHILD EITHER:

1. RECORDS THE DAILY DOSAGE; OR
2. REPORTS THE MEDICATION TO A CAREGIVER, WHO WILL THEN DO THE ACTUAL DAILY RECORDING.

XII. THE CAREGIVER AND CHILD PLACEMENT STAFF ARE RESPONSIBLE FOR INSURING THAT EACH CHILD IS INFORMED REGARDING THE TYPES OF PSYCHOTROPIC MEDICATIONS THEY ARE BEING GIVEN, DOSAGE, WHAT THE MEDICATION IS FOR AND WHY THEY NEED THE MEDICATION. THE DISCUSSION REGARDING THIS SHOULD BE DOCUMENTED IN THE CHILD'S CPOS/CONTACT LOGS.

**XIII. MEDICATIONS SHOULD BE APPROPRIATELY STORED AND DISPOSED**

- A. MEDICATION MUST BE SECURELY DOUBLE LOCKED AT ALL TIMES.
- B. PRESCRIPTION DRUGS SHALL BE KEPT IN THE ORIGINAL CONTAINER, LABELED WITH THE FOSTER CHILD'S NAME, THE CORRECT DOSAGE AND RELEVANT INSTRUCTIONS.
- C. MEDICATIONS REQUIRING REFRIGERATION MUST BE LOCKED SEPARATED FROM FOOD IN A DESIGNATED CONTAINER.
- D. REMOVE DISCONTINUED MEDICATION OR MEDICATION FROM A DISCHARGED CHILD IMMEDIATELY AND STORE IT IN A SEPARATE LOCKED AREA UNTIL IT IS DESTROYED. ALL DISCONTINUED OR EXPIRED MEDICATION MUST BE DESTROYED WITHIN 30 DAYS.

**XIV. MOST FREQUENTLY ASKED QUESTIONS ABOUT MEDICATIONS**

- A. HOW DO WE PROVIDE MEDS TO A CHILD WHO IS UNAVAILABLE AT THE TIME THE MED SHOULD BE GIVEN; (E.G., HE IS AT SCHOOL, IN A HOME VISIT, WITH SPONSORS)?

IF THE CHILD CANNOT TAKE THE ORIGINAL CONTAINER, ASK THE PHARMACIST GIVE YOU A SECOND CONTAINER WITH A PRESCRIPTION LABEL FOR THAT MED. TRANSFER ENOUGH MEDS TO THE SECOND LABELED CONTAINER TO SEND WITH THE CHILD WHILE AWAY FROM THE FACILITY. THE MEDS SHOULD BE MAINTAINED AND ADMINISTERED BY THE SCHOOL NURSE OR OTHER AUTHORIZED INDIVIDUAL.

- B. CAN A CHILD BE FORCED TO TAKE MEDS? WHAT IF HE/SHE REFUSES? HOW LONG SHOULD WE LET THIS GO ON?

NO, BUT THE FOLLOWING MEASURES NEED TO BE TAKEN AND DOCUMENTED. INVOLVE THE CHILD IN HIS TREATMENT. ASK THE PHYSICIAN TO EXPLAIN TO YOU AND TO THE CHILD AT THE TIME THE MED IS PRESCRIBED TO EXPLAIN THE REASON THE MED IS BEING PRESCRIBED, ITS BENEFIT, AND CONSEQUENCES OF LATE OR MISSED DOSES. ASK THE PHYSICIAN AT THAT TIME FOR DIRECTIONS IN THE EVENT THE CHILD LATER REFUSES OR MISSES THE DOSE. SOME MEDS CAN HAVE SERIOUS REPERCUSSIONS IF MISSED, AND YOU MAY NEED TO NOTIFY THE PHYSICIAN OF EACH MISSED DOSE.

- C. WHAT DO WE DO IF WE MISS A DOSE OR WE ARE LATE IN GIVING THE MEDICATION?

EVERY ATTEMPT SHOULD BE MADE TO AVOID SUCH AN OCCURRENCE. (SEE QUESTION #2.) CHECK WITH THE PHYSICIAN FOR DIRECTIONS AND DOCUMENT THE MISSED/DELAYED DOSE, PHYSICIAN'S INSTRUCTIONS, AND ADMINISTRATION OF MEDS AS APPROPRIATE.

- D. WHAT IS THE PROPER WAY TO DISPOSE OF UNUSED OR OUT-OF-DATE MEDS?

PROCEED AS DIRECTED BY YOUR LOCAL HEALTH AGENCY OR CONTACT YOUR PHARMACIST FOR SPECIFIC DIRECTIONS. THE DISCONTINUED OR EXPIRED MEDICATION MUST BE DISPOSED WITHIN 30 DAYS OF BEING DISCONTINUED OR EXPIRED.

- E. IF TWO CHILDREN ARE TAKING THE SAME MEDS AND ONE CHILD RUNS OUT, IS IT ALL RIGHT TO BORROW THE MED FROM THE OTHER CHILD'S SUPPLY?

NO! EACH CHILD IS TO BE GIVEN MEDICINE FROM HIS OWN LABELED BOTTLE. STAFF NEEDS TO ASK THAT THE PRESCRIPTION BE REFILLED IN SUFFICIENT TIME TO PREVENT THIS PROBLEM.

- F. WHAT IS THE PURPOSE OF SORTING EXTERNAL AND INTERNAL MEDS?

\*NOTE: EXTERNAL = MEDS USED FOR TOPICAL APPLICATION  
INTERNAL = MEDS TO BE TAKEN INTERNALLY

INTERNAL AND EXTERNAL MEDS NEED TO BE SORTED TO PREVENT ACCIDENTAL POISONING OF A CHILD.

G. WHAT DO I DO IF A CHILD'S MEDICATION HAS A LABEL ERROR?

1. A MEDICATION ERROR INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:
  - A. A CHILD RECEIVES THE WRONG MEDICATION;
  - B. A CHILD RECEIVES MEDICATION PRESCRIBED TO SOMEONE ELSE;
  - C. A CHILD RECEIVES THE WRONG DOSAGE OF MEDICATION;
  - D. A CHILD RECEIVES MEDICATION AT THE WRONG TIME;
  - E. A MEDICATION DOSE IS SKIPPED OR MISSED;
  - F. A CHILD RECEIVES EXPIRED MEDICATION;
  - G. NOT FOLLOWING THE MEDICATION ADMINISTRATION INSTRUCTIONS, SUCH AS GIVING A CHILD MEDICATION ON AN EMPTY STOMACH WHEN THE MEDICATION SHOULD BE GIVEN WITH FOOD; AND
  - H. A CHILD RECEIVES MEDICATION THAT WAS NOT STORED AS REQUIRED TO MAINTAIN THE EFFECTIVENESS OF THE MEDICATION, SUCH AS REFRIGERATING OR NOT REFRIGERATING THE MEDICATION OR EXPOSING THE MEDICATION TO HEAT OR SUNLIGHT.
2. IF A CAREGIVER FINDS A MEDICATION ERROR REGARDING A PRESCRIBED MEDICATION, THE CAREGIVER MUST CONTACT A HEALTH-CARE PROFESSIONAL IMMEDIATELY, UNLESS THE ERROR IS DUE TO THE CHILD RECEIVING THE MEDICATION AT THE WRONG TIME OR A MEDICATION DOSE BEING SKIPPED OR MISSED, AND FOLLOW THE HEALTH-CARE PROFESSIONAL'S RECOMMENDATIONS.
3. IF A CAREGIVER FINDS A MEDICATION ERROR REGARDING AN OVER-THE-COUNTER MEDICATION, THE CAREGIVER MUST TAKE THE APPROPRIATE AND NECESSARY ACTIONS AS REQUIRED BY THE CIRCUMSTANCES.
4. FOR ALL MEDICATION ERRORS, A CAREGIVER MUST DOCUMENT THE FOLLOWING WITHIN 24 HOURS:
  - A. THE TIME AND DATE OF THE ERROR;
  - B. THE MEDICATION ERROR;
  - C. THE TIME AND DATE OF THE CALL(S) TO THE LICENSED HEALTH-CARE PROFESSIONAL, IF APPLICABLE;
  - D. THE NAME AND TITLE OF THE HEALTH-CARE PROFESSIONAL CONTACTED, IF APPLICABLE; AND
  - E. THE HEALTH-CARE PROFESSIONAL'S MEDICAL RECOMMENDATIONS FOR ENSURING THE CHILD'S SAFETY, IF APPLICABLE.
6. IF A CAREGIVER FINDS A MEDICATION LABEL ERROR, THE CAREGIVER MUST:
  - A. REPORT THE ERROR TO THE PHARMACIST; AND
  - B. HAVE THE LABEL ON THE MEDICATION CONTAINER CORRECTED AS SOON AS POSSIBLE BUT NO LATER THAN THE NEXT BUSINESS DAY.

H. WHAT DO WE DO IF A CHILD BRINGS MEDS AND THERE IS NOTHING IN WRITING ABOUT HOW THE MEDS ARE TO BE ADMINISTERED?

ASK THE ADULT WHO BRINGS THE CHILD ABOUT ANY MEDICAL PROBLEM OR MEDICATION; FIND OUT IF HE/SHE KNOWS THE NAME OF THE CHILD'S DOCTOR. ASK THE CHILD. (INSTRUCTIONS ARE REQUIRED FROM THE PRESCRIBING PHYSICIAN OR THE FACILITY'S PHYSICIAN PRIOR TO THE ADMINISTRATION OF THE MED.) IF YOU CANNOT GET THIS INFORMATION AND THE CHILD HAS MEDICATION WITH HIM, CALL THE FACILITY'S PHYSICIAN AND ASK THAT HE SEE THE CHILD IMMEDIATELY OR GIVE YOU DIRECTIONS BY PHONE.

I. DO WE CHART OVER-THE-COUNTER (OTC) MEDS?

YES! YOU NEED TO DOCUMENT ALL MEDS GIVEN TO A CHILD. OTC MEDICATIONS MAY HAVE SIDE EFFECTS. THE EFFECT OF ONE MED MAY VARY DEPENDING ON OTHER OTC AND/OR PRESCRIPTION MEDS ADMINISTERED TO A CHILD. IN ADDITION, THESE MEDS MAY AFFECT THE RESULTS OF DIFFERENT KINDS OF MEDICAL TESTS.

J. CAN A CHILD KEEP OTC MEDS THAT HE HAS BOUGHT WITH HIS OWN MONEY AND FOR HIS OWN USE?

NO! ALL MEDS ARE TO BE KEPT IN A DOUBLE LOCKED AREA AND ADMINISTERED BY AN ADULT UNLESS THE CHILD IS ON A SELF-MEDICATION PROGRAM. MEDS CAN BE ABUSED, HAVING DANGEROUS EFFECTS ON THE CHILD OR ANY OTHER CHILD WHO MIGHT GET HOLD OF IT.

K. ARE OTC COSMETIC AND GROOMING ITEMS LABELED AS "MEDICATED" (ACNE CREAMS, SHAMPOOS, HAND CREAMS) CONSIDERED TO BE MEDICINE?

NO, THESE ITEMS ARE WIDELY AVAILABLE. THEY CONTAIN ONLY VERY SMALL AMOUNTS OF SOME OF THE INGREDIENTS FOUND IN PRESCRIPTION DRUGS.

L. CAN WE KEEP MEDS IN BULK THAT THE PHYSICIAN HAS PRESCRIBED FOR THE FACILITY WHICH WE CAN THEN GIVE TO ANY CHILD SHOWING SYMPTOMS REQUIRING THAT MED? CAN WE USE SAMPLES GIVEN TO US BY THE PHYSICIAN?

NO! ALL MEDS ARE TO BE PRESCRIBED FOR A SPECIFIC CHILD AND LABELED ACCORDINGLY. IF THE PHYSICIAN'S OFFICE IS AT THE FACILITY, HE CAN HAVE BULK MEDS IN HIS OFFICE. HE THEN PRESCRIBES THAT THE MEDS BE TAKEN FROM THAT BULK SUPPLY TO BE ADMINISTERED TO THE INDIVIDUAL CHILD AS HIS WRITTEN PRESCRIPTION INDICATES. THE OTHER EXCEPTION IS IF A PHARMACIST IS ON DUTY TO INDIVIDUALLY DISPENSE THE MEDICATION.

M. IF THE MD. LATER CHANGES DIRECTIONS FOR THE MED'S ADMINISTRATION THAT IS DIFFERENT THAN THAT ON THE LABEL, WHAT IS REQUIRED?

YOU MUST OBTAIN THE PHYSICIAN'S NEW ORDER IN WRITING WITHIN 72 HOURS. A NEW LABEL WITH CORRECTED INSTRUCTIONS SHOULD BE AFFIXED TO THE CONTAINER AND THAT SHOULD BE DONE BY THE PHARMACIST.

N. WHAT IS A NEAT AND ORDERLY MEDICATION CABINET?

THE CABINET MUST HAVE INTERNAL AND EXTERNAL MEDS SEPARATED. THE ITEMS MUST BE ORGANIZED IN A MANNER THAT MEDS CAN BE IDENTIFIED AND ACQUIRED WITHOUT UNDUE DELAY. UNNECESSARY ITEMS AND CLEANING SUPPLIES MUST BE SEPARATED FROM THE MEDS.

O. IF THE MED CABINET IS UNLOCKED TO GIVE MEDS AND THE PHONE RINGS, MUST THE CABINET BE LOCKED UP WHILE THE STAFF ANSWERS THE PHONE?

YES! THE EXCEPTION WOULD BE IF THE STAFF MEMBER REMAINED NEAR THE CABINET AND COULD SEE THE CABINET AND NO CHILD WAS WITHIN REACH OF THE CABINET.

P. IF A FACILITY (USUALLY AN RTC ASSOCIATED WITH A PSYCHIATRIC HOSPITAL) HAS A LICENSED PHARMACY ON PREMISES, DO THE MEDS HAVE TO BE LABELED INDIVIDUALLY FOR EACH CHILD?

YES!

Q. ARE THERE SPECIAL PRECAUTIONS REGARDING THE USE OF INHALERS?

YES, IT IS POSSIBLE TO OVER MEDICATE. USE THE INHALER AS PRESCRIBED BY THE PHYSICIAN.



R. IN WHAT CATEGORY DO WE CONSIDER SUCH ITEMS AS EARDROPS AND SUPPOSITORIES?

THESE ITEMS ARE TO BE STORED AS EXTERNAL MEDS; HOWEVER, MANY SUPPOSITORIES NEED REFRIGERATION. DOCUMENT THE USE OF THESE ITEMS.

S. MAY WE PURCHASE OTC MEDS IN BULK AND THEN TRANSFER THEM TO SMALLER CONTAINERS TO BE USED IN VARIOUS COTTAGES?

YES, PROVIDING THE SMALLER CONTAINERS ARE PROPERLY LABELED, INCLUDING NAME, EXPIRATION DATE, AND STOCK NUMBER (IN CASE OF RECALL.)

T. WHAT DO I DO IF A CHILD HAS AN ADVERSE REACTION(UNEXPECTED OR DANGEROUS REACTION) TO A MEDICATION?

1. IF A CHILD HAS AN ADVERSE REACTION TO A MEDICATION, THE CAREGIVER MUST:
  - A. IMMEDIATELY REPORT THE REACTION TO A HEALTH-CARE PROFESSIONAL AND CPS CASEWORKER;
  - B. FOLLOW THE HEALTH-CARE PROFESSIONAL'S RECOMMENDATIONS;
  - C. SEEK FURTHER MEDICAL CARE FOR THE CHILD IF THE CHILD'S CONDITION APPEARS TO WORSEN; AND
  - D. DOCUMENT IN THE CHILD'S MEDICAL RECORD THE:
  - E. ADVERSE REACTIONS THAT THE CHILD HAD TO THE MEDICATION;
    - 1) TIME AND DATE OF CALL(S) TO THE HEALTH-CARE PROFESSIONAL;
    - 2) NAME AND TITLE OF THE HEALTH-CARE PROFESSIONAL CONTACTED; AND
    - 3) HEALTH-CARE PROFESSIONAL'S MEDICAL RECOMMENDATIONS FOR ENSURING THE CHILD'S SAFETY.

2. A SIDE EFFECT FROM ANY MEDICATION IS AN EFFECT OF MEDICATION IN ADDITION TO THE MEDICATION'S INTENDED EFFECT, OFTEN AN UNDESIRABLE EFFECT. IF A CHILD EXPERIENCES SIDE EFFECTS FROM ANY MEDICATION, THE CAREGIVER MUST:
  - A. DOCUMENT THE OBSERVED AND REPORTED SIDE EFFECTS;
  - B. IMMEDIATELY REPORT ANY SERIOUS SIDE EFFECTS TO THE CHILD'S PHYSICIAN AND THE CPS CASEWORKER; AND
  - C. REPORT ANY OTHER SIDE EFFECT TO THE PRESCRIBING HEALTH CARE PROFESSIONAL WITHIN 72 HOURS.

U. WHAT HAPPENS IF THE CHILD'S DOCTOR IS ON VACATION OR BOOKED UP AND THE FOSTER CHILD'S MEDICATION RUNS OUT?

FOSTER PARENT IS EXPECTED TO NOTIFY THE CASE MANAGER PRIOR TO THE FOSTER CHILD'S MEDICATION RUNNING OUT. CASE MANAGER WILL ASSIST THE CAREGIVER IN OBTAINING APPOINTMENT TO ENSURE REFILL BEFORE THE CHILD'S MEDICATION IS OUT.

OPTIONS INCLUDE BUT NOT LIMITED TO:

1. CONTACT SUPERIOR/STAR AT 866-912-6283
2. CONTACT BACK UP PHYSICIAN
3. CONTACT ANOTHER DOCTOR
4. CALL CPS CASWORKER TO SEE IF THEY CONTACT PREVIOUS PHYSICIAN FOR A REFILL
5. CONTACT PHARMACY THAT FILLED THE MEDICATION ORIGINALLY. THEY MAY HAVE THE PHONE NUMBER FOR THE FORMER PHYSICIAN.
6. IF ALL ELSE FAILS, TAKE THE CHILD TO EMERGENCY ROOM. IT IS BETTER FOR THE CHILD TO BE SEEN BEFORE THEY RUN OUT OF MEDICATIONS SO THEY DO NOT HAVE A REACTION FOR QUITTING THE MEDICATION "COLD TURKEY" AND GO THROUGH WITHDRAWAL.

7. IF AN EMERGENCY, THE CHILD'S REGULAR PHYSICIAN, (NOT THE PSYCHIATRIST) CAN CHANGE OR REFILL THE CHILD'S MEDICATION AS LONG AS THE CHILD SEES A PSYCHIATRIST WITHIN THE NEXT 30 DAYS.

**XV. INFECTIOUS DISEASE PRECAUTIONS (SEE DISASTER PLAN FOR FULL DETAIL)**

- A. PHYSICAL CONTACT:  
PERSONS WHO CARE FOR INFECTIOUS DISEASE PATIENTS AND WHO MAY COME IN CONTACT WITH THEIR BODY FLUIDS SHOULD TAKE THE USUAL PRECAUTIONS PRACTICED WITH ANY INFECTIOUS DISEASE SUCH AS WEARING GLOVES (PARTICULARLY IF THE PATIENT IS SECRETING FLUIDS AND THE CAREGIVER HAS ANY OPEN CUTS ON THE HAND).
- B. SPILLS:  
BLOOD OR BODY FLUIDS SPILLED ON ENVIRONMENTAL SURFACES SHOULD BE CLEANED WITH A 50-50 MIX OF WATER AND COMMON HOUSEHOLD BLEACH. CLEANING RAG SHOULD BE DISPOSED OF.
- C. CLOTHING:  
THE CENTER FOR DISEASE CONTROL RECOMMENDS NO SPECIAL TREATMENT OF CLOTHING CONTAMINATED BY THE AIDS VIRUS AND SUGGEST A NORMAL LAUNDRY CYCLE WITH REGULAR BLEACH CONCENTRATION.
- D. AIDS VIRUS  
IT IS GENERALLY ACCEPTED BY MEDICAL AUTHORITIES THAT THE AIDS VIRUS DIES EASILY AND QUICKLY OUTSIDE OF THE BODY. THEREFORE, CLOTHING, BEDDING AND FOOD UTENSILS, IF PROPERLY CLEANED, POSE NO LONG-TERM THREAT.
- E. HIV:

A CHILD IN DFPS CONSERVATORSHIP MUST BE TESTED FOR HIV INFECTION IN ACCORDANCE WITH THE [TEXAS HEALTH STEPS MEDICAL CHECKUP PERIODICITY SCHEDULE — COMPREHENSIVE HEALTH SCREENING EXTERNAL LINK](#), OR AT ANY OTHER TIME THE CHILD'S HEALTH-CARE PROVIDER DETERMINES THE TEST IS MEDICALLY INDICATED.

THE CASEWORKER MUST REQUEST THAT THE HEALTH-CARE PROVIDER TEST THE CHILD FOR HIV INFECTION IF THE CHILD HAS A HISTORY OF SEXUAL ABUSE OR OTHER RISK FACTORS, OR IF THE CHILD REQUESTS TO BE TESTED.

WHEN A CHILD IN DFPS CONSERVATORSHIP HAS HIV, COUNSELING, TREATMENT, AND MEDICAL MANAGEMENT IS PROVIDED THROUGH STAR HEALTH.

IF A CHILD IN DFPS CONSERVATORSHIP TESTS POSITIVE FOR HIV INFECTION, THE CASEWORKER MUST NOTIFY THE FOLLOWING PARTIES OF THE CHILD'S CONDITION:

- THE CHILD'S LEGAL PARENTS (IF PARENTAL RIGHTS HAVE NOT BEEN TERMINATED AND THEIR WHEREABOUTS ARE KNOWN);

- CURRENT AND PROSPECTIVE FOSTER PARENTS, 24-HOUR CHILD-CARE PROVIDERS, PROSPECTIVE ADOPTIVE PARENTS OR RELATIVES WITH WHOM THE CHILD HAS BEEN PLACED OR WITH WHOM DFPS PLANS TO PLACE THE CHILD; AND

- THE MEDICAL CONSENTERS.

IF A CHILD IN DFPS CONSERVATORSHIP TESTS NEGATIVE FOR HIV, THE CASEWORKER MAY NOTIFY:

- THE PARTY REQUESTS THE INFORMATION, OR

- DFPS DETERMINES THE INFORMATION IS NEEDED TO PROVIDE FOR THE CHILD'S HEALTH OR WELFARE.

**\*NOTE: GUIDING LIGHT RECOMMENDS THAT FOSTER PARENTS CARE FOR ALL FOSTER CHILDREN USING THE ABOVE STATED INFECTIOUS DISEASE PRECAUTIONS. CHILDREN MAY ENTER THE FOSTER CARE PROGRAM WITH AN INFECTIOUS DISEASE THAT IS UNKNOWN.**

## MEDICAL TRANSPORTATION PROGRAM (MTP)

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ALL MEDICAID-ELIGIBLE CHILDREN ARE ELIGIBLE FOR THE TEXAS MEDICAID'S MEDICAL TRANSPORTATION PROGRAM (MTP) WHEN NO OTHER MEANS OF TRANSPORTATION IS AVAILABLE. MTP WILL PROVIDE TRANSPORTATION FOR THE CHILD AND ONE CAREGIVER TO AND FROM THE MEDICAID-ALLOWABLE HEALTHCARE SERVICE (I.E. ALL MEDICAL, DENTAL, VISION, BEHAVIORAL HEALTH, AND PHARMACY SERVICES THAT ARE COVERED BY MEDICAID OR PROVIDED FOR STAR HEALTH). A FOSTER PARENT MUST SIGN UP AS INDIVIDUAL TRANSPORTATION PROVIDER WITH MTP.

### BENEFITS

MTP BENEFIT IS LIMITED TO SITUATIONS WHEN NO OTHER MEANS OF TRANSPORTATION IS AVAILABLE AT THE TIME OF THE HEALTHCARE APPOINTMENT. EXAMPLES OF MTP BENEFITS INCLUDE:

- A CHILD HAS AN APPOINTMENT IN ANOTHER TOWN OR LONG DISTANCE AWAY. YOUR VEHICLES ARE BEING USED FOR OTHER PURPOSES, SO YOU DO NOT HAVE ONE AVAILABLE.
- A CHILD HAS A REOCCURRING APPOINTMENT DAILY AND/OR WEEKLY. YOUR VEHICLES ARE USED FOR OTHER PURPOSES SO YOU DON'T HAVE ONE AVAILABLE.
- A CHILD HAS AN APPOINTMENT OR NEEDS TO BE HOSPITALIZED IN ANOTHER TOWN OR A LONG DISTANCE AWAY. NO FUNDING TO PAY FOR TRANSPORTATION, OVERNIGHT LODGING, OR MEALS FOR THE CHILD AND A CAREGIVER ARE AVAILABLE.
- A FOSTER PARENT IS MANAGING MULTIPLE CHILDREN WITH A NUMBER OF HEALTHCARE APPOINTMENTS AND YOU DON'T HAVE A VEHICLE AVAILABLE TO TAKE ALL THE CHILDREN TO THEIR APPOINTMENTS.
- A CHILD HAS AN APPOINTMENT AT A LOCAL CLINIC. YOUR VEHICLE IS UNAVAILABLE BECAUSE OF AN EMERGENCY OR IT IS IN NEED OF REPAIRS.

NOTE: MTP REQUIRES ADVANCED NOTICE IN ORDER TO ARRANGE TRANSPORTATION.

### SERVICES PROVIDED BY MTP

MTP SERVICES INCLUDE PREARRANGED VEHICLE PICKUP AND PUBLIC TRANSPORTATION. FOSTER PARENTS MAY ALSO BE ELIGIBLE FOR MILEAGE REIMBURSEMENT WHEN PROVIDING TRANSPORTATION FOR A CHILD TO A MEDICAL APPOINTMENT THAT HAS BEEN APPROVED BY MTP IN ADVANCE.

FOSTER PARENT COULD BE REIMBURSED FOR MILEAGE TO AND FROM APPOINTMENTS MANDATED BY MEDICAL PROFESSIONALS WHEN THE FOSTER CHILD IS ADMITTED TO A PSYCHIATRIC HOSPITAL AND REQUIRES THE FOSTER PARENT TO ATTEND WEEKLY THERAPY SESSIONS

IN SOME CASES, MTP MAY PAY FOR OVERNIGHT LODGING AND MEALS FOR CHILDREN YOUNGER THAN 21 YEARS AND THE PERSON WITH WHOM THEY ARE TRAVELING.

FOR CHILDREN ENROLLED IN STAR HEALTH, THE CHILD'S SERVICE COORDINATOR OR SERVICE MANAGER MAY HELP FOSTER PARENTS OR A REPRESENTATIVE FROM YOUR OPERATION OR AGENCY SET UP SERVICES WITH MTP. A FOSTER PARENT OR A REPRESENTATIVE MAY ALSO CALL THE MTP TOLL-FREE NUMBER,

MTP: 1-877-633-8747 (ALL OTHER AREAS)

MTM: 1-855-687-4786 (HOUSTON AREA)

LOGISTICARE: 1-855-687-3255 (DALLAS AREA), BETWEEN 8:00AM AND 5:00PM, MONDAY THROUGH FRIDAY.

THE FOSTER PARENT OR REPRESENTATIVE PROVIDES THE FOLLOWING INFORMATION:

- THE CHILD'S MEDICAID AND SOCIAL SECURITY NUMBERS;
- THE MEDICAL PROVIDER'S NAME, ADDRESS AND PHONE;
- THE DATE AND TIME OF THE HEALTHCARE APPOINTMENT; AND
- THE HEALTHCARE SERVICE BEING PROVIDED.

FOR MORE INFORMATION ON THE SERVICES AVAILABLE THROUGH THE MEDICAL TRANSPORTATION PROGRAM, VISIT THE HHSC WEBSITE AT [HTTP://WWW.HHSC.STATE.TX.US/QUICKANSWERS/INDEX.SHTML#GET\\_RIDE](http://www.hhsc.state.tx.us/quickanswers/index.shtml#GET_RIDE)

MTP WILL REQUIRE AN ACKNOWLEDGEMENT/APPROVAL FROM STAR THAT IT IS MEDICALLY NECESSARY FOR THE FOSTER PARENT TO USE A PROVIDER THAT IS NOT IN THEIR COUNTY OR SURROUNDING COUNTIES CLOSE IN PROXIMITY TO THEM. FOSTER PARENTS CAN CALL STAR AT 866-912-6283 AND REQUEST AN ACKNOWLEDGEMENT/APPROVAL TO TRANSPORT A CHILD TO ANOTHER COUNTY AND STAR WILL FAX/EMAIL THE FORM TO THEM.

#### SERVICES NOT PROVIDED BY MTP

THE FOLLOWING ARE EXAMPLES OF TRANSPORTATION NOT COVERED BY MTP:

- TRANSPORTATION TO A NON-MEDICAL OR NON-DENTAL VISIT;
- TRANSPORTATION OF DECEASED CHILDREN;
- PUBLIC TRANSPORTATION FOR OTHER CHILDREN IN A HOME WHO DO NOT HAVE A HEALTHCARE APPOINTMENT BUT ARE TRAVELING WITH A CHILD WHO HAS A HEALTH CARE APPOINTMENT AND HIS/HER CAREGIVER;
- TRANSPORTATION OF CHILDREN TO SERVICES THAT ARE NOT COVERED BY MEDICAID; AND
- EMERGENCY OR NON-EMERGENCY AMBULANCE SERVICE

FOR ADDITIONAL INFORMATION ABOUT MTP BENEFITS, PLEASE SEE THE HHSC WEBSITE AT [HTTP://WWW.HHSC.STATE.TX.US/QUICK ANSWERS/INDEX.SHTML#GET\\_RIDE](http://www.hhsc.state.tx.us/quickanswers/index.shtml#get_ride)

#### MTP PROCEDURES:

FOR ANY UNRESOLVED PROBLEMS, WHEN FOSTER PARENTS CALL INTO STAR HEALTH, PLEASE CONSIDER THE FOLLOWING:

- THE FOSTER PARENTS SHOULD CALL STAR HEALTH MEMBER SERVICES AT 1-866-912-6283 AND ASK TO SPEAK TO A MEMBER ADVOCATE. THE MEMBER ADVOCATE WILL WANT TO KNOW WHO THEY SPOKE TO AT STAR HEALTH, SO IT IS BEST THEY HAVE THAT NAME AVAILABLE. IF THEY DO NOT HAVE THE NAME, THEY SHOULD CALL THE MEMBER ADVOCATE ANYWAY.
- IF STAR HEALTH DOES NOT RESOLVE THE ISSUE TO THEIR SATISFACTION THEY CAN MAKE A COMPLAINT AT [STAR.HEALTH@HHSC.STATE.TX.US](mailto:STAR.HEALTH@HHSC.STATE.TX.US) THIS COMPLAINT WOULD GO DIRECTLY TO THE PERSONS AT THE HEALTH AND HUMAN SERVICES COMMISSION (HHSC) THAT OVERSEE THE STAR HEALTH CONTRACT. THEY WILL WANT SPECIFIC INFORMATION, LIKE:
  - THE DATE AND TIME THE INCIDENT OCCURRED.
  - THE NAME AND IDENTIFYING INFORMATION OF THE CHILD INVOLVED.
  - THE NAME AND IDENTIFYING INFORMATION OF THE FOSTER PARENT THAT EXPERIENCED THE DISCONNECTED CALL.
  - THE NAME OF THE PERSON THAT HUNG UP ON THEM AT STAR HEALTH, IF KNOWN.
  - THE NAME OF THE MEMBER ADVOCATE THEY SPOKE TO AT STAR HEALTH.

## MEETINGS – REQUIRED OF FOSTER PARENTS

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### I. CHILD PLAN OF SERVICE:

THE FOSTER PARENTS ARE AN INTEGRAL PART OF THE DEVELOPMENT OF THE FOSTER CHILD. FOSTER PARENTS ARE CHARGED WITH THE IMPLEMENTATION AND DAILY MONITORING OF THE CHILD'S CHILD PLAN OF SERVICE. THEREFORE, AT LEAST ONE FOSTER PARENT IS REQUIRED TO ATTEND THE CHILD PLAN OF SERVICENING CONFERENCE FOR EACH FOSTER CHILD IN THAT FAMILY'S CARE. FOSTER PARENTS' VIEWS ARE GIVEN EQUAL CONSIDERATION IN THE PLANNING PROCESS.

### II. COURT REVIEWS:

THE COURT OR AGENCY OF PLACEMENT MAY REQUIRE THE PRESENCE OF ONE OR BOTH OF THE FOSTER PARENTS AT THE CHILD'S REVIEW HEARING TO RESPOND TO QUESTIONS ON THE DAILY DEVELOPMENT OF THE CHILD. WHEN POSSIBLE, THE FOSTER PARENTS WILL BE GIVEN AMPLE NOTICE OF THE REQUEST BY GUIDING LIGHT CASE MANAGER. CHILDREN AGE 4 AND OLDER ARE ENCOURAGED TO PARTICIPATE IN COURT HEARINGS.

### III. SCHOOL CONFERENCES:

THE EDUCATIONAL PLACEMENT IS ALSO AN INTEGRAL PART OF THE CHILD'S DEVELOPMENT, WHICH REQUIRES THE UNDIVIDED ATTENTION OF THE FOSTER PARENTS. IN ALL CASES, AT LEAST ONE FOSTER PARENT IS REQUIRED TO ATTEND ALL EDUCATION CONFERENCES (INCLUDING ARDS) ADDRESSING THE BEHAVIOR AND ACADEMIC DEVELOPMENT OF THE FOSTER CHILD TO ENSURE THE BEST POSSIBLE ASSISTANCE FROM GUIDING LIGHT.

### IV. FAMILY GROUP DECISION MAKING CONFERENCES AND CIRCLES OF SUPPORT MEETINGS REQUIRED BY TDFPS OR A COURT.

### V. ANY OTHER MEETINGS REQUIRED BY TDFPS OR A COURT HAVING JURISDICTION OVER THE CHILD AND NECESSARY TO ENSURE THAT THE CHILD'S SERVICE PLAN IS BEING COMPLIED WITH.

### VI. GUIDING LIGHT WILL PERMIT DFPS EMPLOYEES AND DFPS THIRD-PARTY CONTRACT EMPLOYEES' ACCESS, AT ANY TIME, TO ALL CHILDREN PLACED BY DFPS IN GUIDING LIGHT CARE. DFPS AGREES TO EXERCISE THIS RIGHT IN A REASONABLE MANNER AND TO MAKE ATTEMPTS TO PLAN AND COORDINATE SUCH VISITS IN COOPERATION WITH GUIDING LIGHT STAFF AND IN A MANNER THAT MINIMIZES DISRUPTION OF THE CARE OF CHILDREN PLACED WITH GUIDING LIGHT. THESE INDIVIDUALS WILL BE PROPERLY IDENTIFIED APPOINTED BY A COURT, CASA, GUARDIAN AND ATTORNEY AD LITEMS AS FOLLOWS:

- A. DFPS OR ITS DESIGNEES ARE ALLOWED TO MAKE UNANNOUNCED VISITS TO GUIDING LIGHT FACILITIES OR FOSTER HOME.
- B. GUIDING LIGHT WILL ASSESS THAT AN INDIVIDUAL IS APPOINTED BY A COURT ORDER BY:
  - 1) IF CASA EMPLOYEE, REVIEW FOR A VALID COURT ORDER
  - 2) IF CASA VOLUNTEER, REVIEW FOR A VALID COURT ORDER AND NOTIFICATION LETTER OF VOLUNTEER ASSIGNMENT THAT CLARIFIES THE INDIVIDUAL'S APPOINTMENT TO THE CHILD.
  - 3) REVIEW THAT THE INDIVIDUAL IS NAMED ON THE CHILD'S CONTACT LIST.
- C. IF GUIDING LIGHT CANNOT READILY DETERMINE THE AUTHORITY OF THE INDIVIDUAL, THEN GUIDING LIGHT OR FOSTER PARENT WILL OBTAIN APPROVAL FROM THE CHILD'S CPS WORKER OR CHAIN OF COMMAND BEFORE GRANTING ACCESS TO THE CHILD.



## OFFENSIVE ELECTRONIC TRANSMISSIONS

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- I. ANY CHILD WHO RECEIVES OR SENDS TEXT, EMAIL OR ANY OTHER ELECTRONIC FORM OF VISUAL MATERIAL DEPICTING A MINOR IN SEXUAL ACTIVITIES MAY BE COURT-ORDERED TO COMPLETE AN EDUCATIONAL COURSE CONCERNING PREVENTION AND AWARENESS OF THIS OFFENSE KNOWN AS “SEXTING”.
- II. A CHILD COMMITS AN OFFENSE IF THEY:
  - A. ORIGINATE THE MATERIAL;
  - B. PASSES IT ON TO ANOTHER MINOR CHILD; OR
  - C. CHILD IN POSSESSION OF MATERIAL
- III. CHILD MAY EITHER BE A VICTIM OR A PERPETRATOR
- IV. A CHILD THAT RECEIVES THIS MATERIAL IS TO REPORT IT IMMEDIATELY TO CPS CASEWORKER AND TO THE GUIDING LIGHT CASE MANAGER.
- V. CPS CASEWORKER WILL NEED TO ATTEND ALL COURT HEARINGS WITH YOUTH.

## PETS

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ANY ANIMAL ON THE PREMISES OF A FOSTER HOME MUST BE FREE OF DISEASE AND MUST NOT CREATE HEALTH PROBLEMS OR A HEALTH RISK FOR CHILDREN. EACH ANIMAL (DOGS AND CATS) MUST BE VACCINATED FOR RABIES AND TREATED AS RECOMMENDED BY A LICENSED VETERINARIAN. DOCUMENTATION OF VACCINATIONS AND TREATMENT MUST BE ON FILE IN THE AGENCY HOME. NOTIFY YOUR CASE MANAGER AS SOON AS POSSIBLE, BUT NO LATER THAN THE FOLLOWING BUSINESS DAY, IF A NEW PET IS ADDED OR REMOVED FROM YOUR HOME.



## PRIMARY MEDICAL NEEDS (PMN)

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### I. CHILDREN WITH PRIMARY MEDICAL NEEDS HAVE ONE OR MORE OF THE FOLLOWING CHARACTERISTICS:

- A. CANNOT MAINTAIN AN OPEN AIRWAY WITHOUT ASSISTANCE
- B. NEED FEEDING TUBES OR MUST BE FED THROUGH AN IV TO STAY ALIVE
- C. HAVE LIFE-THREATENING CONDITIONS THAT REQUIRE THE ASSISTANCE OF OTHERS OR MECHANICAL SUPPORTS TO STAY ALIVE
- D. NEEDS STERILE TECHNIQUES OR SPECIAL PROCEDURES TO PROMOTE HEALING, PREVENT INFECTION, OR PREVENT TISSUE BREAKDOWN.

### II. ADMISSION

PRIOR TO ADMISSION, THE CAREGIVERS ACCEPTING THE CHILD MUST BE ADEQUATELY TRAINED IN THE PRESCRIBED MEDICAL PROCEDURES AND MEDICAL EQUIPMENT FOR THE CHILD. THE PHYSICIAN MUST INCLUDE WRITTEN ORDERS FOR ALL MEDICATION, TREATMENT, DIET, RANGE OF MOTION PROGRAMS AT STATED INTERVALS, HABILITATION AS APPROPRIATE, AND ANY OTHER SPECIAL MEDICAL OR DEVELOPMENTAL PROCEDURES.

### III. MEDICAL NEEDS

WITH THE RECOMMENDATION OF A PHYSICIAN, THE FOSTER PARENT WILL PROVIDE THE FOLLOWING:

- A. SPECIALIZED EQUIPMENT AS RECOMMENDED BY A PHYSICIAN OR OTHER HEALTH PROFESSIONALS. THE EQUIPMENT MUST BE ROUTINELY MAINTAINED AND REPLACED WHEN NECESSARY.
- B. MAY REQUIRE CONSISTENT AND FREQUENT MEDICAL ATTENTION INCLUDING ADMINISTERING LIFE-SUPPORT AND MEDICATIONS AND TREATMENTS.
- C. AN ON-CALL LICENSED NURSE TO BE AVAILABLE ON SITE. A CHILD REQUIRING A FEEDING TUBE MUST HAVE THE TUBE INSERTED AND REMOVED BY A REGISTERED NURSE OR LICENSED VOCATIONAL NURSE TRAINED IN THE PROCEDURE.
- D. ON-DUTY NURSES MAY NOT BE INCLUDED IN CHILD CAREGIVER RATIOS OR BE USED AS BABYSITTERS. OFF-DUTY NURSES MAY PROVIDE BABYSITTING OR RESPITE CARE, IF THEY ARE VERIFIED GUIDING LIGHT SECONDARY CAREGIVERS.
- E. IF STAR HEALTH DENIES ANY MEDICAL CARE, TREATMENT, OR MEDICATION, THE FOSTER PARENT NEEDS TO CONTACT GUIDING LIGHT AS SOON AS THEY RECEIVE THE DENIAL SO THE GUIDING LIGHT CASE MANAGER CAN CONTACT THE WELL BEING SPECIALIST AND CPS CW FOR ASSISTANCE.

### IV. DAILY CARE

IF NECESSARY, CAREGIVERS WILL PROVIDE ASSISTANCE WITH MOBILITY TO NORMALIZE FUNCTIONING OF THE CHILD.

THERE MUST BE SUFFICIENT STAFF TO MEET THE NEEDS OF CHILDREN WITH PRIMARY MEDICAL NEEDS WHEN TRAVELING. LOCKS FOR WHEELCHAIRS, HYDRAULIC LIFTS, AND OTHER SPECIAL PROVISIONS MUST BE PROVIDED BY THE FOSTER FAMILY.

### V. INTENSE SERVICE LEVEL CHILDREN WITH PRIMARY MEDICAL NEEDS

THE FOSTER PARENT MUST PROVIDE CONSTANT SUPERVISION FOR INTENSE SERVICE LEVEL CHILDREN WHO HAVE PRIMARY MEDICAL NEEDS. THIS MAY REQUIRE EXTENSIVE PHYSICAL ASSISTANCE AND MONITORING. GUIDING LIGHT CASE MANAGER WILL ASSIST THE FOSTER PARENTS IN MAKING ANNUAL ARRANGEMENTS FOR 72 HOURS OF OVERNIGHT CARE OR LONGER PERIOD TIME OF RESPITE CARE SERVICES IF PROVIDE SERVICES TO A CHILD WITH PRIMARY MEDICAL NEEDS. IF THE FOSTER PARENT REFUSES, THE GUIDING LIGHT TREATMENT TEAM MUST DOCUMENT THAT THE FOSTER PARENT'S DECISION IS NOT ENDANGERING THE PMN CHILD'S SAFETY.

## RATIO OF FOSTER PARENTS TO CHILDREN

- I. A FOSTER FAMILY HOME MAY CARE FOR UP TO SIX CHILDREN, INCLUDING ANY BIOLOGICAL AND ADOPTED CHILDREN OF THE CAREGIVERS WHO LIVE IN THE FOSTER HOME AND ANY CHILDREN RECEIVING FOSTER OR RESPITE CHILD-CARE, AND CHILDREN FOR WHOM THE FAMILY PROVIDES DAY CARE.

CHILDREN VISITING THE HOME OR IN THE HOME FOR "INFREQUENT BABYSITTING" ARE NOT COUNTED IN THE CAPACITY OF THE HOME. HOWEVER, THE CAREGIVERS OF THE HOME MUST ENSURE THAT THE PRESENCE OF ADDITIONAL CHILDREN IN THE HOME DOES NOT PREVENT ADEQUATE SUPERVISION OF CHILDREN IN FOSTER AND RESPITE CARE.

- II. ALL ADULTS IN CARE MUST ALSO BE COUNTED IN THE CAPACITY OF THE HOME.
- III. CAPACITY OF THE HOME IS BASED ON THE:
- A. NUMBER OF CAREGIVERS, AND THE AGE OF THE CHILDREN IN THE HOME AND IN PLACEMENT;
  - B. SERVICES BEING PROVIDED AND THE NEEDS OF THE CHILDREN IN CARE;
  - C. AMOUNT OF SPACE AVAILABLE FOR CHILDREN; AND
  - D. BATHROOM ACCOMMODATIONS IN THE HOME.
- IV. THE MAXIMUM NUMBER OF CHILDREN IN A FOSTER HOME, INCLUDING THE BIOLOGICAL AND ADOPTED CHILDREN OF THE CAREGIVERS WHO LIVE IN THE FOSTER HOME, ANY CHILDREN RECEIVING FOSTER OR RESPITE CHILD-CARE, AND CHILDREN FOR WHOM THE FAMILY PROVIDES DAY CARE, MUST NOT EXCEED THE CAPACITY STATED ON THE HOME'S VERIFICATION.
- V. THE NUMBER OF CHILDREN ONE CAREGIVER MAY SUPERVISE IN A FOSTER FAMILY HOME IS SIX, UNLESS THE HOME MEETS ONE OF THE CRITERIA IN THE CHART BELOW:

IF THE HOME CARES FOR:	THEN THE NUMBER OF CHILDREN ONE CAREGIVER MAY CARE FOR IS:
ONE CHILD UNDER AGE 5	ONE CAREGIVER TO FIVE CHILDREN
MORE THAN TWO CHILDREN RECEIVING TREATMENT SERVICES (FOR CHILDREN WITH PRIMARY MEDICAL NEEDS, SEE BELOW)	ONE CAREGIVER TO FOUR CHILDREN
ONE CHILD WITH PRIMARY MEDICAL NEEDS	ONE CAREGIVER TO FOUR CHILDREN

- VI. A FOSTER FAMILY HOME MAY ONLY CARE FOR TWO INFANTS AT THE SAME TIME UNLESS MORE THAN TWO INFANTS ARE PLACED IN A HOME IN ORDER TO KEEP A SINGLE SIBLING GROUP TOGETHER.
- VII. IF THE HOME CARES FOR TWO INFANTS OR MORE IT CAN ONLY CARE FOR TWO ADDITIONAL CHILDREN UNDER SIX YEARS OF AGE.
- VI. THESE RESTRICTIONS INCLUDE THE BIOLOGICAL AND ADOPTED CHILDREN OF THE FOSTER FAMILY, CHILDREN IN FOSTER OR RESPITE CHILD-CARE, AND CHILDREN FOR WHOM THE FAMILY PROVIDES DAY CARE.
- VII. CONTINUOUS 24-HOUR AWAKE SUPERVISION  
GUIDING LIGHT MUST PROVIDE AND MAINTAIN A CURRENT DESIGNATED EMERGENCY ON-CALL CONTACT DURING THE OVERNIGHT HOURS. THE CURRENT CONTACT INFORMATION MUST BE PROVIDED TO THE DFPS CONTRACT MANAGER AND MUST BE AVAILABLE TO CONTRACTOR STAFF RESPONSIBLE FOR SUPERVISION. GUIDING LIGHT WILL ENSURE THE EMERGENCY ON-CALL CONTACT IS READILY ACCESSIBLE AND IS ABLE TO IMPLEMENT AN IMMEDIATE PLAN FOR COMPLIANCE WITH SUPERVISION REQUIREMENTS.



24-HOUR AWAKE SUPERVISION CONTRACT VIOLATIONS, SUBJECT TO LIQUIDATED DAMAGES, ARE THOSE VIOLATIONS VALIDATED THROUGH GUIDING LIGHT SELF-REPORTED INCIDENTS OR UNANNOUNCED MONITORING VISITS. UNANNOUNCED MONITORING VISITS WILL BE CONDUCTED DURING THE OVERNIGHT HOURS

ON-SITE MONITORING VIOLATIONS ARE DEFINED AS BELOW:

FAILURE TO PROVIDE SUPERVISION.

THIS IS DEFINED AS STAFF ASSIGNED TO SUPERVISE ARE NOT AWAKE OR SUPERVISION IS NOT CONTINUOUS.

THIS INCLUDES BUT IS NOT LIMITED TO, CAREGIVER REPORTED, INSTANCES OF STAFF SLEEPING OR HAVING BEEN SLEEPING, OR AWAKE STAFF NOT PRESENT IN THE BUILDING.

FAILURE TO PROVIDE ACCESS.

THIS INCLUDES BUT IS NOT LIMITED TO, DFPS MONITORING STAFF'S INABILITY TO ACCESS THE FACILITY. INCLUDING ACCESS THAT IS DENIED; ACCESS THAT IS DELAYED BY MORE THAN 10 MINUTES; OR THERE IS NO RESPONSE TO DFPS STAFF'S ATTEMPT TO OBTAIN ACCESS TO THE FACILITY OR FOSTER HOME.

FAILURE TO PROPERLY DOCUMENT SUPERVISION.

THIS INCLUDES, BUT IS NOT LIMITED TO, GUIDING LIGHT STAFF PREFILLING OR NOT COMPLETING THE SUPERVISION CHART OR OTHER SYSTEM SUCH AS AN ELECTRONIC SYSTEM, THAT FAILS TO RECORD AND THEREFORE SUPPORT THE SUPERVISION ROUNDS WERE CONDUCTED AS REQUIRED BY THE GUIDING LIGHT'S SUPERVISION POLICY.

24-HOUR AWAKE SUPERVISION VIOLATION IDENTIFIED DURING A MONITORING VISIT. DFPS STAFF WILL:

CONTACT THE GUIDING LIGHT'S EMERGENCY ON-CALL STAFF AND REQUEST AN IMMEDIATE PLAN FOR ENSURING SUPERVISION WILL BE IN PLACE FOR THE NIGHT,

REMAIN ON PREMISES UNTIL COMPLIANCE IS MET,

NOTIFY GUIDING LIGHT IN WRITING OF THE UNANNOUNCED VISIT, THE NATURE OF THE CONTRACT VIOLATION IDENTIFIED, AND THEY OR THEIR DESIGNEE WILL BE CONTACTED BY THE DFPS STAFF AND GIVEN THE OPTION TO PROVIDE SUPPORTING INFORMATION AS TO WHY A NONCOMPLIANCE SHOULD NOT BE CITED, AND

CONSIDER ANY ADDITIONAL INFORMATION GUIDING LIGHT PROVIDES.

SELF-REPORTED 24-HOUR AWAKE SUPERVISION VIOLATION.

WHEN GUIDING LIGHT'S SELF-REPORT IS RECEIVED, GUIDING LIGHT WILL BE CONTACTED BY THE DFPS STAFF,

AND GIVEN THE OPTION TO PROVIDE SUPPORTING INFORMATION AS TO WHY A NONCOMPLIANCE SHOULD NOT BE CITED, AND CONSIDER ANY ADDITIONAL INFORMATION GUIDING LIGHT PROVIDES.

MONITORING DISPOSITION.

DFPS WILL NOTIFY GUIDING LIGHT IN WRITING OF:

A MONITORING DISPOSITION OF COMPLIANCE, WITH NO FURTHER ACTION NEEDED, OR

A MONITORING DISPOSITION OF A CONTRACT VIOLATION, REQUIRING:

GUIDING LIGHT'S WRITTEN RESPONSE WITHIN 3 BUSINESS DAYS OF RECEIPT OF THE WRITTEN MONITORING FINDINGS CORRESPONDENCE,

GUIDING LIGHT'S ANALYSIS OF THE CAUSE OF THE VIOLATION,

AND A PLAN FOR CORRECTION AND THE ELIMINATION OF THE RISK FOR REPEAT FINDINGS."

24-HOUR AWAKE SUPERVISION SUPPLEMENTAL PAYMENT

PAYMENTS ARE QUARTERLY AND THE RECONCILIATION IS AFTER THE END OF THE FISCAL YEAR.

24-HOUR AWAKE SUPERVISION PROGRESSIVE INTERVENTION AND LIQUIDATED DAMAGES

DFPS WILL CONDUCT UNANNOUNCED VISITS NECESSARY TO CONFIRM AWAKE AND CONTINUOUS IN PERSON SUPERVISION. A FINDING OF NONCOMPLIANCE RESULTS FROM A MONITORING VISIT OR A SELF-REPORTED INCIDENT AS DOCUMENTED IN A DFPS FINAL MONITORING REPORT. EACH INSTANCE OF A SELF-REPORTED VIOLATION OCCURRING WITHIN ANY ONE EIGHT-HOUR SLEEPING PERIOD IS EQUAL TO ONE CONTRACT VIOLATION FOR FAILURE TO MAINTAIN AWAKE AND CONTINUOUS SUPERVISION.

NON-CONSECUTIVE FINDINGS

GUIDING LIGHT WILL PARTICIPATE AS DETAILED BELOW WHEN NON-CONSECUTIVE MONITORING VISITS OR SELF-REPORTED SUPERVISION INCIDENTS RESULT IN FINDINGS SUBJECT TO LIQUIDATED DAMAGES.

THE PERIOD WILL BE A ROLLING 12-MONTH PERIOD BEGINNING WITH AN INSTANCE OF NONCOMPLIANCE.

**CONSECUTIVE FINDINGS & LIQUIDATED DAMAGES**

GUIDING LIGHT WILL PARTICIPATE AS DETAILED BELOW WHEN CONSECUTIVE MONITORING VISITS OR SELF-REPORTED SUPERVISION INCIDENTS RESULT IN FINDINGS SUBJECT TO LIQUIDATED DAMAGES.

LIQUIDATED DAMAGES WILL BE ASSESSED IN THE STATE FISCAL YEAR IN WHICH THE FIRST INSTANCE OF NON-COMPLIANCE WAS IDENTIFIED AND CALCULATED USING APPLICABLE INSTANCES OF FINDINGS UNTIL COMPLIANCE IS SATISFIED.

LIQUIDATED DAMAGES WILL BE COLLECTED DURING THE END OF YEAR RECONCILIATION PROCESS THROUGH AN ADJUSTMENT OF THE 2ND QUARTER PAYMENT OR FINAL PAYMENT IF A CONTRACT SHOULD TERMINATE PRIOR TO THE END OF THE FISCAL YEAR.

DFPS STAFF WILL CONDUCT THE FOLLOWING CONTRACT ACTIONS ASSOCIATED WITH THE CONDITIONS IDENTIFIED BELOW:

CONTRACT ACTION	CONDITIONS	PROCESS	LIQUIDATED DAMAGES
#1	FOUR OR FEWER, NONCONSECUTIVE FINDINGS OF FAILURE TO PROVIDE 24-HOUR AWAKE AND CONTINUOUS SUPERVISION, ARE DETERMINED DURING ON-SIGHT MONITORING VISITS OR SELF-REPORTED INSTANCES.	DFPS STAFF WILL: STAY ON PREMISES UNTIL COMPLIANCE IS MET, CONTACT THE FACILITY LEADERSHIP (EX. DIRECTOR AND ADMINISTRATOR) TO ADDRESS AND IDENTIFY CAUSE CONTRIBUTING TO THE NON-COMPLIANCE, INCLUDING CHALLENGES AND BARRIERS, AND TO PROVIDE TECHNICAL ASSISTANCE AS NEEDED TO ASSIST IN IDENTIFYING A SOLUTION, AND PROVIDE WRITTEN NOTIFICATION OF A CONTRACT VIOLATION OF THE 24-HOUR AWAKE AND CONTINUOUS SUPERVISION CONTRACT TERM IN THE FORM OF A FINAL MONITORING REPORT.	NA
#2	FIVE NON-CONSECUTIVE FINDINGS OF FAILURE TO PROVIDE 24-HOUR AWAKE AND CONTINUOUS SUPERVISION, ARE DETERMINED DURING ON-SIGHT MONITORING VISITS OR SELF-REPORTED INSTANCES	DFPS STAFF WILL: COMPLETE THE INTERVENTIONS STEPS IDENTIFIED IN CONTRACT ACTION #1 ABOVE, AND MEET WITH GUIDING LIGHT'S BOARD PRESIDENT AND CONTRACT SIGNATORY TO ADDRESS THE IDENTIFICATION OF A PATTERN OF VIOLATIONS AND TO EXPLAIN THE PROGRESSIVE INTERVENTION STEPS, AND OBTAIN REASONABLE ASSURANCE FOR COMPLIANCE FROM GUIDING LIGHT'S REPRESENTATIVES	NA

\*\* PLACEMENT HOLD IS SPECIFIC TO THE FOSTER HOME IN VIOLATION OF SUPERVISION. PLACEMENT HOLD WILL CONTINUE THROUGH ATTRITION RESULTING IN THE NUMBER OF CHILDREN TO 6 OR FEWER THEREFORE NO LONGER NECESSITATING AWAKE NIGHT SUPERVISION.

PROGRAM WILL DISCONTINUE PLACEMENTS THAT WILL NECESSITATE 24-HOUR AWAKE SUPERVISION IN THE SPECIFIC FOSTER HOME."

REPORTING 24-HOUR AWAKE SUPERVISION VIOLATIONS (2INGAGE)

USE THIS SURVEY MONKEY LINK TO REPORT ANY VIOLATIONS OF THE 24-HOUR AWAKE POLICY:

- [HTTPS://WWW.SURVEYMONKEY.COM/R/ZFV9X65](https://www.surveymonkey.com/r/zfv9x65)

THIS SHOULD BE USED ANY TIME THERE IS A VIOLATION OF THE POLICY IN A FOSTER HOME OR FACILITY.

IX. PRIMARY MEDICAL NEEDS, IF ONE CHILD OR MORE RECEIVING TREATMENT SERVICES FOR PRIMARY MEDICAL NEEDS

TYPE OF FOSTER FAMILY HOME:	MAXIMUM NUMBER OF CHILDREN THE HOME CAN CARE FOR:
TWO PARENT FOSTER FAMILY HOME	<ul style="list-style-type: none"> <li>• SIX, WITH A MAXIMUM OF THREE CHILDREN WITH PRIMARY MEDICAL NEEDS REQUIRING TOTAL CARE, UNLESS THE PLACEMENT IS NECESSARY TO MAINTAIN A SIBLING GROUP OF CHILDREN; OR</li> <li>• FOUR, IF ALL PLACEMENTS ARE CHILDREN WITH PRIMARY MEDICAL NEEDS REQUIRING TOTAL CARE, UNLESS THE PLACEMENT IS NECESSARY TO MAINTAIN A SIBLING GROUP OF CHILDREN.</li> <li>• FOSTER FAMILY HOMES VERIFIED TO PROVIDE TREATMENT SERVICES TO CHILDREN WITH PRIMARY MEDICAL NEEDS BEFORE JANUARY 1, 2015, MAY CONTINUE TO CARE FOR UP TO SIX CHILDREN WITH NO LIMITATION.</li> </ul>
SINGLE PARENT FOSTER FAMILY HOME	<ul style="list-style-type: none"> <li>• FOUR, WITH A MAXIMUM OF ONE CHILD WITH PRIMARY MEDICAL NEEDS REQUIRING TOTAL CARE, UNLESS THE PLACEMENT IS NECESSARY TO MAINTAIN A SIBLING GROUP OF CHILDREN; OR</li> <li>• TWO, IF ALL PLACEMENTS ARE CHILDREN WITH PRIMARY MEDICAL NEEDS REQUIRING TOTAL CARE, UNLESS THE PLACEMENT IS NECESSARY TO MAINTAIN A SIBLING GROUP OF CHILDREN.</li> <li>• FOSTER FAMILY HOMES VERIFIED TO PROVIDE TREATMENT SERVICES TO CHILDREN WITH PRIMARY MEDICAL NEEDS BEFORE JANUARY 1, 2015, MAY CONTINUE TO CARE FOR UP TO FOUR CHILDREN WITH NO LIMITATION.</li> </ul>

- X. DURING A TIME THAT ALL CHILDREN IN CARE ARE AWAY FROM THE HOME, AT LEAST ONE CAREGIVER MUST BE AVAILABLE BY PHONE TO:
- RESPOND TO EMERGENCIES, CHANGES IN SCHEDULES, OR UNPLANNED EVENTS; AND
  - PROVIDE CARE AND SUPERVISION WHENEVER A CHILD NEEDS THE ATTENTION OF A CAREGIVER, INCLUDING WHEN THE CHILD RETURNS TO THE HOME.
- XI. WHEN ONE FOSTER PARENT ARRIVES FROM WORK 1-4 HOURS AFTER CHILDREN ARRIVE HOME FROM SCHOOL, THE SPOUSE CAN SUPERVISE THE CHILDREN WITHOUT THE NEED OF A CHILD CARE PROVIDER TO MAKE RATIO DURING THAT TIME. HOWEVER, PROVISIONS MUST BE MADE FOR THE SUMMER MONTHS.
- XII. A CHILD DOES NOT COUNT IN THE CAREGIVER RATIO WHILE PARTICIPATING IN THE UNSUPERVISED CHILDHOOD ACTIVITY.
- XIII. GUIDING LIGHT CAN REQUEST A VARIANCE TO ALLOW THE PLACEMENT OF A 7<sup>TH</sup> OR 8<sup>TH</sup> CHILD INTO THE FOSTER HOME. IF GUIDING LIGHT IS GRANTED A VARIANCE, THEY MUST COMPLETE THE FOLLOWING:
- AN ADDENDUM INDICATING HOW THE FOSTER PARENTS WILL MEET THE NEEDS OF THE ADDITIONAL CAREGIVERS INCLUDING SAFETY AND SUPERVISION;
  - SUBMIT A 24-HOUR SUPERVISION PLAN;
  - SUBMIT THE HOME STUDY AND THE ADDENDUM TO THE CPS DIRECTOR OF PLACEMENT PRIOR TO PLACEMENT; AND
  - OBTAIN APPROVAL FROM CPS PRIOR TO PLACEMENT OF ANY ADDITIONAL CHILDREN

## REFERRALS AND PLACEMENTS (MATCHING)

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MATCHING FOSTER CHILDREN TO FOSTER FAMILIES IS A PROCESS.

- I. WHEN SELECTING FOSTER FAMILIES FOR FOSTER CHILDREN, THE NEEDS OF THE CHILD ARE ADDRESSED FIRST AND THEN A LIST OF FOSTER FAMILIES WHOSE STRENGTHS WOULD MOST LIKELY MEET THESE NEEDS IS IDENTIFIED, (I.E., FOSTER FAMILIES ARE SELECTED FOR THE CHILDREN AS OPPOSED TO CHILDREN BEING SELECTED FOR FOSTER FAMILIES).
- II. THE EXECUTIVE DIRECTOR, WITH INPUT FROM THE TREATMENT TEAM REACHES A DECISION FOR PLACEMENT BASED ON DISCUSSION OF CRITERIA THAT INCLUDE, BUT ARE NOT LIMITED TO THE FOLLOWING:
  - A. PHYSICAL CAPACITY
  - B. CURRENT CIRCUMSTANCES OF THE FAMILY  
EXAMPLE: AMOUNT OF TIME SINCE LAST PLACEMENT WAS MADE  
AMOUNT OF TIME SINCE LAST CHILD LEFT
  - B. STRENGTH OF THE HOMES' BEHAVIOR MANAGEMENT PROGRAM
  - C. ETHNICITY OF THE FAMILY AND COMMUNITY
  - D. FOSTER FAMILY PREFERENCES (E.G. ETHNIC, RELIGIOUS, AGE, GENDER, TYPES OF BEHAVIOR ETC.),
  - E. TEMPERAMENTS
  - F. DESIRES OF THE FAMILY AND DESIRES OF THE FOSTER CHILD, INTERESTS, AGE (AS IT MATCHES WITH THE DESIRES AND CAPABILITIES OF THE FAMILY)
  - G. PREVIOUS EXPERIENCE OF THE FOSTER FAMILY, RURAL VS. URBAN ISSUES
  - H. EFFECTS OF OTHER RESIDENTS IN THE HOME
  - J. ANY UNIQUE QUALITIES OR ISSUES.
- III. THE SELECTED FAMILY IS CONSULTED REGARDING APPROVAL OF PLACEMENT OF THE SELECTED CHILD. THE FAMILY IS PROVIDED WITH AS MUCH BACKGROUND INFORMATION AS IS NECESSARY AND AVAILABLE TO MAKE AN INFORMED, WISE DECISION AND HELP THE CHILD IN PLACEMENT.

### NON-EMERGENCY AND EMERGENCY PLACEMENT REQUIREMENTS:

- I. IF A FOSTER FAMILY CHOOSES TO ACCEPT EMERGENCY PLACEMENTS THEY MUST ATTEND TRAINING SPECIFIC TO EMERGENCY PLACEMENTS.
- II. THE GUIDING LIGHT INTAKE WORKER WILL BE RESPONSIBLE FOR OBTAINING ALL THE REQUIRED DOCUMENTATION FOR THE INTAKE STUDY EXCEPT FOR THE FOLLOWING:
  - A. IF THE PSYCHOLOGICAL OR PSYCHIATRIC EVALUATION IS NOT AVAILABLE PRIOR TO PLACEMENT AND THE CHILD HAS TO BE PLACED IMMEDIATELY BECAUSE OF THERAPEUTIC NEEDS OR BEING A DANGER TO SELF OR OTHERS, THE PLACEMENT IS TREATED AS AN EMERGENCY PLACEMENT. THE FOSTER PARENTS WOULD NEED TO INSURE THAT THE EVALUATION IS SCHEDULED BY THE 14<sup>TH</sup> DAY OF PLACEMENT AND THAT THE REPORT IS OBTAINED AND SUBMITTED TO GUIDING LIGHT WITHIN 30 DAYS OF THE PLACEMENT.
  - B. IF THE CHILD DOES NOT HAVE A CURRENT MEDICAL EXAMINATION AT THE TIME OF PLACEMENT THE FOSTER PARENT IS RESPONSIBLE FOR INSURING THAT A MEDICAL EXAMINATION IS SCHEDULED AND SUBMITTED TO GUIDING LIGHT BY THE 30<sup>TH</sup> DAY OF PLACEMENT.

❖ A MEDICAL EXAMINATION MUST BE OBTAINED IMMEDIATELY IF THE CHILD SHOWS SYMPTOMS OF ILLNESS AT TIME OF PLACEMENT.

C. IF THE CHILD DOES NOT HAVE A CURRENT DENTAL EXAMINATION AT THE TIME OF PLACEMENT THE FOSTER PARENT IS RESPONSIBLE FOR INSURING THAT A DENTAL EXAMINATION IS SCHEDULED WITHIN 30 DAYS AND COMPLETED WITHIN 60 DAYS AND SUBMITTED TO GUIDING LIGHT BY THE 60<sup>TH</sup> DAY OF PLACEMENT.

D. IN ACCORDANCE WITH TEXAS DEPARTMENT OF HEALTH GUIDELINES FOR TUBERCULOSIS TESTING, GUIDING LIGHT REQUIRES ALL FOSTER CHILDREN TO BE TESTED FOR TB UPON ENTERING THE FOSTER CARE SYSTEM. THE FOSTER PARENTS ARE RESPONSIBLE FOR INSURING THAT A TB TEST IS SCHEDULED AND SUBMITTED TO GUIDING LIGHT BY THE 30<sup>TH</sup> DAY OF PLACEMENT, IF A TB TEST WAS NOT COMPLETED PRIOR TO PLACEMENT.

III. THE FOLLOWING MUST BE DOCUMENTED IN THE CHILD'S RECORDS AT THE TIME OF PLACEMENT:

A. IDENTIFICATION OF THE CHILD'S HIGH-RISK BEHAVIOR(S), IF APPLICABLE;

B. THE SAFETY PLAN THAT STAFF AND CAREGIVERS WILL IMPLEMENT RELATED TO THE BEHAVIOR(S); AND

C. A COPY OF THE PLACEMENT AGREEMENT, IF APPLICABLE.

IV. IF A CHILD HAS AN IDENTIFIED HISTORY OF SEXUAL BEHAVIOR OR VICTIMIZATION, THEN IT WILL BE PROVIDED PRIOR TO PLACEMENT OR AS SOON AS PROVIDED BY CPS. THE FOSTER PARENTS WILL RECEIVE A COPY OF ATTACHMENT A AND THE PLACEMENT SUMMARY WHICH WILL INCLUDE DETAILS OF SEXUAL HISTORY. THESE DOCUMENTS MUST BE SIGNED BY THE FOSTER PARENTS AND PROVIDED TO CPS WITHIN 3 BUSINESS DAYS OF PLACEMENT OR ANY TIME THESE DOCUMENTS ARE UPDATED AND PROVIDED TO GUIDING LIGHT FOR REVIEW.



## REMOVAL OF CHILDREN FROM THERAPEUTIC FOSTER HOMES

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- I. WHEN A THERAPEUTIC FOSTER FAMILY FEELS IT IS NECESSARY TO REQUEST THE REMOVAL OF A CHILD FROM ITS HOME, THE FOLLOWING QUESTIONS MUST BE CONSIDERED:
  - A. IS THE CHILD DANGEROUS TO HIM/HERSELF OR OTHERS? IF THE RISK CAN BE REASONABLY MANAGED (E.G., TEMPORARY PSYCHIATRIC HOSPITAL STAY, TEMPORARY INCREASED SUPERVISION, ETC.) THIS SHOULD BE TRIED FIRST. IF ADMITTED TO A PSYCHIATRIC HOSPITAL FOSTER FAMILY CAN REQUEST A 24-HOUR REMOVAL. IF THE FOSTER CHILD IS NOT ADMITTED TO THE PSYCHIATRIC HOSPITAL, THE FOSTER FAMILY CAN REQUEST 14-DAY REMOVAL, IF GUIDING LIGHT HAS PROPER DOCUMENTATION DESCRIBING THE DANGER FROM PSYCHIATRIST, PSYCHOLOGIST, PHYSICIAN, LICENSED THERAPIST, LMSW, OR LPC.
  - B. DOES THE FOSTER FAMILY FEEL THEY MAY LOSE CONTROL AND BECOME A DANGER TO THE CHILD? IF A FOSTER FAMILY FEELS SOMEONE IS STRESSED TO THE POINT OF LOSING CONTROL AND HURTING THE CHILD, GUIDING LIGHT MAY PROVIDE RESPITE OR SOME OTHER TYPE OF INTERVENTION UNTIL IT IS DETERMINED WHETHER THE CHILD SHOULD BE REMOVED.
  - C. IS REGRESSION NOT OK? SOMETIMES CHILDREN MUST REGRESS BEFORE THEY PROGRESS
  - D. IS MAINTAINING NOT OK? SOME CHILDREN DO WELL TO BE ABLE TO MAINTAIN A FOSTER PLACEMENT, WHETHER OR NOT THEY IMPROVE.
  - E. HAVE SPECIFIC INTERVENTIONS TO THE PROBLEM INITIATING THE REQUEST FOR REMOVAL BEEN TRIED? BEFORE A REQUEST FOR REMOVAL, TREATMENT TEAM PLANS SHOULD ADDRESS THE PROBLEM.
- II. BEFORE A CHILD IS REMOVED (FOR ANY REASON OTHER THAN "DANGEROUS BEHAVIOR"), THE TREATMENT TEAM MUST AGREE THAT THE MOVE IS IN THE BEST INTEREST OF THE CHILD.
  - A. DURING THE INTERIM WHEN A FOSTER PARENT IS WAITING FOR A 30-DAY REMOVAL, THE FOSTER PARENT SOMETIMES REQUESTS THAT THE CHILD BE PLACED IN RESPITE BEFORE THE 30 DAY DEADLINE BECAUSE OF PROBLEM BEHAVIOR. IN THE EVENT THAT THERE ARE NO BEDS AVAILABLE WITHIN THE GUIDING LIGHT SYSTEM, STAFF CAN CONTACT OTHER AGENCIES TO REQUEST RESPITE SERVICES IN VERIFIED FOSTER HOMES. BECAUSE GUIDING LIGHT IS NOT "PLACING" THE CHILD, THERE IS NO NEED TO GO THROUGH CPU. TIME FRAMES FOR THESE SERVICES CAN BE BETWEEN 72 HOURS TO 14 DAYS MAXIMUM. GUIDING LIGHT FOSTER PARENTS ARE RESPONSIBLE TO PAY FOR THESE RESPITE SERVICES IN THE OTHER AGENCY. IN THE EVENT A GUIDING LIGHT FOSTER FAMILY REFUSES TO PAY THE RESPITE FAMILY AFTER SERVICES ARE RENDERED, THE EXECUTIVE DIRECTOR WILL CONSULT WITH THE PC TO AUTHORIZE THE MOST APPROPRIATE CONSEQUENCE.
  - B. IF THERE IS NO GUIDING LIGHT FOSTER FAMILY AVAILABLE TO TAKE THE CHILD, DISCHARGE MAY TAKE AS LONG AS 30 DAYS DEPENDING ON THE CIRCUMSTANCES.
- III. DFPS WILL PROVIDE 48 HOUR WRITTEN NOTICE TO GUIDING LIGHT AND FOSTER PARENT **BEFORE** DFPS CAN CHANGE A CHILD'S PLACEMENT, INCLUDING REMOVING THEM FROM CARE. EXCEPTIONS INCLUDE:
  - A. AN EMERGENCY
  - B. A COURT ORDER
  - C. AGREED UPON BY DFPS AND GUIDING LIGHT.IF THE DFPS CASEWORKER DISCHARGES THE CHILD FROM YOUR FOSTER HOME, THE GUIDING LIGHT CASE MANAGER MUST BE IMMEDIATELY CONTACTED.

## REQUIREMENTS FOR INFANT CARE

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- I. EACH INFANT MUST RECEIVE INDIVIDUAL ATTENTION, INCLUDING PLAYING, TALKING, CUDDLING, AND HOLDING.
  - I. A CAREGIVER MUST PROVIDE PROMPT ATTENTION TO AN INFANT'S PHYSICAL NEEDS, SUCH AS FEEDING AND DIAPERING.
  - II. ITEMS NECESSARY FOR DIAPER CHANGING MUST BE KEPT OUT OF REACH OF CHILDREN, BUT DO NOT NEED TO BE IN A LOCKED STORAGE.
  - III. AN INFANT'S CAREGIVER MUST ENSURE THAT THE ENVIRONMENT IS SAFE. FOR EXAMPLE, FREE THE AREA OF OBJECTS THAT MAY CHOKER OR HARM THE INFANT, TAKE MEASURES TO PREVENT ELECTRIC SHOCK, FREE THE AREA OF FURNITURE THAT IS IN DISREPAIR OR UNSTABLE, AND ALLOW NO UNSUPERVISED ACCESS TO WATER TO PREVENT THE RISK OF DROWNING.
  - IV. AN INFANT'S CAREGIVER MUST NEVER LEAVE THE INFANT UNSUPERVISED. A SLEEPING INFANT IS CONSIDERED SUPERVISED IF THE CAREGIVER IS WITHIN EYESIGHT OR HEARING RANGE OF THE CHILD AND CAN INTERVENE AS NEEDED, OR IF THE CAREGIVER USES A VIDEO CAMERA OR AUDIO MONITORING DEVICE TO MONITOR THE CHILD AND IS CLOSE ENOUGH TO THE CHILD TO INTERVENE AS NEEDED.
  - V. AN INFANT CARE AREA MUST AT A MINIMUM INCLUDE THE FOLLOWING FURNISHINGS AND EQUIPMENT:
    - A. AN INDIVIDUAL CRIB FOR EACH INFANT; AND
    - B. A SUFFICIENT NUMBER OF TOYS TO KEEP EACH CHILD ENGAGED IN ACTIVITIES.
- VI. ALL CRIBS MUST HAVE:
  - A. A FIRM, FLAT MATTRESS THAT SNUGLY FITS THE SIDES OF THE CRIB. THE MATTRESS MUST NOT BE SUPPLEMENTED WITH ADDITIONAL FOAM MATERIAL OR PADS;
  - B. SHEETS THAT FIT SNUGLY AND DO NOT PRESENT AN ENTANGLEMENT HAZARD;
  - C. A MATTRESS THAT IS WATERPROOF OR WASHABLE;
  - D. SECURE MATTRESS SUPPORT HANGERS, AND NO LOOSE HARDWARE OR IMPROPERLY INSTALLED OR DAMAGED PARTS;
  - E. A MAXIMUM OF 2 3/8 INCHES BETWEEN CRIB SLATS OR POLES;
  - F. NO CORNER POSTS OVER 1/16 INCH ABOVE THE END PANELS;
  - G. NO CUTOUT AREAS IN THE HEADBOARD OR FOOTBOARD THAT WOULD ENTRAP A CHILD'S HEAD OR BODY; AND
  - H. DROP RAILS, IF PRESENT, WHICH FASTEN SECURELY AND CANNOT BE OPENED BY A CHILD.
- VII. CAREGIVERS MUST SANITIZE EACH CRIB WHEN SOILED AND BEFORE REASSIGNING THE CRIB TO A DIFFERENT CHILD.
- VIII. CAREGIVERS MUST NEVER LEAVE CHILDREN IN THE CRIB WITH THE SIDE DOWN.
- IX. THE FOSTER HOME MUST NOT HAVE STACKABLE CRIBS.
- X. A FOSTER HOME MAY USE A FULL-SIZE, PORTABLE, OR MESH-SIDE CRIB IF:
  - A. CAREGIVERS FOLLOW THE MANUFACTURER'S INSTRUCTIONS;
  - B. THE CRIB HAS:
    - 1. MESH THAT IS SECURELY ATTACHED TO THE TOP RAIL, SIDE RAIL, AND FLOOR PLATE; AND
    - 2. FOLDED SIDES THAT SECURELY LATCH IN PLACE WHEN RAISED;
  - C. CAREGIVERS NEVER LEAVE A CHILD IN A MESH-SIDED CRIB WITH A SIDE FOLDED DOWN; AND
  - D. IF THE CAREGIVER BECOMES AWARE OF A RECALL FOR THE PORT-A-CRIB USED, THE CAREGIVER WILL DISCONTINUE ITS USE.
- XI. A HIGH CHAIR, SWING, STROLLER, INFANT CARRIER, ROCKER, BOUNCER SEAT, OR A SIMILAR TYPE OF EQUIPMENT THAT A FOSTER HOME USES FOR AN INFANT MUST BE EQUIPPED WITH SAFETY STRAPS; AND

- XII. THE SAFETY STRAPS MUST BE FASTENED WHENEVER THE INFANT IS USING THE EQUIPMENT.
- XIII. A FOSTER HOME MAY NOT USE ANY OF THE FOLLOWING TYPES OF EQUIPMENT WITH INFANTS:
- A. BABY WALKERS;
  - B. BABY BUNGEE JUMPERS;
  - C. ACCORDION SAFETY GATES; AND
  - D. TOYS THAT ARE NOT LARGE ENOUGH TO PREVENT SWALLOWING OR CHOKING.
- XIV. CHILDREN MAY NOT SLEEP ON BEAN BAGS, WATERBEDS, OR FOAM PADS.
- XV. A CRIB MUST BE BARE WITH A TIGHT FITTED SHEET FOR INFANTS YOUNGER THAN TWELVE MONTHS OF AGE. FOSTER HOMES MAY NOT USE SOFT OR LOOSE BEDDING, SLEEPING POSITIONING DEVICES, BLANKETS, SUCH AS STUFFED TOYS, QUILTS, PILLOWS, BUMPER PADS INCLUDING MESH BUMPERS, AND COMFORTERS IN A CRIB FOR AN INFANT 12 MONTHS OLD OR YOUNGER.
- XVI. A CRIB MATTRESS COVER MAY ALSO BE USED TO PROTECT AGAINST WETNESS, BUT THE COVER MUST:
- A. BE DESIGNED SPECIFICALLY FOR THE SIZE AND TYPE OF CRIB AND CRIB MATTRESS THAT IS BEING USED;
  - B. BE TIGHT FITTING AND THIN;
  - C. NOT BE DESIGNED TO MAKE THE SLEEP SURFACE SOFTER.
- XVII. CAREGIVERS MUST PLACE AN INFANT NOT YET ABLE TO TURN OVER ON HIS OWN IN A FACE-UP SLEEPING POSITION UNLESS A HEALTH-CARE PROFESSIONAL ORDERS OTHERWISE. ALL ORDERS FROM A HEALTH CARE PROFESSIONAL WILL BE IN THE CHILD'S RECORD.
- XVIII. AN INFANT MUST NOT HAVE HIS HEAD, FACE, OR CRIB COVERED AT ANY TIME BY AN ITEM SUCH AS A BLANKET, LINEN, OR CLOTHING.
- XIX. CAREGIVERS MUST FEED AN INFANT BASED ON THE RECOMMENDATIONS OF THE INFANT'S HEALTH CARE PROVIDER.
- XX. UNLESS RECOMMENDATIONS FROM THE SERVICE TEAM ARE CONTRARY, CAREGIVERS MUST HOLD THE INFANT WHILE FEEDING HIM IF THE INFANT IS:
- A. BIRTH THROUGH SIX MONTHS OLD; OR
  - B. UNABLE TO SIT UNASSISTED IN A HIGH CHAIR OR OTHER SEATING EQUIPMENT DURING FEEDING.
- XXI. CAREGIVERS MUST NEVER PROP A BOTTLE BY SUPPORTING IT WITH ANYTHING OTHER THAN THE INFANT OR ADULT'S HAND.
- XXII. A CAREGIVER WHO CARES FOR MORE THAN ONE INFANT MUST:
- A. STERILIZE THE BOTTLES OR TRAINING CUPS AFTER EACH USE; AND
  - B. CLEAN HIGH CHAIR TRAYS BEFORE EACH USE.
- XXIII. AN INFANT MAY NOT SLEEP WITH A SLEEPING ADULT AT ANY TIME, INCLUDING IN THE ADULT'S BED ON THE COUCH, ETC.
- XXIV. AN INFANT RECEIVING TREATMENT SERVICES FOR PRIMARY MEDICAL NEEDS MAY HAVE SPECIAL ITEMS THAT ASSIST WITH SAFE SLEEP AT THE WRITTEN RECOMMENDATION OF A HEALTH-CARE PROFESSIONAL. THE RECOMMENDATION MUST BE FILED IN THE CHILD'S RECORD.





## REQUIREMENTS FOR TODDLER CARE

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- I. EACH TODDLER MUST RECEIVE INDIVIDUAL ATTENTION, INCLUDING PLAYING, TALKING, AND CUDDLING.
- II. A TODDLER'S CAREGIVER MUST ENSURE THAT THE ENVIRONMENT IS SAFE. FOR EXAMPLE, FREE THE AREA OF OBJECTS THAT MAY CHOKER OR HARM THE TODDLER, TAKE MEASURES TO PREVENT ELECTRIC SHOCK, FREE THE AREA OF FURNITURE THAT IS IN DISREPAIR OR UNSTABLE, AND ALLOW NO UNSUPERVISED ACCESS TO WATER TO PREVENT THE RISK OF DROWNING.
- III. A TODDLER'S CAREGIVER MUST NEVER LEAVE THE TODDLER UNSUPERVISED. A SLEEPING TODDLER IS CONSIDERED SUPERVISED IF THE CAREGIVER IS WITHIN EYESIGHT OR HEARING RANGE OF THE CHILD AND CAN INTERVENE AS NEEDED, OR IF THE CAREGIVER USES A VIDEO CAMERA OR AN AUDIO MONITORING DEVICE TO MONITOR THE CHILD AND IS CLOSE ENOUGH TO THE CHILD TO INTERVENE AS NEEDED.

## REQUIREMENTS FOR PREGNANT CHILDREN

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- I. INFORMATION TO PROVIDE TO PREGNANT FOSTER CHILD AS SOON AS YOU KNOW SHE IS PREGNANT
  - A. ENSURE INFORMATION, TRAINING, AND COUNSELING IS AVAILABLE REGARDING HEALTH ASPECTS OF PREGNANCY, PREPARATION FOR CHILD BIRTH, AND RECOVERY FROM CHILD BIRTH;
  - B. ENSURE THE PREGNANT CHILD RECEIVES NUTRITIONAL COUNSELING AND GUIDANCE THAT MEETS GENERALLY ACCEPTED STANDARDS, INCLUDING NUTRITION DURING PREGNANCY, LACTATION, AND FOODS TO AVOID; AND
  - C. INFORM THE CHILD OF HER RIGHT TO BE FREE FROM PRESSURE TO GET AN ABORTION, RELINQUISH HER CHILD FOR ADOPTION, OR TO PARENT HER CHILD.
- II. USE OF PERSONAL RESTRAINTS ON A PREGNANT CHILD:
  - A. THE HEALTH-CARE PROFESSIONAL ATTENDING TO THE CHILD'S PREGNANCY MUST DOCUMENT WHETHER ANY TYPE OF EMERGENCY BEHAVIOR INTERVENTION THAT GUIDING LIGHT POLICIES ALLOW IS INADVISABLE; AND
  - B. GUIDING LIGHT WILL NOT USE ANY EMERGENCY BEHAVIOR INTERVENTION THAT THE CHILD'S HEALTHCARE PROFESSIONAL ATTENDING TO HER PREGNANCY FINDS INADVISABLE.
- III. WHEN AN ADOLESCENT PARENT WITH THEIR CHILD(REN) ARE ADMITTED:
  - A. AN ADOLESCENT PARENT MUST PROVIDE MOST OF THE CARE FOR HER CHILD;
  - B. CAREGIVERS MUST BE AVAILABLE TO THE ADOLESCENT PARENT AS A RESOURCE AND SUPPORT; AND
  - C. WHEN THE CAREGIVER CARE'S FOR AN ADOLESCENT'S CHILD IN THE ADOLESCENT PARENT'S ABSENCE, THE CAREGIVER IS RESPONSIBLE FOR THAT CHILD AS IF THE CHILD IS IN THEIR CARE.
- IV. SYPHILIS TESTING IS REQUIRED IF PREGNANT:
  - A. AT FIRST PRENATAL CARE EXAMINATION
  - B. DURING 3RD TRIMESTER (NO EARLIER THAN 28 WEEKS GESTATION)
  - C. AT DELIVERY



# REQUIREMENTS FOR THE SELECTION OF FOSTER PARENTS

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## I. PROCEDURE

ALTHOUGH THERE IS A GREAT NEED FOR THERAPEUTIC FOSTER PARENTS, GUIDING LIGHT DOES NOT TAKE UNNECESSARY RISKS. IF THERE IS A QUESTION THAT CANNOT BE RESOLVED, GUIDING LIGHT MUST ERR ON THE SIDE OF THE CHILD(REN).

- A. FOSTER PARENTS MUST COMPLETE PRE-SERVICE TRAINING AND EXHIBIT ACCEPTABLE PERSONAL AND FACILITY STANDARDS THAT ARE EVALUATED IN THE FOSTER FAMILY HOME STUDY. ANY MARGINAL ELEMENT DISCOVERED IN THIS PROCESS MUST BE THOROUGHLY INVESTIGATED AND COULD POSSIBLY RESULT IN DENIAL OF LICENSE.
- B. THE HOME STUDY INTERVIEW IS CONDUCTED BY A GUIDING LIGHT STAFF ON-SITE IN THE FOSTER PARENT HOME, THE TREATMENT TEAM DECIDES IF VERIFICATION IS APPROPRIATE, AND ANOTHER GUIDING LIGHT LEVEL I STAFF REVIEWS AND APPROVES THE WRITTEN HOME STUDY. IN ADDITION TO THE EVALUATION BY ONE STAFF MEMBER IN THE HOME STUDY, OTHER STAFF PROVIDE INSIGHT FROM THEIR OBSERVATIONS IN THE SCREENING PROCESS. SINCE THERAPEUTIC FOSTER FAMILIES ARE CONSIDERED SUBCONTRACTORS, ANY STAFF EMPLOYED BY THE THERAPEUTIC FOSTER FAMILY ARE SUBJECT TO GUIDING LIGHT'S POLICIES.
- C. GUIDING LIGHT MUST SHOW EVIDENCE THAT FOSTER PARENTS WHO DO NOT HOLD A HIGH SCHOOL DIPLOMA OR GED HAVE THE CAPACITY TO COMPREHEND AND BENEFIT FROM TRAINING, PROVIDE APPROPRIATE CARE AND SUPERVISION TO MEET CHILDREN'S NEEDS, PARTICIPATE IN SERVICE PLANNING AND DELIVERY, AND PROVIDE APPROPRIATE ROLE MODELS FOR CHILDREN IN PLACEMENT. THESE PROSPECTIVE FOSTER PARENTS WILL BE GIVEN A BASIC COMPETENCY ASSESSMENT.
- D. EMPLOYEES OR BOARD MEMBERS OF GUIDING LIGHT MAY NOT BECOME A VERIFIED FOSTER PARENT FOR GUIDING LIGHT BUT MAY FOSTER CHILDREN FOR OTHER CHILD-PLACING AGENCIES.
- E. FAMILIES WHO ARE TRANSFERRING FROM ANOTHER AGENCY MUST BE EVALUATED ON THE FOLLOWING:
  - 1. ALL AREAS REQUIRED FOR A HOME STUDY.
  - 2. THE FAMILY'S ABILITY TO WORK WITH SPECIFIC BEHAVIORS BASED ON THE EXPERIENCE GAINED WHILE LICENSED WITH PREVIOUS AGENCIES.
  - 3. THE TYPES OF CHILDREN THE FAMILY IS BEST SUITED TO WORK WITH (EX: AGE, SEX, SPECIAL NEEDS AND NUMBER OF CHILDREN).
  - 4. STATUS OF FIRE AND HEALTH INSPECTIONS AND TB DOCUMENTATION WITHIN 30 DAYS OF PRIOR TO VERIFICATION.
  - 5. IF FOSTER CHILDREN ARE TRANSFERRING WITH THE FAMILY, AN INTAKE STUDY MUST BE COMPLETED ON EACH CHILD. THE CHILDREN'S FILES MUST BE REVIEWED AND UPDATED. ANY DOCUMENTATION NOT CURRENTLY IN THE CHILD'S FILE MUST BE OBTAINED.
- F. EACH CAREGIVER MUST BE AT LEAST 21 YEARS OLD.

## II. PREREQUISITES

FOSTER PARENTS/STAFF WILL FILL OUT AN APPLICATION AND PROVIDE THE AGENCY WITH THE FOLLOWING INFORMATION, ALL OF WHICH CAN BE USED IN THE SCREENING PROCESS:

- A. A HIGH SCHOOL DIPLOMA, GED OR COMPLETION OF THE BASIC COMPETENCY ASSESSMENT.
- B. COPY OF DRIVER'S LICENSE, INDICATING AGE 21 OR MORE.
- C. SOCIAL SECURITY CARD

- D. COPIES OF CITIZENSHIP STATUS IF NOT A U.S. CITIZEN; PERMANENT RESIDENT, GREEN CARD, ETC.
- E. GUIDING LIGHT HEALTH STATUS FORM FOR EACH ADULT MEMBER OF THE FAMILY
- F. PROOF OF VEHICLE INSURANCE
- G. PROOF OF HOMEOWNER'S/RENTER'S LIABILITY INSURANCE
- H. MARRIAGE LICENSE, IF MARRIED
- I. DIVORCE OR DEATH CERTIFICATES, IF APPLICABLE
- J. PET VACCINATIONS
- K. QUESTIONNAIRE DESCRIBING A DETAILED HISTORY OF WORK EXPERIENCE AND TRAINING AS IT RELATES TO CARING FOR MOD AND SPE LEVEL CHILDREN.
- L. AGREE TO A CRIMINAL HISTORY, TEXAS ABUSE AND NEGLECT DATABASE, AND FBI BACKGROUND CHECKS ON ALL MEMBERS OF THE FAMILY WHO ARE 14 YEARS OF AGE OR OLDER. ANY PERSON WHO DOES NOT MEET THE REQUIREMENTS MUST NOT COME INTO DIRECT CONTACT WITH CHILDREN IN CARE. IN ADDITION, ANY PERSON WHO IS INDICTED FOR ANY FELONY, CRIMINAL OFFENSE OR WHO IS THE SUBJECT OF A CRIMINAL COMPLAINT THAT HAS BEEN ACCEPTED BY A COUNTY OR DISTRICT ATTORNEY MUST NOT COME INTO DIRECT CONTACT WITH CHILDREN IN CARE. ALSO, PERSONS WHO ARE THE SUBJECT OF AN INVESTIGATION BY THE DEPARTMENT FOR THE ABUSE OR NEGLECT OF A CHILD MUST NOT HAVE CONTACT WITH CHILDREN IN CARE. ALL INSTANCES MUST REMAIN IN EFFECT PENDING RESOLUTION OF THE CHARGES/INVESTIGATION OR LICENSING DETERMINES THAT THE PERSON DOES NOT POSE A RISK TO THE CHILDREN IN CARE. THESE CHECKS WILL BE RESUBMITTED EVERY TWO YEARS ON EACH MEMBER OF THE FAMILY WHILE VERIFIED WITH GUIDING LIGHT. FOSTER PARENTS AND HOUSEHOLD MEMBERS AGE 14 AND UP THAT WERE PREVIOUSLY EXEMPT FROM OBTAINING A FBI FINGERPRINT CHECK MUST COMPLETE A FBI CHECK BY MARCH 1, 2014. ALL HOUSEHOLD MEMBERS WHO TURN 14 YEARS OF AGE MUST HAVE A FBI CHECK PRIOR TO THEIR 14<sup>TH</sup> BIRTHDAY. THE FOSTER PARENT IS RESPONSIBLE FOR PAYING THE FBI CHECK FEE.

FBI FINGERPRINT CHECKS MUST BE CONDUCTED ON RELATIVES OF CAREGIVERS WHO WILL BE VISITING THE HOME FOR 2 WEEKS OR LONGER WHO DID NOT LIVE IN THE STATE OF TEXAS AND ANY LICENSED SECONDARY CAREGIVER IN THE FOSTER HOME. IF CAREGIVER HAS LIVED OUTSIDE OF TEXAS WITHIN THE PREVIOUS 5 YEARS, A CRIMINAL HISTORY CHECKS THE STATE THAT THE CAREGIVER LIVED IN MUST BE COMPLETED.

ALL INDIVIDUALS FREQUENTLY PRESENT AT THE FOSTER PARENT'S HOME WHO VISIT THE FOSTER HOME MUST AGREE TO SUBMIT A CRIMINAL HISTORY AND CENTRAL REGISTRY BACKGROUND CHECK (FBI CHECKS WILL BE NECESSARY IF THE INDIVIDUAL HAS LIVED OUTSIDE OF THE STATE OF TEXAS WITHIN THE PREVIOUS 5 YEARS), IF THE VISITOR VISITS:

- 1) TWO NON-CONTINUOUS VISITS PER MONTH
- 2) ONE CONTINUOUS STAY FOR SEVEN DAYS PER YEAR
- 3) TWO 2 DAY CONTINUOUS STAYS PER YEAR
- 4) REGULARLY SCHEDULED (VISIT EVERY HOLIDAY)

ANY OF THE FREQUENT VISITORS LISTED ABOVE WHO HAVE UNSUPERVISED ACCESS TO THE CHILDREN OR PERFORMS CAREGIVER DUTIES SUCH AS REGULARLY OR OCCASIONALLY TRANSPORTING A FOSTER CHILD TO SCHOOL MUST COMPLETE ALSO COMPLETE A FBI CHECK.

EXAMPLES UNSUPERVISED ACCESS INCLUDES BUT IS NOT LIMITED TO:

- 1) IF THE CAREGIVER LEAVES THE VISITOR ALONE WITH THE CHILDREN WHILE IN ANOTHER ROOM.
- 2) IF THE CAREGIVER RUNS TO THE STORE FOR 10 MINUTES
- 3) IF THE CAREGIVER IS SUPERVISING FOSTER CHILDREN INDOORS, WHILE VISITOR SUPERVISES INDOORS
- 4) RELATIVES OR FRIENDS OF THE CAREGIVER THAT HAVE THE FREEDOM TO COME AND GO AT WILL OR WHO ARE COMFORTABLE TAKING NAPS IN THE FOSTER HOME.

ADDITIONALLY, IF THE INDIVIDUAL IS PROVIDING ROUTINE CAREGIVER DUTIES, THE INDIVIDUAL MUST HAVE THE SAME TRAINING REQUIREMENTS AS A CAREGIVER AND IS CLASSIFIED AS A SECONDARY CAREGIVER.

A CHILD WHO IS UNRELATED TO THE FOSTER PARENT WHO VISITS THE HOME IS NOT CONSIDERED A FREQUENT VISITOR UNLESS THE CHILD IS RESPONSIBLE FOR THE CARE OF A FOSTER CHILD OR THERE IS REASON TO BELIEVE THE CHILD HAS A CRIMINAL HISTORY.

ANY PERSON LISTED BY THE PROSPECTIVE FOSTER PARENT THAT MAY PROVIDE SUPPORT AS A CAREGIVER DURING AN UNEXPECTED EVENT OR CRISIS SITUATION WILL NEED A FINGERPRINT-BASED CRIMINAL HISTORY CHECK BEFORE ACTING AS A CAREGIVER. UNLESS THE PERSON WILL BE A CAREGIVER IMMEDIATELY UPON VERIFICATION, THE BACKGROUND CHECK DOES NOT HAVE TO BE COMPLETED BEFORE VERIFICATION.

IN ADDITION, GUIDING LIGHT WILL CONDUCT A NATIONAL SEX OFFENDER REGISTRY CHECK THROUGH THE UNITED STATES DEPARTMENT OF JUSTICE NATIONAL SEX OFFENDER WEBSITE AT [HTTPS://WWW.NSOPW.GOV](https://www.nsopw.gov).

- M. ANY PERSON WHO APPLIES FOR A POSITION WHICH INVOLVED DIRECT INTERACTIONS OR ASSOCIATIONS WITH THE CHILDREN IN CARE MUST COMPLETE AND SUBMIT A TDFPS AFFIDAVIT FOR APPLICANTS FOR EMPLOYMENT WITH A FACILITY OR REGISTERED FAMILY HOME. FAILURE OR REFUSAL TO COMPLETE AND SIGN THE AFFIDAVIT CONSTITUTES A GOOD CAUSE FOR REFUSAL TO HIRE. ANY PERSON WHOSE BEHAVIOR OR HEALTH STATUS PRESENTS A DANGER TO CHILDREN IN CARE WILL NOT BE ALLOWED AT GUIDING LIGHT OR HOMES VERIFIED BY GUIDING LIGHT.

THE NAMES AND ADDRESSES OF SEVEN REFERENCES AND ALL ADULT BIOLOGICAL AND ADOPTIVE CHILDREN ONE REFERENCE MUST INCLUDE A FAMILY MEMBER NOT LIVING IN THE HOME AND TWO REFERENCES MUST BE FROM NEIGHBORS, SCHOOL OFFICIALS, CLERGY, OR MEMBERS IN THE COMMUNITY. ).

- N. PROOF OF INCOME MUST SHOW NET INCOME FOR TWO MONTHS (PAYCHECK STUB, DISABILITY, SOCIAL SECURITY, AND/OR OTHER SOURCES OF INCOME SUCH AS FAMILY SUPPORT, SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) AND TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), AS APPLICABLE), BANK STATEMENTS FROM ALL ACCOUNTS, AND TAX RETURNS. DOCUMENTATION PROVIDED WITH ONLY GROSS INCOME LISTED IS NOT ACCEPTABLE.

**III. BEFORE PRE-SERVICE TRAINING, THE FOLLOWING MUST BE RECEIVED:**

- A. BEFORE HAVING CONTACT WITH CHILDREN IN CARE, ALL CAREGIVERS, EMPLOYEES, CONTRACT STAFF, VOLUNTEERS, FOSTER HOME HOUSEHOLD MEMBERS, AND EMPLOYEES IN FOSTER HOMES MUST BE SCREENED FOR TUBERCULOSIS AND A COPY OF A TB TEST INDICATING THE ABSENCE OF TB FOR ANY INDIVIDUAL LIVING IN THE HOUSEHOLD WITHIN 30 DAYS OF VERIFICATION. THIS INCLUDES FOSTER PARENTS, ANY BIOLOGICAL CHILDREN, OR ANYONE ELSE LIVING IN THE HOME. ANY BIOLOGICAL INFANT MUST BE TESTED WITHIN 60 DAYS AFTER TURNING AGE ONE.
- B. FOUR LETTERS OF REFERENCE.

- C. BASIC COMPETENCY ASSESSMENT IF A PARENT DOES NOT HAVE A HIGH SCHOOL DIPLOMA OR GED
- D. A FAMILY VERIFIED TO ACCEPT SPECIALIZED, INTENSE, OR TREATMENT SERVICES CHILDREN MUST HAVE DOCUMENTATION OF 40 HOURS OF OBSERVATION PRIOR TO PLACEMENT OF THIS TYPE OF CHILD. A MINIMUM OF 8 HOURS OF OBSERVATIONS OF INTERACTIONS WITH CHILDREN RECEIVING SIMILAR TREATMENT SERVICES AS THE PROSPECTIVE FOSTER PARENT WOULD BE PROVIDING. THE OBSERVATION MAY INCLUDE THE FOLLOWING:
  - 1) OBSERVATION IN A GUIDING LIGHT LICENSED FOSTER HOME.
  - 2) DIRECT SUPERVISION FROM DIRECT CARE STAFF.
  - 3) HAVE RELEVANT EXPERIENCE (FOR EXAMPLE: PMN RN CARING ONLY FOR PMN FOSTER CHILDREN) - OR -
  - 1) HAVE 6 MONTHS' EXPERIENCE AS A FOSTER PARENT.

40 HOURS' OBSERVATION IS NOT REQUIRED FOR FAMILIES VERIFIED FOR ONLY BASIC AND MODERATE CHILDREN
- E. CPR AND FIRST AID (FOR INFANTS, CHILDREN & ADULTS) TRAINING DOCUMENTATION, INCLUDING VERIFICATION OF THE TRAINING DATE, AND INSTRUCTOR'S QUALIFICATIONS. APPROVED CERTIFICATIONS INCLUDE: THE AMERICAN RED CROSS, AMERICAN HEART ASSOCIATION, OR A TRAINING PROGRAM THAT HAS BEEN APPROVED BY THE LOCAL EMERGENCY MEDICAL SERVICES AUTHORITY, OR IS OFFERED THROUGH A LOCAL HOSPITAL; OR A PERSON WITH A CURRENT CERTIFICATION TO PROVIDE THE TRAINING. THE TRAINING CANNOT BE COMPLETED ONLINE AND IT CANNOT BE SELF-INSTRUCTIONAL.
- F. SIGNED WRITTEN AGREEMENT WITH THE AGENCY AT TIME OF VERIFICATION, AGREEING TO MAINTAIN COMPLIANCE WITH STATE STANDARDS AND AGENCY POLICIES AND FILED IN THE RECORDS.
- G. EACH PROSPECTIVE FOSTER PARENT IS REQUIRED TO INDICATE IF THERE HAVE BEEN ANY FAMILY VIOLENCE CALLS TO THEIR PLACE OF RESIDENCE WITHIN THE PREVIOUS 12 MONTHS. PFP WILL BE REQUIRED TO FILL OUT FORM 2954. FORM 2946 MUST BE COMPLETED AND SUBMITTED TO LOCAL LAW ENFORCEMENT TO DISCLOSE ANY CALLS (INCLUDING DOMESTIC VIOLENCE) TO HOME WITHIN THE PREVIOUS TWO YEARS. GUIDING LIGHT WILL REPORT A PROSPECTIVE FOSTER PARENT'S DOMESTIC VIOLENCE HISTORY AS APPLICABLE TO RCCL REGARDLESS OF WHETHER GUIDING LIGHT VERIFIES THE HOME.
- H. MEDICAL CONSENT TRAINING, ONLINE AT [HTTP://WWW.DFPS.STATE.TX.US/TRAINING/MEDICAL\\_CONSENT/BEGIN.ASP](http://www.dfps.state.tx.us/training/medical_consent/begin.asp)
- H. WATER SAFETY CERTIFICATION IF THE FAMILY OWNS A POOL OR LIVES IN CLOSE PROXIMITY TO WATER. THIS TRAINING CAN BE COMPLETED ONLINE, RED CROSS, OR BY USING OTHER LOCAL RESOURCES.

**IV. PRE-SERVICE TRAINING: PRE-SERVICE TRAINING MUST BE COMPLETED PRIOR TO VERIFICATION AND ACCORDING TO THE CAREGIVER'S TYPE OF VERIFICATION. (SEE TRAINING-PRE-SERVICE)**

**V. SCREENING**

**GUIDING LIGHT STAFF WILL COMPLETE A HOME SCREENING INCLUDING:**

- A. IF GUIDING LIGHT STAFF HAS A COGNITIVE OR INTUITIVE CONCERN REGARDING THE FOSTER PARENT'S ABILITY ARISING FROM THE HOME STUDY INTERVIEWS, THE APPLICANT MAY BE ASKED TO COMPLETE A PSYCHOLOGICAL ASSESSMENT WHICH WILL BE COMMUNICATED TO LEVEL I STAFF.
- B. FOR TRANSFERRING FAMILIES – THE FOLLOWING DOCUMENTATION WILL BE REQUESTED FROM ALL PREVIOUS CHILD-PLACING AGENCIES: HOME STUDIES, SUPERVISORY VISITS, MOST RECENT HEALTH & FIRE INSPECTIONS, TRANSFER CLOSING SUMMARY, RECORDS OF NON-COMPLIANCES AND RESOLUTIONS, PREVIOUS TRAINING, AS REFLECTED IN DOCUMENTATION OF PREVIOUS TRAINING OR CERTIFICATION FROM PREVIOUS AGENCY,

COPIES OF ANY CURRENT OR PREVIOUS PLAN TO ACHIEVE COMPLIANCE OR OTHER TYPE OF DEVELOPMENT PLAN FOR THE PAST TWO YEARS; ANY CORRECTIVE ACTION OR ADVERSE ACTION PLANS; INVESTIGATIONS/DEFICIENCIES, AND A DESCRIPTION OF ANY IMPOSED OR POTENTIAL SERVICE LIMITATION.

- C. INFORMATION ABOUT FAMILY RESOURCES AVAILABLE TO ASSIST FOSTER PARENTS/STAFF, AS REFLECTED IN THE HOME STUDY INTERVIEW.
- D. CONFIRMATION THAT THE CRIMINAL HISTORY MATCH RULES OUT ANY FELONY OR MISDEMEANOR INDICTMENTS OR CRIMINAL COMPLAINTS. IF A MINOR COMPLAINT IS REGISTERED, THE AGENCY WILL DETERMINE IF THEY WANT TO CONTINUE TO WORK WITH THE FOSTER PARENT/STAFF DEPENDING ON THE CHARGES AND THE CIRCUMSTANCES, AND WHETHER OR NOT PROOF OF REHABILITATION IS GRANTED.
- F. HEALTH, FIRE, AND SAFETY INSPECTIONS
- G. DESCRIPTION OF THE ATTITUDES TOWARD FAMILY RELATIONSHIPS
- H. DESCRIPTION THAT THE HOME IS IN GOOD REPAIR
- I. THE APPLICANT HAS BEEN INFORMED OF THE SUPPORT SERVICES AVAILABLE TO ASSIST THE FOSTER PARENT/STAFF. SUCH SERVICES COULD INCLUDE, BUT ARE NOT LIMITED TO THE AVAILABILITY OF RESPITE CARE, COUNSELING, A TREATMENT TEAM TO HELP WITH ISSUES RELATING TO THE CHILD'S CARE OR FOSTER PARENT'S & STAFF'S CONCERNS.

#### VI. NON-DISCRIMINATION CLAUSE

GUIDING LIGHT WILL CONSIDER PROSPECTIVE APPLICANTS TO THE FOSTER CARE PROGRAM WITHOUT DISCRIMINATION AGAINST FOSTER FAMILY APPLICANTS BECAUSE OF RACE, COLOR, AGE, SEX, NATIONAL ORIGIN, DISABILITY, POLITICAL BELIEFS OR RELIGION. MARRIED OR SINGLE FOSTER PARENT'S/RESPITE WORKERS MAY APPLY. APPLICATIONS WILL BE CONSIDERED BASED UPON AGENCY NEED AND FOSTER PARENT'S/RESPITE WORKER'S ABILITY TO MEET THE NEEDS OF THE TYPE OF CHILD SERVED BY THE AGENCY.

#### VII. NON-TRADITIONAL APPLICANT CRITERIA

- A. PERSONS SEEKING LICENSE WHO ARE REPRESENTING THEMSELVES AS A COUPLE (COMMON-LAW) WITHOUT AN OFFICIAL MARRIAGE CERTIFICATION MUST PROVIDE VERIFICATION OF LIVING ARRANGEMENTS FOR A PERIOD OF ONE YEAR OR MORE. THEY MUST PRESENT THEMSELVES AS HUSBAND AND WIFE.
- B. GUIDING LIGHT WILL NOT LICENSE APPLICANTS WHO ARE THE SAME GENDER, LIVING TOGETHER IN THE SAME HOUSEHOLD AND ARE NOT RELATED.
- C. ADDITIONAL VERIFICATION IS REQUIRED FOR AN APPLICANT WHO IS NOT A U. S. CITIZEN. THE FOLLOWING WILL BE OBTAINED AT THE TIME OF THE HOME STUDY INTERVIEW:
  - 1. COPIES OF THE CITIZENSHIP STATUS; PERMANENT RESIDENCE, TEMPORARY VISA, GREEN CARD, ETC.
  - 2. LENGTH OF TIME RESIDENCE HAS BEEN MAINTAINED IN THE U.S.
  - 3. REASONS FOR RELOCATING TO THE U.S.
  - 4. PLANS TO RETURN TO NATIVE COUNTRY FOR VISITS OR OTHER REASONS. INCLUDE EXPLANATION OF CIRCUMSTANCES THAT WOULD REQUIRE A RETURN HOME IF THERE ARE NO CURRENT PLANS TO RETURN.
  - 5. WHERE IS THE EXTENDED FAMILY LOCATED? WHAT TYPE OF COMMUNICATION DO THEY HAVE WITH THEM? ARE THEY SUPPORTIVE OF RESIDENCY DECISIONS AND DESIRE TO FOSTER PARENT?
  - 6. EVALUATION OF STABILITY; RESIDENCE HISTORY, EMPLOYMENT HISTORY.

7. RECOMMENDATIONS FROM FOUR PEOPLE WHO HAVE KNOWN THEM FOR AN EXTENDED PERIOD OF TIME (AT LEAST ONE YEAR) AND CAN VOUCH FOR STABILITY.
8. INFORMATION REGARDING CULTURAL CUSTOMS/PRACTICES, BELIEFS THAT DIFFER FROM U.S. ARE THESE PRACTICES APPROPRIATE IN THE CARING FOR OUR CHILDREN? ESPECIALLY NOTE CUSTOMS AS THEY RELATE TO MEDICAL CARE, EDUCATION, DISCIPLINE, EXPECTATIONS, RELIGIOUS BELIEFS, ETC.
9. INFORMATION ON THE CELEBRATION OF HOLIDAYS, ESPECIALLY U.S. AND/OR CHRISTIAN HOLIDAYS IN THE CELEBRATION OF THE BIRTH OF JESUS CHRIST IN DECEMBER. WE PLACE EMPHASIS ON CHRISTMAS, AS WE ARE A CHRISTIAN AGENCY.

\*INDIVIDUALS APPLYING TO BE A FOSTER PARENT MUST HAVE A SOCIAL SECURITY NUMBER.

#### VIII. ONGOING LICENSING REQUIREMENTS

- A. MINIMUM 30 HOURS OF ADVANCED TRAINING EACH CALENDAR YEAR FOR EACH PERSON IN FOSTER HOMES WITH TWO OR MORE VERIFIED CAREGIVERS, SINGLE CAREGIVERS, AND SECONDARY CAREGIVERS. WHEN A FOSTER PARENT IS ABSENT FROM THE HOME FOR AN EXTENDED TIME FOR MILITARY SERVICE OR EMPLOYMENT TRAINING REQUIREMENTS MAY BE ADJUSTED. FOSTER PARENT HOURS ARE PRO-RATED THE FIRST YEAR OF VERIFICATION.
- B. CPR AND FIRST AID TRAINING (INFANT, CHILD & ADULT) UPDATED AS REQUIRED TO MAINTAIN CERTIFICATION. CPR & FIRST AID MAY NOT BE OBTAINED ONLINE. WATER SAFETY CERTIFICATION (IF POOL OWNER OR LIVES WITHIN CLOSE PROXIMITY TO A BODY OF WATER) THESE HOURS MAY BE INCLUDED IN ANNUAL TRAINING HOURS.
- C. ANNUAL TRAINING: (PLEASE REFERENCE THE TRAINING SECTION IN THIS PACKET)
- D. HEALTH AND FIRE REPORT CURRENT FOR TWO YEARS FOR A FOSTER FAMILY HOME UNLESS OTHERWISE STATED IN THE REPORT. IF THE PRS CHECKLIST IS USED, IT IS CURRENT FOR ONE YEAR.
- E. GAS INSPECTIONS IF REQUIRED BY THE FIRE INSPECTION FORM.
- F. CURRENT DRIVER'S LICENSE
- G. VEHICLE LIABILITY INSURANCE
- H. HOMEOWNER'S/RENTER'S INSURANCE
- I. PET VACCINATIONS AS RECOMMENDED BY A LICENSED VETERINARIAN
- J. GUIDING LIGHT MUST RECEIVE CLEARED BACKGROUND CHECKS FOR FREQUENT VISITORS OR NEW MEMBERS OF THE HOUSEHOLD PRIOR TO VISITING OR MOVING INTO THE FOSTER FAMILY'S HOME. ANY NEW HOUSEHOLD MEMBER MUST HAVE ADDITIONALLY COMPLETED A FBI CHECK. IF A FOSTER PARENT OR HOUSEHOLD MEMBER IS ARRESTED OR SUSPECT OF AN ABUSE/NEGLECT ALLEGATION (NON- FOSTER CHILD RELATED), THE FOSTER PARENT MUST IMMEDIATELY NOTIFY THE PROGRAM DIRECTOR.

IX. AFTER HOURS VISITATIONS: OVERNIGHT VISITS IN THE FOSTER HOME BY NON-FAMILY MEMBERS ARE PROHIBITED. NON-FAMILY MEMBERS, EXCEPT FOR SECONDARY CAREGIVERS, RESPITE PROVIDERS. AND BABYSITTERS ARE NOT PERMITTED TO CARE FOR, SUPERVISE OR TRANSPORT FOSTER CHILDREN.

X. CHANGE IN HOUSEHOLD COMPOSITION INCLUDING, BUT NOT LIMITED TO:

- a) FOSTER PARENT GETTING MARRIED, SEPARATED, OR DIVORCED, FOSTER MOM HAVING A BABY, OR DEATH OF A CAREGIVER;
- b) ANY PHYSICAL OR MENTAL HEALTH PROBLEM OR SIGNIFICANT CHANGE IN WORK SCHEDULE THAT AFFECTS THE ABILITY OF THE CAREGIVER TO CARE FOR CHILDREN; OR
- c) EXTENDED ABSENCES BY ONE PARENT, SUCH AS MILITARY SERVICES OR JOB ASSIGNMENTS.

FOSTER PARENTS ARE TO NOTIFY THEIR GUIDING LIGHT CASE MANAGER IMMEDIATELY WHEN THERE IS A POTENTIAL CHANGE, TEMPORARY OR PERMANENT, IN THE HOUSEHOLD COMPOSITION. ALL POTENTIAL CHANGES MUST BE ASSESSED BY THE GUIDING LIGHT TREATMENT TEAM PRIOR TO THE ACTUAL CHANGE, EVALUATING THE POTENTIAL IMPACT OF THE CHANGE AND WHETHER IT CONFLICTS WITH THE BEST INTEREST OF THE CHILD BEING SERVED. THE GUIDING LIGHT TREATMENT TEAM WILL DETERMINE WHETHER THE VISIT OR CHANGE WILL BE ALLOWED.

## RESPITE PLACEMENTS OR INTERMITTENT ALTERNATIVE CARE

RESPITE PLACEMENTS OR INTERMITTENT ALTERNATIVE CARE IS PLANNED ALTERNATIVE 24-HOUR CARE THAT HAS THE PURPOSE OF PROVIDING RELIEF TO THE CHILD'S PRIMARY CAREGIVER THAT LAST MORE THAN 72 HOURS.

### I. REGULATIONS

- A. GUIDING LIGHT MUST OBTAIN WRITTEN APPROVAL FROM THE CHILD'S CPS CASE WORKER BEFORE OBTAINING RESPITE PLACEMENT SERVICES TO THE CHILD. THE FOSTER PARENT MUST NOTIFY THE GUIDING LIGHT CASE MANAGER TWO WEEKS PRIOR TO TAKING A RESPITE BREAK.
- B. A CHILD CAN ONLY BE IN RESPITE PLACEMENTS FOR 14 CONSECUTIVE DAYS; OR 40 DAYS A YEAR. A CHILD CAN BE IN RESPITE FOR UP TO 60 DAYS, IF IN RESPITE PLACEMENT DUE TO AN INVESTIGATION.
- C. A CHILD CAN REMAIN LONGER THAN 14 DAYS WITH TDFPS WRITTEN APPROVAL.
- D. ONCE A CHILD HAS BEEN IN RESPITE PLACEMENT, THERE MUST BE 10 DAYS BEFORE THE CHILD CAN GO INTO RESPITE PLACEMENT AGAIN.
- E. IF THE CHILD IS IN RESPITE PLACEMENT DUE TO AN INVESTIGATION OF A FOSTER HOME AND THE RESPITE LASTS MORE THAN 14 DAYS, IT MUST BE MADE A PLACEMENT.
- F. A FOSTER HOME CAN ONLY DO RESPITE PLACEMENT 14 DAYS IN A ROW OR 40 DAYS ANNUALLY, UNLESS THE HOME IS LICENSED TO PROVIDE RESPITE CARE ONLY.
- G. ALL RESPITE PLACEMENTS MUST BE PRE-APPROVED BY LEVEL I STAFF INCLUDING DOCUMENTATION THAT THE RESPITE PLACEMENT WILL NOT CAUSE A CONFLICT IN CARE
- H. IN ALL NON-EMERGENCY RESPITE SITUATIONS, PAYMENTS ARE ARRANGED AND PROVIDED BY THE GUIDING LIGHT CAREGIVERS HIRING THE RESPITE PROVIDER. PAYMENT TO THE RESPITE PROVIDER IS NOT THE RESPONSIBILITY OF GUIDING LIGHT AND IS NOT MADE DIRECTLY TO THE RESPITE WORKER BY GUIDING LIGHT.

### II. PROCEDURE

- A. FOSTER PARENTS MAY ONLY USE RESPITE PLACEMENTS WHO ARE:
  1. OTHER GUIDING LIGHT FOSTER PARENTS IN "GOOD STANDING." FOSTER CHILDREN GOING TO THE CARE OF FOSTER FAMILIES PROVIDING RESPITE PLACEMENTS ARE TEMPORARY VISITORS TO THE RESPITE HOUSEHOLD AND INCLUDED IN THE CHILD-STAFF RATIO AND CAPACITY FOR THE RESPITE HOME.
  2. THERAPEUTIC FOSTER PARENTS WITH OTHER CHILD-PLACING AGENCIES IN "GOOD STANDING" AND APPROVED BY GUIDING LIGHT.
  3. WHEN A REGION IS USING A RESPITE PLACEMENTS IN ANOTHER REGION THE PROGRAM DIRECTOR NEEDS TO BE CONTACTED BY THE PROGRAM DIRECTOR FOR THE REGION NEEDING RESPITE TO INSURE THAT THE HOME IS IN COMPLIANCE AND ABLE TO PROVIDE RESPITE PLACEMENTS.

#### B. GUIDING LIGHT APPROVAL OF RESPITE PLACEMENTS

1. THE FOSTER PARENTS MUST NOTIFY AND OBTAIN APPROVAL FROM THE GUIDING LIGHT CASE MANAGER TWO WEEKS IN ADVANCE FOR EACH INSTANCE OF USE (REGARDLESS OF THE TYPE OF RESPITE PROVIDER OR THEIR HISTORY OF PREVIOUS USE). THIS WILL GIVE GUIDING LIGHT THE OPPORTUNITY TO ENSURE THAT:
  - A. THE CHILD IS COMPATIBLE WITH THE RESPITE FOSTER FAMILY'S HOME STUDY.
  - B. THE CHILD IS COMPATIBLE WITH THE CURRENT ENVIRONMENT OF THE RESPITE PLACEMENT HOME.
  - C. THE RESPITE PLACEMENT IS IN "GOOD STANDING".

IT IS GUIDING LIGHT'S GOAL TO ENSURE AN APPROPRIATE AND SAFE RESPITE ENVIRONMENT IS PROVIDED FOR THE CHILDREN IN THEIR CARE, THUS IT IS NECESSARY THAT PRE-APPROVAL FOR EACH RESPITE USE BE OBTAINED FROM THE GUIDING LIGHT CASE MANAGER BY THE FOSTER HOME SEEKING RESPITE. FOSTER PARENTS WILL NOT BE REIMBURSED IF PRE-APPROVAL IS NOT OBTAINED.



2. ONCE THE RESPITE PLACEMENT HAS BEEN APPROVED BY GUIDING LIGHT, THE FOSTER PARENTS MAY MAKE ARRANGEMENTS WITH THEM FOR RESPITE PLACEMENT.
- C. THE FOSTER PARENTS MUST PROVIDE THE CASE MANAGER THE FOLLOWING INFORMATION FOR THE RESPITE PLACEMENT FOR ALL CHILDREN IN RESPITE CARE OUTSIDE OF THEIR HOME RESIDENCE:
1. FULL NAME, INCLUDING ANY NICKNAMES THAT MAY BE USED
  2. FULL ADDRESS, INCLUDING CITY, STATE AND DIRECTIONS TO THE HOME
  3. THE PHONE NUMBER PLUS THE AREA CODE
  4. THE DURATION OF TIME THE CHILD WILL BE IN RESPITE PLACEMENT
- D. TO ENSURE CONTINUITY OF CARE, THE CAREGIVER WILL COMPLETE THE RESPITE DOCUMENTATION FORM AND SHARE THE FOLLOWING INFORMATION WITH THE RESPITE CHILD-CARE SERVICES PROVIDER BEFORE PLACING THE CHILD IN THE HOME:
1. SPECIFIC NEEDS OF A CHILD, INCLUDING:
    - a) ALL PSYCHIATRIC OR MEDICAL TREATMENT CURRENTLY BEING PROVIDED;
    - b) MEDICATION REGIMEN AND MEDICATION INSTRUCTIONS;
    - c) AUTHORIZATION FOR MEDICAL TREATMENT
    - d) PSYCHOLOGICAL CARE
    - e) SLEEPING INFORMATION
    - f) DISCIPLINE INSTRUCTIONS
    - g) RELEVANT APPOINTMENTS SUCH AS FAMILY AND SIBLING VISITS
    - h) ANY OTHER NEEDS OF A CHILD THAT SHOULD BE ADDRESSED BY THE RESPITE CHILD-CARE SERVICES PROVIDER;
  2. NON-ROUTINE EVENTS TAKING PLACE IN THE LIFE OF THE CHILD;
  3. EMERGENCY CONTACT INFORMATION, INCLUDING THE:
    - A) CHILD'S PHYSICIAN(S);
    - B) CHILD'S PARENT; AND
    - C) AGENCY'S TELEPHONE NUMBER; AND
  4. THE CHILD'S HISTORY THAT MAY AFFECT THE PROVIDER'S ABILITY TO PROVIDE CARE FOR THE CHILD, INCLUDING:
    - A) BACKGROUND OF ABUSE AND/OR NEGLECT;
    - B) PHYSICAL AGGRESSION OR SEXUAL BEHAVIOR PROBLEMS;
    - C) FIRE SETTING;
    - D) MAIMING OR KILLING ANIMALS;
    - E) SUICIDAL IDEATIONS AND ATTEMPTS; AND
    - F) RUN-AWAY BEHAVIORS.
  5. THE FOSTER PARENTS MUST PROVIDE THE FOLLOWING INFORMATION TO THE RESPITE PLACEMENT FOR EACH CHILD WHO IS TO BE IN THEIR CARE:
    - A) MEDICAID CARD FOR THE CURRENT MONTH
    - B) MEDICATION IN THE ORIGINAL PRESCRIBED BOTTLE LISTING THE NAME OF THE MEDICATION, THE DOSAGE AMOUNT AND THE PRESCRIBING PHYSICIAN
    - C) INSTRUCTIONS FOR MEDICATION ADMINISTRATION ALONG WITH WRITTEN DOCUMENTATION OF THE POSSIBLE SIDE EFFECTS
    - D) THE PHONE NUMBER AND ADDRESS OF THE PRESCRIBING PHYSICIAN

### III. RESPITE PLACEMENT

RESPITE PROVIDERS MUST ADHERE TO THE GUIDING LIGHT POLICIES AND PROCEDURES REGARDING ALL AREAS OF DOCUMENTATION AND CHILD CARE, INCLUDING, BUT NOT LIMITED TO DISCIPLINE AND BEHAVIOR MANAGEMENT, DISPENSING OF MEDICATION, SUPERVISION, BEHAVIOR INTERVENTION, HANDLING AND REPORTING OF EMERGENCIES AND SERIOUS INCIDENTS, ETC.

#### IV. EMERGENCY RESPITE PLACEMENT

IN THE EVENT OF AN EMERGENCY, RESPITE PLACEMENT FOR A GUIDING LIGHT FOSTER HOME MAY BE OBTAINED ONLY FROM ANOTHER GUIDING LIGHT FOSTER HOME. IN THIS CASE, RESPITE PLACEMENTS PAYMENTS UP TO THE ACTUAL DAILY REIMBURSEMENT RATE FOR THE PARTICULAR CHILD, BASED ON THEIR AUTHORIZED LOC, MAY BE MADE DIRECTLY TO THE RESPITE PLACEMENT BY GUIDING LIGHT. PRE-AUTHORIZATION FOR EMERGENCY RESPITE PLACEMENT AND PAYMENT ARRANGEMENTS MUST BE OBTAINED FROM THE LOCAL REGIONAL PROGRAM DIRECTOR AND EXECUTIVE DIRECTOR IF AFTER HOURS. TYPICALLY, EMERGENCY RESPITE PLACEMENTS OCCUR IF RCCL MANDATES THE CHILDREN BE REMOVED BECAUSE OF AN INVESTIGATION.

TDFPS MUST BE NOTIFIED OF ALL EMERGENCY RESPITE WITHIN 24 HOURS. THE HOTLINE MUST BE CONTACTED ALONG WITH THE CHILD'S TDFPS CASE WORKER. WRITTEN NOTICE VIA EMAIL/FAX SHOULD BE SENT TO THE TDFPS CASE WORKER ALONG WITH A PHONE CALL. WRITTEN NOTICE SHOULD BE FILED IN THE CHILD'S FILE.

#### V. ADDITIONAL CHILD CARE PROVIDERS-

A. SECONDARY CAREGIVERS - ARE CAREGIVERS WHO DO NOT PROVIDE CARE FOR FOSTER CHILDREN IN THEIR OWN HOMES AND ASSIST FOSTER PARENTS ON A ROUTINE BASIS. SECONDARY CAREGIVERS CAN BE USED TO COUNT IN THE CHILD CAREGIVER TO CHILD RATIO. SECONDARY CAREGIVERS CAN CARE FOR CHILDREN OF BAS, MOD, SPE, INT, LEVEL OF CARE.

ASSISTANTS MUST:

1. BE A MINIMUM OF 21 YEARS OF AGE AND MUST BE RESPONSIBLE, MATURE, HEALTHY ADULTS CAPABLE OF MEETING THE NEEDS OF CHILDREN IN CARE.
2. COMPLETE THE GUIDING LIGHT APPLICATION AND QUESTIONNAIRE AND PROVIDE GUIDING LIGHT WITH THE APPROPRIATE DOCUMENTATION.
3. COMPLETE THE GUIDING LIGHT LICENSING PROCESS. SECONDARY CAREGIVERS THAT DESIRE TO CARE FOR CHILDREN IN THEIR OWN HOME WILL FOLLOW THE SAME PROCEDURES AS A FOSTER PARENT AND BECOME A LICENSED FOSTER PARENT.
4. SECONDARY CAREGIVERS WILL BE VERIFIED USING A SECONDARY CAREGIVER EVALUATION.
4. OBTAIN CERTIFICATION IN CPR AND FIRST AID (INFANT, CHILD & ADULT).
5. BE TESTED FOR TB 30 DAYS PRIOR TO VERIFICATION.
6. MUST REMAIN IN GOOD STANDING WITH THE AGENCY, DEMONSTRATING UNDERSTANDING AND ADHERENCE TO AGENCY POLICIES AND PROCEDURES AND COMPLIANCE WITH TDFPS MINIMUM STANDARDS.
7. COMPLETE FBI, DFPS, AND DPS CRIMINAL HISTORY CHECKS
8. MAINTAIN ANNUAL CERTIFICATION REQUIREMENTS INCLUDING:
  - a. MINIMUM OF 30 HOURS IN-SERVICE TRAINING EACH YEAR (REQUIRED ANNUAL TRAINING TOPICS ARE THE SAME AS THE REQUIREMENTS AS CAREGIVER)
  - b. CURRENT CPR AND FIRST AID TRAINING (MAY BE INCLUDED IN ANNUAL TRAINING HOURS)
  - c. DRIVER'S LICENSE
  - d. VEHICLE LIABILITY INSURANCE

B. BABYSITTER - OCCASIONAL, NOT REGULAR, USE OF A 'BABYSITTER' FOR 12 HOURS OR LESS IS PERMITTED FOR A BASIC AND MODERATE CARE CHILD ON A CASE BY CASE BASIS WITH GUIDING LIGHT AND CPS APPROVAL. OCCASIONAL BABYSITTERS DO NOT NEED TO BECOME LICENSED CAREGIVERS, BUT THEY MUST BE AT LEAST 18YEARS OF AGE. BABYSITTERS CANNOT BE USED TO COUNT IN THE CHILD CAREGIVER TO CHILD RATIO. THE FOSTER PARENT IS ALWAYS HELD RESPONSIBLE FOR APPROPRIATE SUPERVISION. THEY MUST HAVE A VALID DRIVER'S LICENSE, VEHICLE LIABILITY INSURANCE, SOCIAL SECURITY CARD, DPS, FBI, AND DFPS CRIMINAL HISTORY CHECK, NOTARIZED AFFIDAVIT, CPR AND FIRST AID, AND TB TEST. ONGOING REQUIREMENTS-CPR AND FIRST AID, UPDATED VEHICLE INSURANCE, DRIVER'S LICENSE, CRIMINAL HISTORY CHECK. 24-HOUR PRE-APPROVAL MUST BE OBTAINED BY THE CHILD'S GUIDING LIGHT CHILD PLACEMENT STAFF BEFORE ALLOWING A CHILD TO BE BABYSAT. IF THE BABYSITTER ADMINISTERS MEDICATION TO A FOSTER CHILD, THEY MUST COMPLETE MEDICATION ADMINISTRATION AND MEDICATION POLICY. A LICENSED CAREGIVER, SECONDARY CAREGIVER, OVERNIGHT CARE PROVIDER, OR RESPITE PROVIDER MUST PROVIDE BABYSITTING FOR SPE AND

INT LEVEL OF CARE CHILDREN. IF CARE IS PROVIDED IN THE HOME OF THE BABYSITTER, ALL FAMILY MEMBERS MUST HAVE A COMPLETED BACKGROUND CHECK, AND FOSTER HOME DEVELOPER MUST COMPLETE A FIRE/HEALTH INSPECTION CHECKLIST (MINUS THE GAS INSPECTION).

C. OVERNIGHT CARE PROVIDER- PROVIDES 24-HOUR CARE THAT IS LONGER THAN 12 HOURS AND UP TO 72 HOURS FOR A BASIC/MODERATE/SPECIALIZED/INT CHILD ON A CASE BY CASE BASIS WITH GUIDING LIGHT AND CPS APPROVAL. OVERNIGHT PROVIDERS CANNOT BE USED TO COUNT IN THE CHILD CAREGIVER TO CHILD RATIO. OVERNIGHT CARE PROVIDERS MUST BE A MINIMUM OF 21 YEARS OF AGE. OVERNIGHT CARE PROVIDERS MUST ATTEND RESPITE/BABYSITTING, EBI, MEDICATION ADMINISTRATION, MEDICATION POLICY, CPR AND FIRST AID (ADULT, CHILD, INFANT) TRAINING IF THEY HAVE NEVER BEEN FOSTER PARENTS OR IF IT HAS BEEN 12 MONTHS OR LONGER SINCE THEY PROVIDED RESPITE OR FOSTER CARE. THEY MUST COMPLETE ORIENTATION, GUIDING LIGHT APPLICATION & QUESTIONNAIRE, HAVE A VALID DRIVER'S LICENSE, VEHICLE LIABILITY INSURANCE, HAVE A SOCIAL SECURITY CARD, FBI, CRIMINAL HISTORY CHECK, DFPS ABUSE AND NEGLECT CHECK, NOTARIZED AFFIDAVIT, AND TB TEST 30 DAYS PRIOR TO VERIFICATION. ONGOING REQUIREMENTS- INCLUDING EBI, MEDICATION POLICY, MEDICATION ADMINISTRATION, CPR AND FIRST AID, UPDATED VEHICLE INSURANCE, DRIVER'S LICENSE, CRIMINAL HISTORY CHECK. 24-HOUR PRE-APPROVAL MUST BE OBTAINED BY THE CHILD'S GUIDING LIGHT CHILD PLACEMENT STAFF BEFORE ALLOWING A CHILD TO HAVE AN OVERNIGHT PROVIDER. IF CARE IS PROVIDED IN THE HOME OF THE BABYSITTER, ALL FAMILY MEMBERS MUST HAVE A COMPLETED BACKGROUND CHECK, AND FOSTER HOME DEVELOPER MUST COMPLETE A FIRE/HEALTH INSPECTION CHECKLIST (MINUS THE GAS INSPECTION).

C. RESPITE PROVIDERS – A RESPITE PROVIDER CAN PROVIDE 24-HOUR CARE THAT HAS THE PURPOSE OF PROVIDING RELIEF TO THE CHILD'S PRIMARY CAREGIVER THAT LAST MORE THAN 72 HOURS AND UP TO 14 DAYS FOR A BASIC/MODERATE/SPECIALIZED/INT CHILD ON A CASE BY CASE BASIS WITH GUIDING LIGHT AND CPS APPROVAL. RESPITE PROVIDERS CANNOT BE USED TO COUNT IN THE CHILD CAREGIVER TO CHILD RATIO. RESPITE PROVIDERS MUST BE A MINIMUM OF 21 YEARS OF AGE. RESPITE PROVIDERS MUST ATTEND RESPITE/BABYSITTING, EBI, MEDICATION ADMINISTRATION, MEDICATION POLICY, CPR AND FIRST AID (ADULT, CHILD, INFANT) TRAINING IF THEY HAVE NEVER BEEN FOSTER PARENTS OR IF IT HAS BEEN 12 MONTHS OR LONGER SINCE THEY PROVIDED RESPITE OR FOSTER CARE. THEY MUST COMPLETE ORIENTATION, GUIDING LIGHT APPLICATION & QUESTIONNAIRE, HAVE A VALID DRIVER'S LICENSE, VEHICLE LIABILITY INSURANCE, HAVE A SOCIAL SECURITY CARD, FBI, CRIMINAL HISTORY CHECK, DFPS ABUSE AND NEGLECT CHECK, NOTARIZED AFFIDAVIT, AND TB TEST 30 DAYS PRIOR TO VERIFICATION. ONGOING REQUIREMENTS- INCLUDING EBI, MEDICATION POLICY, MEDICATION ADMINISTRATION, CPR AND FIRST AID, UPDATED VEHICLE INSURANCE, DRIVER'S LICENSE, CRIMINAL HISTORY CHECK. 14-DAY PRE-APPROVAL MUST BE OBTAINED BY THE CHILD'S GUIDING LIGHT CHILD PLACEMENT STAFF BEFORE ALLOWING A CHILD TO HAVE A RESPITE VISIT IF CARE IS PROVIDED IN THE HOME OF THE BABYSITTER, ALL FAMILY MEMBERS MUST HAVE A COMPLETED BACKGROUND CHECK, AND FOSTER HOME DEVELOPER MUST COMPLETE A FIRE/HEALTH INSPECTION CHECKLIST (MINUS THE GAS INSPECTION).

D. EMERGENCY BABYSITTERS - IN THE EVENT OF AN EXTREME EMERGENCY, BABYSITTING FOR FOSTER CHILDREN MAY BE OBTAINED BY NEIGHBOR, FRIEND, OR FAMILY MEMBER WITHOUT HAVING ANY OF THE ABOVE REQUIREMENTS. IF THE FOSTER PARENT HAS TO ATTEND A FUNERAL OR HAS TO TRAVEL BECAUSE A FAMILY MEMBER IS SERIOUSLY ILL, THIS DOES NOT CONSTITUTE APPROVAL TO USE AN EMERGENCY BABYSITTER. EXAMPLES OF EMERGENCY SITUATIONS INCLUDE THE CAREGIVER OR FOSTER CHILD LIVING IN THE HOME HAVE TO BE TAKEN TO THE HOSPITAL. THE CHOICE OF SELECTING THE EMERGENCY BABYSITTER WILL BE AT THE DISCRETION OF THE FOSTER PARENTS. THE FOSTER PARENT MUST GIVE GUIDING LIGHT STAFF THE CONTACT INFORMATION FOR THE EMERGENCY BABYSITTER AS SOON AS POSSIBLE WITHIN AN HOUR AFTER LEAVING THE CHILDREN.

**V. REIMBURSEMENT** - GUIDING LIGHT STRONGLY ENCOURAGES FOSTER PARENTS TO TAKE BABYSITTING OR RESPITE BREAKS FROM THEIR RESPONSIBILITIES AT LEAST EVERY THREE MONTHS. THEREFORE, GUIDING LIGHT WILL REIMBURSE FOSTER PARENTS (SERVING MODERATE AND SPECIALIZED SERVICE LEVEL CHILDREN ONLY) UP TO \$140 EVERY QUARTER (PER FAMILY, NOT PER CHILD) FOR RESPITE PLACEMENT OR BABYSITTING EXPENSES.

- A. REIMBURSEMENT MAY NOT BE ACCUMULATED EACH QUARTER.
- B. PAYMENT DOES NOT EXCEED ACTUAL EXPENSES INCURRED.
- C. PAYMENT TO THE CAREGIVER IS NOT THE RESPONSIBILITY OF GUIDING LIGHT AND IS MADE DIRECTLY TO THE RESPITE PROVIDER, SECONDARY CAREGIVER, OR BABYSITTER BY GUIDING LIGHT FOSTER PARENTS.
- D. FOSTER PARENTS WHO WISH TO SEEK REIMBURSEMENT FOR BURNOUT BREAK EXPENSES INCURRED MUST SUBMIT APPROPRIATE DOCUMENTATION WITHIN 30 DAYS.
- E. IN SITUATIONS IN WHICH THE FOSTER CHILD DOES NOT RETURN, "REIMBURSEMENT" DOES NOT APPLY; THE RECEIVING FACILITY IS EITHER A SUBSEQUENT PLACEMENT AND/OR EMERGENCY PLACEMENT.

## RESPONSIBILITIES OF FOSTER PARENTS

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### I. DEFINITION OF FOSTER PARENT

THIS IS RESPONSIBLE HUMAN SERVICE WORK PERFORMED IN COMMUNITY RESIDENCES FOR CHILDREN ADJUDICATED, DELINQUENT OR DEPRIVED. PERSONS INVOLVED IN THIS WORK OPERATE ON THE BASIS OF A PLACEMENT CONTRACT WITH GUIDING LIGHT. THESE PERSONS EXERCISE GENERAL SUPERVISION OVER ALL PHASES OF THE RESIDENCE PROGRAM THAT DIRECTLY EFFECTS THE YOUTH PLACED. THEY ARE RESPONSIBLE FOR PROVIDING SUBSTANTIAL, DIRECT SERVICE WITH SPECIAL EMPHASIS ON CREATING A HOME-LIKE ATMOSPHERE WITH WARMTH AND SUFFICIENT STRUCTURE. WORK INCLUDES MANY FUNCTIONS WHICH WOULD ORDINARILY BE DONE BY NATURAL PARENTS: CONTRIBUTING TO STAFF CONFERENCES; PARTICIPATING IN SUPERVISORY CONFERENCES; PLANNING AND SUPERVISION OF RECREATIONAL EXPERIENCES FOR CHILDREN; AND PARENT CONFERENCES AS THEY RELATE TO THE EDUCATIONAL PROGRAMS OF CHILDREN IN RESIDENCE, AS WELL AS GUIDING LIGHT IN-SERVICE TRAINING.

### II. RESPONSIBILITIES TO THE CHILD

- A. COMMITMENT - FOLLOWING THROUGH WITH WHAT IS IN THE BEST INTERESTS OF THE CHILD, REGARDLESS OF WHAT HAPPENS.
- B. ACCEPTANCE - CONVEYING ACCEPTANCE OF CHILD, IF NOT HIS/HER BEHAVIOR.
- C. FAMILY LIVING - TEACHING THE CHILD TO PARTICIPATE IN NORMAL FAMILY LIFE IN THE HOME.
- D. HEALTH AND SAFETY - RESPONSIBILITY FOR THE CHILD'S HEALTH AND SAFETY INCLUDING SANITARY FOOD PREPARATION, PROPER FOOD STORAGE, DISASTER AND EMERGENCY PROCEDURES POSTED, AND PROOF OF ANIMAL VACCINATIONS
- E. INDEPENDENCE - TEACHING AND ENCOURAGING BEHAVIOR NECESSARY FOR STABLE EMPLOYMENT.
- F. COMMUNICATION - COUNSELING WITH CHILD CONCERNING PROBLEMS OF DAILY LIVING AND INTERPERSONAL RELATIONS.
- G. PREPARATION - PARTICIPATION IN BOTH PLANNED AND UNPLANNED RECREATIONAL ACTIVITIES, INCLUDING TRIPS AWAY FROM THE RESIDENCE.
- H. CHILD PLAN OF SERVICE - CARRYING OUT RESPONSIBILITIES LISTED IN EACH INDIVIDUAL CHILD PLAN OF SERVICE OF THE CHILDREN IN THE HOME.
- I. FAMILY COUNSEL MEETINGS – WEEKLY, TO DISCUSS CONCERNS AND PROBLEMS, AND TO DEVELOP PLAN OF ACTION TO ELIMINATE PROBLEMS.



- J. RULES - WILL PROVIDE CLEAR RULES THAT ARE APPROPRIATE FOR THE DEVELOPMENTAL LEVELS OF CHILDREN. WILL PROVIDE A CLEAR SYSTEM OF REWARDS AND CONSEQUENCES.
- K. CHILD CARE - WILL HAVE A FULL TIME CAREGIVER AVAILABLE 24 HOURS A DAY WHEN SERVING FOSTER CHILDREN. APPROPRIATE CHILDCARE MUST BE ARRANGED WHENEVER THE FULL-TIME CAREGIVER IS NOT PRESENT IN THE HOME.
- L. PLAN FOR CONTINUOUS OBSERVATION OF A CHILD - WILL HAVE A PLAN FOR DIRECT OBSERVATION OF A CHILD WHO PRESENTS A DANGER OF HARM TO SELF OR OTHERS INCLUDING A PLAN FOR AWAKE NIGHT STAFF.
- M. DAILY ROUTINE – MUST DEVELOP A DAILY ROUTINE SCHEDULE THAT INCLUDES HOUSE RULES TO BE POSTED IN YOUR HOME. THIS SCHEDULE SHOULD BE DISCUSSED WITH EACH FOSTER CHILD AS HE/SHE ENTERS YOUR HOME WITHIN 72 HOURS OF PLACEMENT. GUIDING LIGHT PROVIDES A SCHEDULE FORM FOR YOUR CONVENIENCE; A COPY NEEDS TO BE IN THE OFFICE WITHIN ONE WEEK OF PLACEMENT, AND UPDATED QUARTERLY.
- N. A CHILD WHO IS YOUNGER THAN FIVE YEARS OF AGE AND LESS THAN 36 INCHES IN HEIGHT, MUST BE SECURED IN A CHILD PASSENGER SAFETY SEAT SYSTEM ACCORDING TO THE INSTRUCTIONS OF THE MANUFACTURER

### III. RESPONSIBILITIES TOWARD CHILDREN’S BIOLOGICAL FAMILIES

- A. BE SOCIABLE.
- B. DON’T BE JUDGMENTAL IN THE PRESENCE OF THE FOSTER CHILD.
- C. COOPERATE WITH VISITATION PLAN.
- D. BE SENSITIVE TO THE CHILD’S LOYALTY ISSUES (CHILD MAY LOVE BOTH).
- E. ENCOURAGE CHILDREN TO MAINTAIN HEALTHY RELATIONSHIPS WITH THEIR FAMILY (LETTER WRITING, VISITING, ETC.)
- F. DO NOT CRITICIZE THE BIRTH PARENTS.
- G. ALTHOUGH MANY BEHAVIORS OF THE BIOLOGICAL FAMILY ARE NOT SUPPORTABLE, BE WILLING TO PROVIDE SUPPORT TO THE BIRTH FAMILY MEMBERS WHERE APPROPRIATE.
- H. ENCOURAGE THE BIRTH FAMILY TO FULFILL THEIR RESPONSIBILITIES LISTED IN EACH INDIVIDUAL CASE CHILD PLAN OF SERVICE.

### IV. RESPONSIBILITIES TO GUIDING LIGHT

- A. COOPERATE WITH GUIDING LIGHT STAFF AS THE AGENCY BEARS ULTIMATE RESPONSIBILITY FOR THE CHILD.
- B. ACCEPT CHILDREN FROM NO OTHER AGENCIES.
- C. PROVIDE FEEDBACK REGARDING PROBLEMS AND NEEDS OF FOSTER CHILDREN IN THE HOME. SPECIFICALLY, THE AGENCY NEEDS CURRENT, ACCURATE, COMPLETE DATA AND INFORMATION CONCERNING CHILDREN IN THE FORM OF VERBAL COMMUNICATION AND REQUIRED FOSTER PARENT LOGS, REPORTS, MEDICATION RECORDS AND LOGS, INCIDENT REPORTS, OR OTHER REQUIRED DOCUMENTATION ON A MONTHLY BASIS.
- D. PARTICIPATE IN THE CHILD’S CHILD PLAN OF SERVICE AND CARRYING OUT THE PLAN OF SERVICES FOR THE CHILD.
- E. ATTEND THE ADVANCED TRAINING SEMINARS SPONSORED BY GUIDING LIGHT, OR OTHER TRAINING RESOURCES
- F. ADHERE TO STATE REGULATORY AND AGENCY STANDARDS.
- G. ACQUIRE THE NUMBER OF TRAINING HOURS NEEDED.
- H. SUBMIT THE NECESSARY FORMS FOR FINANCIAL REIMBURSEMENT TO THE REGIONAL PROGRAM DIRECTOR AT THE AGREED UPON TIME.
- I. MAKE THE FINAL DECISION REGARDING CHILDREN FOR WHOM YOU ARE WILLING TO ACCEPT PLACEMENT AND ASK THAT A CHILD BE REMOVED FROM YOUR HOME SHOULD CIRCUMSTANCES NO LONGER ALLOW YOU TO PROVIDE CARE.
- J. INFORM AGENCY STAFF OF ANY CHANGES IN THE CHILD’S PSYCHOLOGICAL, EDUCATIONAL, OR MEDICAL/DENTAL SITUATION.

- K. AGREE TO SUPERVISION OF THEIR FOSTER HOME BY THE AGENCY.
- L. REPORT ANY CHANGES IN FAMILY COMPOSITION TO THE GUIDING LIGHT CASE MANAGER. THESE CHANGES INCLUDE ALLOWING ANY PERSON TO RESIDE IN THE FOSTER HOME OR IF THE FOSTER PARENT BECOMES PREGNANT. A FBI, DPFS, NATIONAL SEX OFFENDER REGISTRY, AND DPS BACKGROUND CHECK REPORT MUST BE COMPLETED PRIOR TO MOVING INTO THE FOSTER HOME, IF THEY ARE AGE 14 OR OLDER. THE REPORT MUST INCLUDE THE IDENTITY OF ANY NEW INDIVIDUAL, WHY THEY ARE THERE, AND HOW LONG THEY WILL REMAIN THERE OR THE IDENTITY OF ANY INDIVIDUAL THAT IS NO LONGER LIVING IN THE HOME AND WHY THEY HAVE MOVED. FOSTER PARENTS ARE TO NOTIFY GUIDING LIGHT WHEN THERE IS A CHANGE OF EMPLOYMENT.
- M. CARE MAY NOT BE PROVIDED FOR NON-FAMILY INDIVIDUALS WHO ARE NOT PLACED BY GUIDING LIGHT, PRIOR TO OBTAINING A WAIVER FROM TDFPS BY GUIDING LIGHT. NO GUIDING LIGHT HOME THAT PROVIDES THERAPEUTIC CARE MAY PROVIDE ANY OTHER TYPE OF CARE IF IT CONFLICTS WITH THE CHILDREN'S BEST INTERESTS OR WITH THE USE OF STAFF OR SPACE IN THE HOME. PROVIDING DAYCARE FOR CHILDREN OTHER THAN YOUR BIOLOGICAL AND FOSTER CHILDREN IS PERMITTED. HOWEVER, THE CHILDREN BEING CARE FOR DURING THE DAY WILL BE INCLUDED IN THE FOSTER HOME CAPACITY. THE TOTAL NUMBER OF FOSTER AND DAY CARE CHILDREN BEING CARE FOR MUST NEVER EXCEED THE CAPACITY YOUR HOME IS VERIFIED FOR.
- N. ANY VISIT OF THE CHILD AWAY FROM THE HOME WILL BE DISCUSSED AND AGREED UPON BY THE FOSTER PARENT AND THE GUIDING LIGHT CASE MANAGER. THE GUIDING LIGHT CASE MANAGER MUST OBTAIN WRITTEN PRE-APPROVAL FROM THE CHILD'S MANAGING CONSERVATOR BEFORE ALLOWING A CHILD TO HAVE A VISIT OF 48 HOURS OR LONGER WITH A NON-RELATED PERSON (OTHER THAN A COURT APPOINTED INDIVIDUAL OR LICENSED RESPITE WORKER).
- O. FOSTER FAMILIES ARE REQUIRED TO REPORT ANY CRISIS TO GUIDING LIGHT THAT MAY AFFECT YOUR ABILITY TO PARENT: SERIOUS INJURY OR ILLNESS TO YOU OR A MEMBER OF YOUR FAMILY; LOSS OF INCOME, STORM OR FIRE DAMAGE TO YOUR HOME REQUIRING RELOCATION, ETC.
- P. IF A FOSTER FAMILY REQUESTS INACTIVE STATUS, THE HOME DOES NOT NEED CURRENT INSPECTIONS AND TRAINING REQUIREMENTS ARE SUSPENDED. WHEN THE HOME IS READY TO BECOME ACTIVE AND ACCEPT CHILDREN, AGENCY STAFF MUST VISIT THE HOME AND DOCUMENT THAT IT IS IN COMPLIANCE WITH ALL STANDARDS. THE ANNUAL TRAINING REQUIREMENT IS PRORATED FOR THE PERIOD OF TIME THAT THE HOME IS INACTIVE. IF A HOME REMAINS INACTIVE FOR MORE THAN A YEAR, THE FOSTER PARENTS MUST ALSO COMPLETE THE 19 HOURS OF PRE-SERVICE TRAINING BEFORE ANY CHILDREN ARE PLACED THERE. FOSTER PARENTS EXCLUSIVELY CARING FOR PMN CHILDREN ARE EXEMPT FROM THE 8 HOUR EBI TRAINING PORTION OF PRE SERVICE.
- Q. THE EXECUTIVE DIRECTOR MAY, AT HIS DISCRETION, REQUIRE A FOSTER PARENT/RESPITE WORKER TO SUBMIT TO AN ALCOHOL OR DRUG SCREENING TEST. A REFUSAL TO SUBMIT TO AN ALCOHOL OR DRUG TEST OR THE INTENTIONAL INTERFERENCE WITH A TEST SUCH AS SWITCHING OR ALTERING A URINE SAMPLE OBTAINED FOR TESTING MAY RESULT IN IMMEDIATE REVOCATION OF VERIFICATION AS A GUIDING LIGHT FOSTER PARENT.

**V. RESPONSIBILITIES TO OWN FAMILY**

- A. SET ASIDE TIME FOR UNDIVIDED ATTENTION TO YOUR OWN CHILDREN.
- B. DO NOT TREAT FOSTER CHILD AS A GUEST SO THAT HE IS TREATED DIFFERENTLY FROM YOUR OWN CHILDREN.
- C. ALTHOUGH THE FOSTER CHILD, BY NATURE OF HIS PROBLEMS, MAY REQUIRE MORE TIME AND DIFFERENTIAL TREATMENT, DO NOT SPEND MORE OR LESS TIME, OR TREAT BETTER OR WORSE, THAN YOU WOULD YOUR OWN CHILD WITH SIMILAR PROBLEMS.
- D. RESPECT HUSBAND'S OR WIFE'S DECISIONS (AVOID ALLOWING FOSTER CHILD TO PLAY ONE PARENT AGAINST THE OTHER).

## VI. RESPONSIBILITY FOR YOUR OWN PROTECTION

TO AVOID THE POSSIBILITY OF FALSE ACCUSATIONS, INVESTIGATION, AND IN SOME INSTANCES IMPRISONMENT, THE FOLLOWING PRECAUTION SHOULD BE TAKEN.

- A. FOSTER FATHERS SHOULD NEVER BE ALONE WITH FOSTER DAUGHTERS.
- B. IN THE EVENT THAT THE SITUATION IS UNAVOIDABLE (I.E. THE FOSTER MOM IS UNAVAILABLE), MAKE SURE ANOTHER INDIVIDUAL, EVEN IF IT IS ANOTHER (OLDER) FOSTER CHILD, IS PRESENT AS A WITNESS.

## VII. REQUIRED SKILLS, KNOWLEDGE AND ABILITIES

- A. ABILITY TO SHOW OPENNESS, WARMTH AND ACCEPTANCE IN HUMAN RELATIONSHIPS.
- B. ABILITY TO BE COMFORTABLE WITH SELF, CHILD AND REFERRING AGENCY STAFF.
- C. ABILITY TO CREATE AND CONTINUE A MUTUAL TRUST RELATIONSHIP WITH CHILDREN.
- D. ENABLING CHILDREN TO HAVE CONFIDENCE IN FAMILY.
- E. UNDERSTANDING OF THE SPECIAL NEED FOR CONFIDENTIALITY.
- F. AN UNDERSTANDING OF THE GENERAL PRINCIPLES OF HUMAN BEHAVIOR, WITH SPECIAL EMPHASIS ON THE EMOTIONAL BEHAVIOR AND SOCIAL PROBLEMS OF TROUBLED CHILDREN.
- G. SOME KNOWLEDGE OF THE DYNAMICS OF GROUP BEHAVIOR.
- H. ABILITY TO WORK EFFECTIVELY WITH A RANGE OF PROFESSIONAL DISCIPLINES SUCH AS POLICE, SOCIAL WORK, PSYCHOLOGY AND VOCATIONAL REHABILITATION AS WELL AS EDUCATIONAL PERSONNEL.
- I. KNOWLEDGE OF PROGRAM OBJECTIVES AND INTERPRETATION OF GOVERNMENTAL RULES, REGULATIONS, STANDARDS, POLICIES, PROCEDURES AND LAWS PERTAINING TO CHILDREN AND TO A FOSTER HOME.
- J. ABILITY TO DEAL IN A FIRM, YET UNDERSTANDING MANNER WITH THE TURBULENT FEELINGS AND BEHAVIOR SOMETIMES SHOWN BY RESIDENTS.
- K. ABILITY TO PARTICIPATE MEANINGFULLY IN TRAINING AND COUNSELING PROGRAM.

## VIII. GUIDELINES

- A. A FOSTER CHILD MUST NOT BE LEFT UNSUPERVISED UNLESS STATED IN THE CPOS. SUPERVISION INVOLVES DIRECT MONITORING OF THE CHILD AS WELL AS INDIRECT MONITORING IN WHICH THE FOSTER PARENT IS AWARE OF THE ACTIVITY AND PROXIMITY OF THE CHILD AND CAN IMMEDIATELY ASSIST HIM/HER IF NECESSARY. THIS DOES NOT MEAN "EYES-ON" THE CHILD AT ALL TIMES. THE FOSTER PARENT SHOULD BE AWARE OF THE CHILD'S WHEREABOUTS AND ACTIVITIES WITH "EYES-ON" OBSERVANCE WITHIN FREQUENT INTERVALS, UNLESS THE CHILD IS ENGAGED IN ACTIVITIES THAT PROHIBIT PERIODIC "EYES-ON" SUPERVISION, SUCH AS NIGHTTIME SLEEP OR PRIVATE BATHROOM ACTIVITY.
- B. ESTABLISH HOUSEHOLD RULES WITH THE FOSTER CHILD THE FIRST DAY. THEY NEED TO KNOW WHERE YOU STAND.
- C. START A CONTRACT (CHECKLIST OF HOUSEHOLD CHORES, PERSONAL HYGIENE, BEDTIMES, ETC. WITH REWARDS) WITHIN THE FIRST WEEK.
- D. USE MATURE, LICENSED AND APPROVED RESPITE WORKERS AS SITTERS. ABUSED CHILDREN CAN SAY AND DO THE MOST SHOCKING THINGS.
- E. FOLLOW THE GUIDELINES OF THE CPOS CONTRACT WITH REGARDS TO TELEPHONE USAGE.
- F. AVOID SUGAR AND JUNK FOOD IN THEIR DIET. BALANCED MEALS REDUCE BEHAVIOR PROBLEMS. MODEL PROPER NUTRITION; TRY TO GET OFF THE JUNK FOOD YOURSELF.
- G. TRANSPORT CHILDREN YOURSELF. THIS REDUCES THE TRAUMA OF FAMILY VISITS, THERAPY SESSIONS, PHYSICAL EXAMINATIONS, AND MINIMIZES CLASSROOM ABSENCE.
- H. KEEP THEM BUSY ALL DAY LONG. IT FIGHTS THE DEPRESSION OF SEPARATION AND GIVES THEM ACTIVITIES TO BUILD SELF-ESTEEM.
- I. TAKE FOSTER CHILDREN EVERYWHERE WITH YOU. MANY HAVE NEVER BEEN TO THE GROCERY STORE. THEY NEED NEW EXPERIENCES, AND A SENSE OF SECURITY FROM NOT BEING LEFT BEHIND.
- J. START SCHOOL AGED CHILDREN IN ORGANIZED PHYSICAL ACTIVITIES WITHIN A FEW WEEKS OF PLACEMENT. SOME ARE IN BAD PHYSICAL CONDITION AND ALL NEED GUIDED ACTIVITIES.
- K. CALL THE CHILD'S CASE MANAGER BI-WEEKLY. NOTIFY THE WORKER OF THE CHILD'S ILLNESSES AND MEDICAL TREATMENT, CONTACT WITH BIRTH FAMILY, DEVELOPMENTAL PROGRESS, SCHOOL PROGRESS,

BEHAVIOR PROBLEMS, ADJUSTMENT TO FOSTER CARE, AND HOW THEY FEEL. DISCUSS UPCOMING APPOINTMENTS THAT YOU OR YOUR STAFF HAS MADE.

- L. KEEP DATED NOTES ON WHAT THE CHILD TELLS YOU ABOUT THE BIRTH FAMILY AND ON BEHAVIORS THAT INDICATE ABUSE. YOU HAVE MORE INFORMATION THAN ANYONE; SHARE IT WITH THE CASE MANAGER AND THERAPIST.
- M. SPEAK WITH THE CHILD’S TEACHER, COUNSELOR, AND PHYSICIAN MONTHLY AND EXPLAIN THE FOSTER CARE SYSTEM. FROM THE CHILD’S DESCRIPTIONS EARLY IN THE PLACEMENT, YOU MAY APPEAR TO BE ENTIRELY TOO STRICT.
- N. TALK OPENLY WITH THE CHILD ABOUT LOVE, RELATIONSHIPS, AND SEXUALITY FROM THE FIRST DAY OF PLACEMENT. THE FOSTER CHILD HAS SEEN VERY UNHEALTHY RELATIONSHIPS AND IS FILLED WITH QUESTIONS AS TO WHY THE FOSTER FAMILY ACTS DIFFERENTLY.
- O. WITHIN THE FIRST WEEK, TALK TO TEENAGERS ABOUT RULES AND EXPECTATIONS CONCERNING DATING, SEX, AND BIRTH CONTROL. THIS ENGENDERS TRUST AND HELPS THEM BREAK OUT OF THE PATTERN OF SECRECY AND SHAME.
- P. ASK PERMISSION FROM THE CHILD BEFORE HUGGING THEM. THIS REINFORCES THAT THE CHILD’S BODY IS OFF LIMITS TO ALL ADULTS, EVEN PARENTS.
- Q. KNOW YOUR LIMITS. DON’T OVERLOAD YOURSELF WITH KIDS OR AGE GROUPS YOU’RE NOT COMFORTABLE WITH.
- R. TO REMAIN IN “GOOD STANDING”:

IN ADDITION TO THE REQUIREMENTS MET PRIOR TO BECOMING A FOSTER FAMILY (PRE-SERVICE TRAINING, FOSTER HOME STUDY AND 40 HOURS OF OBSERVATION IF CARING FOR SPE AND INT) YOU MUST:

1. COMPLETE THE REQUIRED HOURS OF ADVANCED TRAINING EACH YEAR
2. MAINTAIN COMPLIANCE WITH MINIMUM STANDARDS AND AGENCY POLICY INCLUDING MAINTAINING CURRENT FIRE INSPECTIONS, HEALTH INSPECTIONS, DRIVER’S LICENSE, VEHICLE INSURANCE, AND HOME INSURANCE.
3. COOPERATE WITH GUIDING LIGHT STAFF. YOUR CASE MANAGER IS HERE TO SUPPORT YOU IN MAINTAINING GOOD STANDING.





## RESPONSIBILITIES OF GUIDING LIGHT

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### I. SUPERVISES PLACEMENT AND PROVIDE DIRECT SOCIAL SERVICES

A) THE FOSTER FAMILIES ARE SUPERVISED BY THE CASE MANAGER, WHO WILL VISIT THE CHILD FACE TO FACE AT LEAST TWICE PER MONTH IN HOMES WITH SPECIALIZED LEVEL CHILDREN, AND FACE TO FACE ONCE PER MONTH IN HOMES WITH BASIC LEVEL AND MODERATE CHILDREN. CASE MANAGERS WILL MAKE A MINIMUM OF ONE VISIT TO YOUR HOME PER MONTH. SPECIALIZED LEVEL CHILDREN MAY BE VISITED OUTSIDE OF THE HOME FOR ONE FACE TO FACE VISIT PER MONTH. FOR NON-VERBAL CHILDREN (FROM 0-24 MONTHS) THE CASE MANAGER WILL CONDUCT HOME VISITS TWICE PER MONTH. FOR CHILDREN AGES 3-17, THE CASE MANAGER WILL CONSULT WITH CPMS DURING MONTHLY CPMS MEETINGS THAT OCCUR AT LEAST 10 MONTHS PER YEAR. WITH ANY IDENTIFIED SAFETY CONCERN, THE CASE MANAGER WILL ARRANGE A FACE TO FACE DISCUSSION WITH THE PC REGARDING A SAFETY PLAN. THE CPMS RECOMMENDATION WILL BE DOCUMENTED IN THE CPMS SUPERVISION AND STAFF EFFECTIVENESS REPORT. FOSTER HOMES MAY ALSO BE VISITED UNANNOUNCED AT RANDOM OR ROUTINE HOME VISITS COULD BE INCREASED, SHOULD THE CASE MANAGER AND THE PROGRAM DIRECTOR FEEL THE NEED TO MORE CLOSELY MONITOR COMPLIANCE IN THE HOME. THE CASE MANAGER WILL MAINTAIN A CONTINUOUS RELATIONSHIP IN ORDER TO EVALUATE NEEDS AND PROPERLY INTERVENE IF NECESSARY. THE CASE MANAGER MONITORS COMPLIANCE WITH STATE REQUIREMENTS, OFFERS SUPPORTIVE TECHNIQUES AND REFERS THE FOSTER FAMILY TO ANY ADDITIONALLY NEEDED COMMUNITY RESOURCES. THE CASE MANAGER ATTENDS THE FOSTER CHILD'S IEP MEETINGS AT SCHOOL, PERMANENT PLANNING MEETINGS WITH THE REFERRING AGENCY, COURT HEARINGS, AND ANY OTHER MEETING RELEVANT TO THE CASE.

- b) CASE MANAGERS PROVIDE COUNSELING AND SUPPORT TO THE FOSTER FAMILY ON ISSUES WITHIN THE CASE MANAGERS REPERTOIRE OF ABILITIES, PERTAINING TO FAMILY RELATIONSHIPS; INSIGHT INTO CHILD'S BEHAVIOR AND HOW TO EFFECTIVELY MANAGE IT; FEELINGS INVOLVED IN CHILD'S LEARNING; AND OTHER IMPORTANT ISSUES INVOLVING THE CHILD AND FAMILY.
- c) CASE MANAGERS PROVIDE THE FOSTER FAMILY WITH CHILD PLAN OF SERVICE (CPOS) REVISIONS AND RESULTS ON TREATMENT SERVICES CHILDREN EVERY 90 DAYS AND EVERY 180 DAYS ON CHILD CARE SERVICES CHILDREN.
- d) THERAPISTS SEE THERAPEUTIC CHILDREN ONCE PER WEEK IN THE HOME OR SCHOOL FOR THERAPY SESSIONS. THERAPY SHOULD BE SCHEDULED OUTSIDE OF SCHOOL, WHENEVER POSSIBLE. THE THERAPIST PROVIDES CONSULTATION TO THE FOSTER FAMILIES, OFFERS ADVICE ON BEHAVIOR MANAGEMENT PROGRAMS, AND PROVIDES INPUT TO THE CHILD PLAN OF SERVICING ON EACH CHILD.

### II. PLAN FOR CHILDREN'S EDUCATIONAL NEEDS

THE CASE MANAGER:

- A. OFFICIALLY REQUESTS ENROLLMENT OF CHILD IN SCHOOL AND SEE THAT THE SCHOOL RECEIVES NECESSARY RECORDS.
- B. ACCOMPANIES PARENTS AND CHILD TO ENROLL CHILD IN SCHOOL (AS NEEDED)
- C. REQUEST AND APPROVE (OR GAIN APPROVAL) NECESSARY INTERVENTION IF NEEDED (E.G., INDIVIDUAL EDUCATION PLAN (I.E.P.), SPECIAL EDUCATION OR PRIVATE SCHOOL).
- D. REQUEST AND APPROVE TUTORING IF NEEDED (FINANCIAL RESPONSIBILITY IS FOSTER PARENTS).
- E. CAREGIVERS MUST:
  - 1. REVIEW REPORT CARDS AND OTHER INFORMATION RECEIVED FROM TEACHERS OR SCHOOL AUTHORITIES WITH THE CHILD AND PROVIDE NECESSARY INFORMATION TO AGENCY STAFF;
  - 2. COUNSEL AND ASSIST THE CHILD REGARDING ADEQUATE CLASSROOM PERFORMANCE;
  - 3. PERMIT, ENCOURAGE, AND MAKE REASONABLE EFFORTS TO INVOLVE THE CHILD IN EXTRACURRICULAR ACTIVITIES AS DETERMINED BY A REASONABLE AND PRUDENT PARENT

STANDARD TO THE EXTENT OF THE CHILD'S INTERESTS AND ABILITIES AND IN ACCORDANCE WITH THE CHILD'S SERVICE PLAN;

4. PROVIDE A QUIET, WELL-LIGHTED SPACE FOR THE CHILD TO STUDY AND ALLOW REGULAR TIMES FOR HOMEWORK AND STUDY;
  5. KNOW WHAT EMERGENCY BEHAVIOR INTERVENTIONS ARE PERMITTED AND BEING USED WITH THE CHILD;
- F. REQUEST ARD (ADMISSION, REVIEW, AND DISMISSAL), IEP (INDIVIDUAL EDUCATION PLAN), AND ITP (INDIVIDUAL TRANSITIONAL PLANNING) MEETINGS IF CONCERNED WITH THE CHILD'S EDUCATIONAL PROGRAM OR IF THE CHILD DOES NOT APPEAR TO BE MAKING PROGRESS; AND
- G. PROVIDE NOTICE TO CPS OF ANY SCHEDULED ARD, IEP, OR ITP MEETINGS.
- H. ATTEND ARD, IEP, ITP MEETINGS, OTHER SCHOOL STAFFING, AND CONFERENCES TO REPRESENT THE CHILD'S EDUCATIONAL BEST INTERESTS, INCLUDING THE CHILD BEING EVALUATED FOR AND PROVIDED WITH SERVICES NEEDED FOR THE CHILD TO BENEFIT FROM EDUCATIONAL SERVICES, AND POSITIVE BEHAVIOR SUPPORTS DESIGNED TO DECREASE THE NEED FOR NEGATIVE DISCIPLINARY TECHNIQUES OR INTERVENTIONS.
- I. GUIDING LIGHT WILL MAINTAIN AND UPDATE AN EDUCATION PORTFOLIO, INCLUDING BUT NOT LIMITED TO, 2085 PLACEMENT AUTHORIZATION, 2085 E DESIGNATION OF EDUCATION, NOTES EXCUSING ABSENCES, CERTIFICATES OF ACHIEVEMENTS, REPORT CARDS, TRANSCRIPTS, THE ADMISSIONS, REVIEW AND DISMISSAL (ARD) TEAM MEETING NOTES, THE INDIVIDUAL EDUCATION PLAN (IEP), THE FULL INDIVIDUAL EVALUATION (FIE)/DIAGNOSTIC TESTING, SCHOOL PICTURES, AND THE SCHOOL WITHDRAWAL OR DISCHARGE PAPERWORK FOR EACH CHILD IN GUIDING LIGHT CARE.
1. THE EDUCATIONAL PORTFOLIO WILL BE AVAILABLE TO THE TDFPS CASEWORKER ON ANY VISIT WITH THE CHILD.
  2. THE EDUCATIONAL PORTFOLIO WILL BE MAINTAINED IN THE FOSTER HOME AND WILL BE REVIEWED BY THE CASE MANAGER EACH QUARTER THAT SCHOOL IS IN SESSION TO ENSURE THAT IT IS UP TO DATE.
  3. THE CASE MANAGER WILL ENSURE THAT THE EDUCATIONAL PORTFOLIO IS PROVIDED TO THE TDFPS CASEWORKER AT THE TIME A CHILD IS DISCHARGED FROM GUIDING LIGHT. ALL CURRENT SCHOOL WITHDRAWAL RECORDS WILL BE INCLUDED.

### **III. OVERSEES CHILDREN'S MEDICAL NEEDS**

THE CASE MANAGER REQUESTS AND APPROVES NECESSARY PSYCHOLOGICAL, PSYCHIATRIC, DENTAL OR MEDICAL SERVICES FROM A LICENSED PRACTITIONER ACCEPTING MEDICAID.

### **IV. PROVIDE TRAINING**

GUIDING LIGHT PROVIDES IN-SERVICE PARENTING ENRICHMENT TRAINING. THE SCHEDULE OF REQUIREMENTS CHANGES AS THE FOSTER FAMILY GAINS EXPERIENCE.

### **V. FINANCIAL SUPPORT**

GUIDING LIGHT PROVIDES REGULAR PAYMENTS, ESTABLISHED BY THE BOARD OF DIRECTORS, IN ADDITION TO ANY OTHER EXPENSES INCURRED IN THE PROCESS OF PROVIDING THE CHILD THERAPEUTIC RESOURCES, IF APPROVED PREVIOUSLY BY GUIDING LIGHT.

### **VI. PROVIDES INFORMATION**

THE CASE MANAGER INFORMS FOSTER PARENTS OF THE AGENCY POLICIES AND PROCEDURES (INCLUSIVE WITHIN THIS HANDBOOK).

**VII. ADVISE OF MINIMUM STANDARDS**

A COPY OF MINIMUM STANDARDS WILL BE PROVIDED AT PRE-SERVICE TRAINING.

**VIII. LACK OF REFERRALS**

IF GUIDING LIGHT IS UNABLE TO REFER CHILDREN TO A FAMILY (AN “EMPTY” HOME), THE FOSTER PARENTS WILL BE NOTIFIED AFTER 6 MONTHS. THE FOSTER HOME WILL BE GIVEN THE OPPORTUNITY TO CONTINUE WORKING WITH GUIDING LIGHT OR TO TRANSFER TO ANOTHER AGENCY.



## RESTRAINT AND SECLUSION

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- A. THE USES OF PRS-APPROVED PROCEDURES ON PERSONAL RESTRAINTS ARE THE ONLY ACCEPTABLE METHODS TO RESTRAIN A CHILD. SECLUSION IS PROHIBITED.
- B. CHILD CAREGIVERS ARE TO FOLLOW THE AGENCY’S PROCEDURE REGARDING THE APPROVED PERSONAL RESTRAINTS, AS DOCUMENTED IN “TRAINING PROGRAM RESTRAINT DOCUMENTATION.” PERSONAL RESTRAINTS INCLUDE ESCORTING, BEAR HUG, BASKET HOLD, TWO-PERSON TAKE DOWN, OBJECT RETRIEVAL AND TRANSPORTING. THESE PERSONAL RESTRAINTS ARE PERMITTED IN \*EMERGENCY SITUATIONS WHEN ALL LESS RESTRICTIVE METHODS HAVE BEEN ATTEMPTED AND FAILED. THESE SITUATIONS MAY INCLUDE AGGRESSIVE ACTS BY THE CHILD, INCLUDING SERIOUS INCIDENCES OF SHOVING OR GRABBING OTHERS OVER THEIR OBJECTIONS. THESE SITUATIONS DO NOT INCLUDE VERBAL THREATS OR VERBAL ATTACKS.
- AN EMERGENCY SITUATION IS A SITUATION IN WHICH PREVENTATIVE, DE-ESCALATIVE, OR VERBAL TECHNIQUES HAVE PROVEN INEFFECTIVE IN DEFUSING THE POTENTIAL FOR INJURY AND IT IS IMMEDIATELY NECESSARY TO RESTRAIN A CHILD TO PREVENT IMMINENT:
    1. PROBABLE DEATH OR SUBSTANTIAL BODILY HARM TO THE CHILD BECAUSE THE CHILD OVERTLY OR CONTINUALLY IS THREATENING OR ATTEMPTING TO COMMIT SUICIDE OR SERIOUS BODILY HARM; OR
    2. PHYSICAL HARM TO OTHERS BECAUSE OF THREATS, ATTEMPTS, OR OTHER ACTS THE CHILD OVERTLY OR CONTINUALLY MAKES OR COMMITS.
    3. A CHILD’S ACTIVE ATTEMPT TO RUN AWAY MAY BE CONSIDERED AN EMERGENCY SITUATION WHEN THE FOLLOWING IS A FACTOR: 1) THE CHILD IS DEVELOPMENTALLY OR CHRONOLOGICALLY UNDER SIX YEARS OLD; 2) THE CHILD IS SUICIDAL; 3) THE OPERATION IS LOCATED NEAR A HIGH TRAFFIC AREA; 4) ADVERSE WEATHER CONDITIONS POSE A CLEAR SAFETY RISK TO THE CHILD; 5) OTHER CLEAR SAFETY RISKS ARE PRESENT.

FOR CHILDREN AGES 9 TO 17, THE MAXIMUM TIME IN A RESTRAINT MUST NOT EXCEED ONE HOUR. FOR CHILDREN UNDER AGE 9, A RESTRAINT MUST NOT EXCEED 30 MINUTES.

- C. IN SITUATIONS WHERE A CHILD IS SIGNIFICANTLY DAMAGING PROPERTY SUCH AS BREAKING A CAR WINDOW OR PUTTING A HOLE IN THE WALL, BUT IS NOT POSING A RISK OF HARM TO HIMSELF OR OTHERS, A \*\*SHORT PERSONAL RESTRAINT MAY BE USED TO INTERVENE ONLY TO IMMEDIATELY PREVENT THE DAMAGE AND ONLY IF LESS RESTRICTIVE TECHNIQUES HAVE BEEN ATTEMPTED AND FAILED.

THE FOLLOWING CRITERIA APPLY TO A \*\*SHORT PERSONAL RESTRAINT:

- a. THE RESTRAINT LASTS NO LONGER THAN 1 MINUTE;
- b. SITUATIONS APPROPRIATE FOR USE OF SHORT PERSONAL RESTRAINTS:
  - 1) TO PREVENT IMMINENT SIGNIFICANT RISK (A RISK THAT IS IMMEDIATE; A SITUATION WHERE BODILY HARM WILL OCCUR TO THE CHILD OR ANOTHER PERSON IF THERE IS NO IMMEDIATE INTERVENTION);
  - 2) TO PROTECT A CHILD FROM IMMEDIATE DANGER (EX: PREVENTING A TODDLER FROM RUNNING INTO THE STREET OR COMING INTO CONTACT WITH A HOT STOVE). THE RESTRAINT MUST END IMMEDIATELY AFTER DANGER IS AVERTED;
  - 3) TO INTERVENE WHEN A CHILD WHO IS AGE 5 OR UNDER DEMONSTRATES DISRUPTIVE BEHAVIOR IN A PUBLIC PLACE (I.E., A TEMPER TANTRUM);
  - 4) TO PREVENT SIGNIFICANT DAMAGE TO VALUABLE PROPERTY; OR
  - 5) A SHORT PERSONAL RESTRAINT IS PERMITTED WHEN A CHILD IS ATTEMPTING TO RUN AWAY ONLY IF THE CHILD IS AGE 5 OR UNDER OR IS MENTALLY INCAPABLE OF DETERMINING IMMINENT DANGER. DE-ESCALATION TECHNIQUES MUST BE ATTEMPTED PRIOR TO THE DECISION TO RESTRAIN THE CHILD.

- D. CHILDREN WILL BE RESTRAINED ACCORDING TO THE METHODS IN GUIDING LIGHT POLICIES. THEY WILL NEVER BE SUBJECTED TO INAPPROPRIATE USES OF RESTRAINTS OR MECHANICAL RESTRAINTS OF ANY TYPE. NEITHER WILL THEY BE SUBJECTED TO INAPPROPRIATE SECLUSION. (EXPLANATION OF RESTRAINTS:
- 1) ONLY FOSTER PARENTS/STAFF THAT HAVE BEEN TRAINED BY TEACHERS, TO DO SAFE, THERAPEUTIC PERSONAL HOLD, MAY PLACE A CHILD IN A RESTRAINT.
  - 2) BEFORE A CHILD CAN BE PLACED IN A RESTRAINT, THE FOSTER PARENT MUST FIRST TRY TO CALM THE CHILD DOWN TO AVOID RESTRAINT. SOME OF THE THINGS FOSTER PARENTS MAY DO TO CALM A CHILD ARE; VERBAL REDIRECTION, COOLING OFF PERIOD OR LOCATION, REFLECTIVE LISTENING, POLICE INTERVENTION, AND DE-ESCALATION TECHNIQUES.
  - 3) A CHILD MAY BE PLACED IN A RESTRAINT AS A LAST RESORT, WHEN THEY ARE DOING THINGS THAT ARE DANGEROUS TO THEMSELVES, OTHER CHILDREN OR STAFF. EXAMPLES OF DANGEROUS THINGS THAT COULD LEAD TO A RESTRAIN ARE: CUTTING THEMSELVES WITH A SHARP OBJECT, HITTING ANOTHER CHILD THROWING OBJECTS THAT COULD HARM ANOTHER CHILD OR STAFF.
  - 4) THE RESTRAINT MUST STOP AS SOON AS THE CHILD IS CALM AND NO LONGER DANGEROUS TO THEMSELVES OR OTHERS. THE RESTRAINT MUST CEASE DUE TO MEDICAL EMERGENCY OR A HEALTH CRISIS OF A CHILD BEING RESTRAINED.
  - 5) EACH CHILD THAT IS RESTRAINED HAS THE RIGHT TO DISCUSS THE RESTRAINT WITH HIS FOSTER PARENT OR ANY OTHER ADULT THEY FEEL SAFE TALKING TO. EACH CHILD HAS THE RIGHT TO REPORT AN INAPPROPRIATE RESTRAINT. EACH CHILD MAY CALL THEIR CPS CASE WORKER, GUIDING LIGHT CASE MANAGER, GUIDING LIGHT THERAPIST AND/OR GUIDING LIGHT PROGRAM DIRECTOR OR PUT THEIR THOUGHTS ON PAPER. THE PAPER CAN BE GIVEN TO ANY OF THE PERSONS ALREADY MENTIONED. THE CHILD MAY FAX, MAIL OR GIVE THEIR PAPER REGARDING THE RESTRAINT TO ANY OF THOSE PERSONS. EACH CHILD HAS THE RIGHT TO DISCUSS THE RESTRAINT, INCLUDING WHAT LED TO THE RESTRAINT AND HOW STAFF BECAME INVOLVED. CHILDREN ALSO HAVE THE RIGHT TO DISCUSS ANY RESTRAINT THEY SEE HAPPEN WITH ANY OF THE PERSONS PREVIOUSLY MENTIONED.
- E. TYPES OF RESTRAINTS THAT MAY BE USED ARE:
- 1) ESCORTING MAY BE USED BY THE FOSTER PARENT/STAFF TO LEAD THE CHILD FROM A HARMFUL OR POTENTIALLY HARMFUL SITUATION. THE FOSTER PARENT/STAFF GENERALLY ACCOMPLISHES THIS RESTRAINT BY PLACING ONE HAND THE CHILD'S ELBOW OR ARM AND THE OTHER ON THE CHILD'S SHOULDER, GENTLY ESCORTING THEM.
  - 2) BASKET HOLDS MAY BE USED BY THE FOSTER PARENT/STAFF AS A LAST RESORT WHEN THE CHILD IS HARMING THEMSELVES OR OTHERS. THIS GENERALLY INVOLVES THE FOSTER PARENT WRAPPING THEIR ARMS AROUND THE CHILD FROM BEHIND AND CROSSING THEM IN FRONT OF THE CHILD'S BODY. THE FOSTER PARENT/STAFF MAY HAVE TO TAKE THE CHILD TO THE FLOOR WHILE IN THIS RESTRAINT.
- F. FOSTER PARENTS WILL NOT USE RESTRAINING MEASURES AS A FORM OF PUNISHMENT, AS A SUBSTITUTE FOR EFFECTIVE TREATMENT OR PROGRAM, OR FOR THE CAREGIVER'S CONVENIENCE.
- G. WHEN THE RESTRAINT BEGINS, THE CAREGIVER MUST EXPLAIN TO THE CHILD THE BEHAVIORS THE CHILD MUST EXHIBIT TO BE RELEASED FROM THE RESTRAINT, AND PERMIT THE CHILD TO MAKE SUGGESTIONS ABOUT WHAT ACTIONS THE CAREGIVER CAN TAKE TO HELP THE CHILD DE-ESCALATE. IF THE CHILD DOES NOT APPEAR TO UNDERSTAND WHAT ACTIONS HE MUST TAKE TO BE RELEASED, THE CAREGIVER MUST ATTEMPT TO RE-EXPLAIN IT EVERY 15 MINUTES.
- H. RESTRAINTS MUST BE INITIATED IN A WAY THAT MINIMIZES THE RISK OF PHYSICAL DISCOMFORT, HARM OR PAIN TO THE CHILD. ONLY THE MINIMAL AMOUNT OF FORCE MAY BE USED IN A RESTRAINT. THE RESTRAINT MUST BE DISCONTINUED AS SOON AS THE CHILD'S BEHAVIOR NO LONGER CONSTITUTES AN \*EMERGENCY SITUATION
- I. THE CAREGIVER MUST MONITOR THE PERSONAL RESTRAINT TO MAKE SURE IT IS BEING PERFORMED APPROPRIATELY BY CHECKING THE CHILD'S BREATHING AND MAINTAIN THE ABILITY TO CHECK THE CHILD'S FACE DURING THE RESTRAINT FOR SIGNS OF PHYSICAL DISTRESS. IN THE CASE OF A SINGLE PARENT, THE CAREGIVER MUST MAINTAIN THE ABILITY TO VIEW THE CHILD'S FACE.

J. THE CAREGIVER MUST ENSURE THAT THE CHILD HAS ADEQUATE RESPIRATION, CIRCULATION AND OVERALL WELL-BEING AND RESPOND APPROPRIATELY WHEN A CHILD INDICATES HE CANNOT BREATHE. THE FOLLOWING TECHNIQUES ARE PROHIBITED:

- 1) RESTRAINTS THAT PLACE A CHILD FACE-DOWN AND PLACE PRESSURE ON THE CHILD'S BACK;
- 2) RESTRAINTS THAT PLACE ENOUGH PRESSURE OR FORCE ON A CHILD'S BACK THAT THE CHILD CANNOT BREATHE;
- 3) RESTRAINTS THAT OBSTRUCT THE ABILITY OF THE CAREGIVER TO CHECK THE CHILD'S FACE FOR SIGNS OF DISTRESS;  
OR
- 4) RESTRAINTS THAT RESTRICT THE CHILD'S ABILITY TO COMMUNICATE.

IF AN EMERGENCY HEALTH SITUATION OCCURS DURING A RESTRAINT, THE CHILD MUST BE RELEASED IMMEDIATELY AND TREATMENT BE OBTAINED.

K. CAREGIVERS MUST PROTECT THE CHILD'S SAFETY, PRIVACY (INCLUDING SHIELDING THE CHILD FROM ONLOOKERS), PERSONAL DIGNITY AND WELL-BEING (INCLUDING BEING SURE THE CHILD'S BODY IS APPROPRIATELY COVERED).

L. ALL FOSTER PARENTS AND CAREGIVERS WILL BE TRAINED IN THE TYPE OF RESTRAINT AUTHORIZED BEFORE THE CHILD IS PLACED.

M. MECHANICAL AND CHEMICAL RESTRAINTS AS WELL AS EMERGENCY MEDICATIONS FOR THE PURPOSE OF RESTRAINTS USED ON A GUIDING LIGHT FOSTER CHILD ARE PROHIBITED. HABILITATIVE HOMES UTILIZING PROTECTIVE DEVICES (RESTRAINTS USED TO PREVENT INVOLUNTARY SELF-INJURY OR TO PERMIT WOUNDS TO HEAL) AND SUPPORTIVE DEVICES (RESTRAINTS USED TO POSTURALLY SUPPORT AN INDIVIDUAL OR TO ASSIST INDIVIDUALS WHO CANNOT OBTAIN AND/OR MAINTAIN NORMAL BODILY FUNCTIONING) ARE AN EXCEPTION TO THE PROHIBITION OF MECHANICAL RESTRAINTS.

N. AT ADMISSION, THE CASE MANAGER WILL EXPLAIN TO CHILDREN WHO ARE ABLE TO UNDERSTAND, GUIDING LIGHT'S POLICIES AND PRACTICES ON THE USE OF RESTRAINT. THE EXPLANATION WILL INCLUDE THE FOLLOWING:

- 1) ONLY ADULT CAREGIVERS ARE PERMITTED TO DO A RESTRAINT
- 2) THE STEPS THAT MUST BE TAKEN TO DEFUSE THE SITUATION AND TO AVOID USING A RESTRAINT PRIOR TO DOING A RESTRAINT

O. AT ADMISSION EACH CHILD IS TO BE INFORMED OF THEIR RIGHT TO VOLUNTARILY PROVIDE COMMENTS ON ANY RESTRAINT. THE CHILD CAN REPORT AN INAPPROPRIATE RESTRAINT TO THE CASE MANAGER, THE GUIDING LIGHT THERAPIST OR ANOTHER TRUSTED ADULT. THIS EXPLANATION WILL BE DOCUMENTED IN THE CHILD'S RECORD ON THE GUIDING LIGHT CHILDREN'S RIGHTS AND PRIVILEGES FORM.

P. AN "ALLOWED BEHAVIOR INTERVENTION" LIST WILL BE POSTED IN EACH FOSTER HOME OR GIVEN TO THE CHILD AND MANAGING CONSERVATOR AT THE TIME OF PLACEMENT. ALLOWABLE BEHAVIOR INTERVENTION INCLUDES:

- |   |  |
|---|--|
| IDENTIFY ESCALATING HOSTILITY   | QUIET TIME   |
| PRIVATE DISCUSSIONS:<br>1. REFLECTIVE LISTENING<br>2. DETERMINE REASON FOR<br>UNDERLYING ANGER<br>3. RESOLVE UNDERLYING ISSUE | CALL A FAMILY MEETING<br><br>GO FOR A PRIVATE WALK<br><br>STOPPING:<br>1. A PUSH<br>2. A CHOKE HOLD (FRONT/BACK)<br>3. A PUNCH WITH A FIST<br>4. KICKING<br>5. HAIR PULLING<br>6. BITING |
| REWARDS OR CONSEQUENCES/LOSS OF<br>PRIVILEGES   |  |
| VERBAL REDIRECTION  |  |
| TIME OUT  | ESCORTING  |
| COOLING OFF PERIOD OR LOCATION  |  |

SEPARATE THE CHILDREN IN CONFLICT

REMOVE THE AUDIENCE

ISOLATION TIME TO THINK THINGS  
THROUGH BEFORE MEETING W/ THE  
PARENT

CALL 911 (POLICE INTERVENTION)

PERSONAL RESTRAINTS:

1. SHORT PERSONAL RESTRAINT
2. BEAR HUG
3. BASKET HOLD
4. BASKET HOLD TAKE-DOWN
5. BASKET HOLD TAKE-DOWN FOR A  
SMALL CHILD
6. TRANSPORT

- Q. A PERSON WHO PRESENTS INFORMATION RELATING TO THE MISUSE OF RESTRAINT OR SECLUSION AT THE FACILITY OR A CLIENT OR RESIDENT OF THE FACILITY THAT PRESENTS INFORMATION RELATING TO THE MISUSE OF A RESTRAINT WILL NOT BE DISCHARGED OR RETALIATED AGAINST.
- R. THE FOLLOWING TECHNIQUES MAY NOT BE USED ON A CHILD:
- A. CHEMICAL RESTRAINTS, MECHANICAL RESTRAINTS, AND SECLUSION.
  - B. AVERSIVE CONDITIONING, WHICH INCLUDES, BUT IS NOT LIMITED TO, ANY TECHNIQUE DESIGNED TO OR LIKELY TO CAUSE A CHILD PHYSICAL PAIN, THE APPLICATION OF STARTLING STIMULI, AND THE RELEASE OF NOXIOUS STIMULI OR TOXIC SPRAYS, MISTS, OR SUBSTANCES IN PROXIMITY TO THE CHILD'S FACE;
    - 1) PRESSURE POINTS;
    - 2) REBIRTHING THERAPY; AND
    - 3) HUG AND/OR HOLDING THERAPY.
    - 4) PRONE (CHEST DOWN) OR SUPINE (CHEST UP) POSITIONS

AFTER A RESTRAINT:

- A. THE CAREGIVER MUST HELP THE CHILD RETURN TO NORMAL ACTIVITIES, UNLESS HE CHOOSES NOT TO. THE CAREGIVER'S ACTIONS MUST INCLUDE:
  - 1) PROVIDING THE CHILD WITH A TRANSITION AND OFFERING THE CHILD AN OPPORTUNITY TO RETURN TO REGULAR ACTIVITIES;
  - 2) OBSERVING THE CHILD FOR AT LEAST 15 MINUTES;
  - 3) PROVIDING THE CHILD WITH AN OPPORTUNITY TO PRIVATELY DISCUSS THE SITUATION THAT LED TO THE RESTRAINT AND THE CAREGIVER'S REACTION TO THAT SITUATION. THIS DISCUSSION MUST TAKE PLACE NO LATER THAN 48 HOURS AFTER THE RELEASE FROM THE RESTRAINT AND WILL BE DOCUMENTED ON THE GUIDING LIGHT RESTRAINT FORM. THE CAREGIVER MUST DEBRIEF WITH ANY FOSTER CHILDREN WHO WITNESSED THE RESTRAINT AND DOCUMENT ON THE GUIDING LIGHT RESTRAINT FORM.

THE GOAL OF THIS DISCUSSION IS TO ALLOW THE CHILD TO DISCUSS HIS BEHAVIOR AND THE CIRCUMSTANCES LEADING UP TO THE RESTRAINT, THE STRATEGIES ATTEMPTED BEFORE THE RESTRAINT OCCURRED, THE CHILD'S REACTION TO THOSE STRATEGIES, THE RESTRAINT ITSELF AND THE CHILD'S REACTION TO THE RESTRAINT.

- B. CAREGIVERS MUST ATTEMPT TO DEBRIEF CONCERNING THE INCIDENT BY SHARING THE INCIDENT WITH A SUPERVISOR OR OTHER STAFF, WHILE REQUESTING THEIR FEEDBACK.

THE FOLLOWING INFORMATION ON EACH PERSONAL RESTRAINT MUST BE DOCUMENTED IN THE CHILD'S RECORD:

- 1) THE DATE AND TIME THE CAREGIVER BEGAN USING THE RESTRAINT AND THE NAME OF THE CAREGIVER USING THE RESTRAINT.
- 2) A DESCRIPTION OF THE SPECIFIC BEHAVIORS NECESSITATING THE USE OF THE RESTRAINT
- 3) THE TYPE OF RESTRAINT USED AND THE LENGTH OF TIME THE CHILD WAS RESTRAINED
- 4) ANY INJURY THE CHILD SUSTAINED AS A RESULT OF THE INCIDENT OR THE USE OF RESTRAINT OR ANY ADVERSE EFFECTS CAUSED BY THE USE OF THE INTERVENTION. IF THE CHILD RECEIVED MEDICAL ASSISTANCE OR TREATMENT, THE CAREGIVER MUST DOCUMENT THE NAME OF THE MEDICAL PROVIDER.

- 5) THE CHILD'S NAME
- 6) THE USE OF ALTERNATIVE STRATEGIES ATTEMPTED BEFORE THE USE OF PERSONAL RESTRAINT AND THE CHILD'S REACTION TO THOSE STRATEGIES
- 7) THE DE-ESCALATING STRATEGIES EMPLOYED DURING THE RESTRAINT
- 8) ALL ATTEMPTS TO EXPLAIN TO THE CHILD WHAT BEHAVIORS WERE NECESSARY FOR RELEASE FROM THE RESTRAINT
- 9) THE NAMES OF ANY WITNESSES TO THE EMERGENCY BEHAVIOR INTERVENTION, INCLUDING CHILD WITNESSES IN THE HOME.
- 10) THE ACTIONS THE CAREGIVERS TOOK TO FACILITATE THE CHILD'S RETURN TO NORMAL ACTIVITIES FOLLOWING THE END OF THE INTERVENTION.
- 11) EACH PERSONAL RESTRAINT WILL BE EVALUATED BY THE CHILD'S GUIDING LIGHT TREATMENT TEAM AT THE STAFF MEETINGS AND MAKE COMMENTS ON THE RESTRAINT DOCUMENTATION FORM IF NEEDED. THE AGENCY MUST CONSIDER ALTERNATIVE STRATEGIES TO HANDLE THE BEHAVIOR THAT REQUIRED USING A PERSONAL RESTRAINT. THIS EVALUATION AND THE INSTRUCTIONS TO THE CAREGIVERS MUST BE DOCUMENTED IN THE CHILD'S RECORD.

FORM - RESTRAINT DOCUMENTATION FORM





## RIGHTS OF CHILDREN

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- I. CHILDREN HAVE THE RIGHT TO FAIR TREATMENT. CHILDREN MUST HAVE GOOD CARE AND TREATMENT THAT MEETS THE CHILD'S NEEDS IN THE MOST FAMILY-LIKE SETTING POSSIBLE. CHILDREN MUST NOT BE ABUSED, NEGLECTED, OR EXPLOITED.
- II. CHILDREN MUST HAVE THE OPPORTUNITY FOR SIBLING AND FAMILY VISITS AND CONTACT WHEN A SIBLING GROUP IS NOT PLACED IN THE SAME HOME OR FACILITY UNLESS RESTRICTIONS ARE NECESSARY BECAUSE OF THE CHILD'S BEST INTEREST, THE DECISION OF AN APPROPRIATE PROFESSIONAL, OR COURT ORDER.
- III. CHILDREN MUST HAVE AN APPROPRIATE EDUCATION BASED ON THE CHILD'S AGE AND DEVELOPMENTAL LEVEL.
- IV. CHILDREN MUST HAVE AN OPPORTUNITY TO PARTICIPATE IN COMMUNITY FUNCTIONS AND RECREATIONAL ACTIVITIES AND HAVE THEIR SOCIAL NEEDS MET. CHILDREN MUST HAVE OPPORTUNITIES TO HAVE NORMAL INTERACTIONS AND EXPERIENCES WITHIN THE FOSTER FAMILY AND PARTICIPATE IN FOSTER FAMILY ACTIVITIES, ENGAGING IN AGE, MATURITY, AND DEVELOPMENTALLY APPROPRIATE CHILDHOOD ACTIVITIES AWAY FROM THE FOSTER HOME SUCH AS EXTRACURRICULAR ACTIVITIES, SOCIAL ACTIVITIES IN AND OUT OF SCHOOL, AND EMPLOYMENT OPPORTUNITIES.
- V. CHILDREN MUST HAVE PERSONAL, COMFORTABLE, CLOTHING SUITABLE TO THEIR AGE AND SIZE AND SIMILAR TO THE CLOTHING OF OTHER CHILDREN IN THE COMMUNITY. CHILDREN MUST HAVE SOME CHOICE IN SELECTING THEIR CLOTHING. FOSTER PARENTS & GUIDING LIGHT MUST MAKE REASONABLE EFFORTS TO ENSURE THE CHILD WEARS APPROPRIATE CLOTHING THAT PROTECTS AGAINST THE WEATHER.
- VI. CHILDREN MUST BE GIVEN TRAINING IN PERSONAL CARE, HYGIENE, AND GROOMING. EACH CHILD MUST BE SUPPLIED WITH EQUIPMENT FOR PERSONAL CARE, HYGIENE, AND GROOMING AND TOLD HOW TO USE THEM. FOSTER PARENTS MUST ENCOURAGE THE CHILD TO USE THEIR PERSONAL HYGIENE AND GROOMING PRODUCTS EFFECTIVELY.
- VII. MONEY A CHILD EARNS OR IS GIVEN AS A GIFT OR ALLOWANCE MUST BE HIS PERSONAL PROPERTY.
- VIII. A CHILD'S MONEY MUST BE ACCOUNTED FOR SEPARATELY FROM THE AGENCY'S FUNDS OR THE FUNDS OF THE FACILITY OR FAMILY WITH WHOM HE IS PLACED.
- IX. A CHILD MUST NOT BE REQUIRED TO USE HIS PERSONAL MONEY TO PAY FOR ROOM AND BOARD, UNLESS IT IS A PART OF THE SERVICE PLAN AND APPROVED IN WRITING BY THE PARENTS OR MANAGING CONSERVATOR AND THE CHILD-PLACING AGENCY. PAYING FOR TRANSPORTATION OUT OF A CHILD'S ALLOWANCE IS PROHIBITED. THIS CANNOT BE A CONSEQUENCE OF INAPPROPRIATE BEHAVIOR. IF NOTED IN THE CPOS, THE MONEY CAN BE WITHHELD FROM THE CHILD'S ALLOWANCE ONLY IF THE AMOUNT IS SET ASIDE TO BE RETURNED TO THE CHILD AT DISCHARGE.
- X. CHILDREN HAVE THE RIGHT TO PRIVACY IN WRITING, SENDING, OR RECEIVING UNOPENED CORRESPONDENCE, MAKING AND RECEIVING PHONE CALLS, KEEPING A PERSONAL JOURNAL, AND HAVING VISITORS UNLESS RESTRICTIONS ARE DETERMINED NECESSARY BY THE TREATMENT TEAM (GUIDING LIGHT CASE MANAGER, MANAGING CONSERVATOR OR PAROLE OFFICER, AND OTHER PROFESSIONALS ASSOCIATED WITH THE CASE).
- XI. A CHILD MUST BE ALLOWED TO BRING PERSONAL POSSESSIONS TO THE AGENCY HOME AND ALLOWED TO ACQUIRE OTHER PERSONAL POSSESSIONS WITHIN REASONABLE LIMITS. ANY LIMITS ON THE KINDS OF POSSESSIONS A CHILD MAY OR MAY NOT RECEIVE MUST BE DISCUSSED WITH THE CHILD AND THE MANAGING CONSERVATOR.
- XII. CHILDREN WILL BE DISCIPLINED AS PER THE POLICY OF THE AGENCY. THEY WILL NEVER BE PHYSICALLY DISCIPLINED. THEY WILL BE ALLOWED TO EXPRESS THEIR ANGER, AS LONG AS THEY DO NOT HURT THEMSELVES OR OTHERS.

CHILDREN HAVE A RIGHT TO DISCIPLINE THAT IS APPROPRIATE TO THE CHILD'S AGE, MATURITY, AND DEVELOPMENT LEVEL; AND THE RIGHT TO HAVE RESTRICTIONS OR DISCIPLINARY POLICIES EXPLAINED TO THE CHILD AT ADMITTANCE AND WHEN THE MEASURES ARE IMPOSED.

- XIII. CHILDREN HAVE THE RIGHT TO CONFIDENTIALITY. INFORMATION IS NOT TO BE PRESENTED TO OTHERS OUTSIDE OF THE TREATMENT TEAM. INFORMATION PERTAINING TO MEDICAL AND AGENCY RECORDS WILL BE KEPT PRIVATE AND ONLY DISCUSSED WHEN IT IS ABOUT THE CHILD'S CARE TO THE TREATMENT TEAM. FOR EXAMPLE, A RESPITE PROVIDER WILL NEED TO BE PROVIDED WITH CONFIDENTIAL INFORMATION SUCH AS ALLERGIES OR PRESCRIBED MEDICATION TO HELP MEET THE NEEDS OF THE CHILDREN.
- XIV. FOSTER CHILDREN SHALL NOT BE REQUIRED TO ACKNOWLEDGE THEIR DEPENDENCY, NEGLECT, DESTITUTION, OR GRATITUDE.
- XV. CHILDREN WILL NOT BE COERCED INTO PARTICIPATION IN PUBLIC EVENTS. THEY SHALL NOT BE REQUIRED TO PERFORM AT PUBLIC MEETINGS OR BE USED FOR MEDIA OR FUND-RAISING EVENTS. ANY INFORMATION WHICH INVADES THE PRIVACY OF THE CHILD MAY NOT BE USED WITHOUT EXPRESS WRITTEN CONSENT OF THE CHILD AND HIS/HER PARENT(S) OR MANAGING CONSERVATOR.
- XVI. CHILDREN HAVE THE RIGHT TO HIRE INDEPENDENT MENTAL HEALTH PROFESSIONALS, MEDICAL PROFESSIONALS, AND ATTORNEYS AT HIS OWN EXPENSE;
- XVII. DEPENDING ON THE CHILD'S AGE AND MATURITY, CHILDREN HAVE THE RIGHT TO SEEK EMPLOYMENT, KEEP THEIR OWN MONEY, AND HAVE A BANK ACCOUNT IN THE CHILD'S NAME. CHILDREN AGE 16 AND OLDER MUST HAVE A JOB AND/ OR DO VOLUNTEER WORK. CHILDREN HAVE THE RIGHT TO BE COMPENSATED FOR ANY WORK DONE FOR THE AGENCY OR HOME AS PART OF THE CHILD'S SERVICE PLAN OR VOCATIONAL TRAINING, WITH THE EXCEPTION OF ASSIGNED ROUTINE DUTIES THAT RELATE TO THE CHILD'S LIVING ENVIRONMENT, SUCH AS CLEANING HIS ROOM, OR OTHER CHORES, OR WORK ASSIGNED AS A DISCIPLINARY MEASURE. WORK DONE FOR THE AGENCY OR AT HOME CAN ALSO BE CONSIDERED VOLUNTEER WORK ACCORDING TO RESIDENTIAL CONTRACTS.
- XVIII. CHILDREN HAVE THE RIGHT TO BE ABLE TO COMMUNICATE IN A LANGUAGE OR ANY OTHER MEANS THAT IS UNDERSTANDABLE TO THE CHILD, INCLUDING BRAILLE IF THE CHILD IS BLIND OR SIGN LANGUAGE IF THE CHILD IS DEAF AT ADMISSION OR WITHIN A REASONABLE TIME AFTER AN EMERGENCY ADMISSION OF A CHILD, IF APPLICABLE. GUIDING LIGHT WILL MAKE EVERY EFFORT TO PLACE A CHILD WITH CAREGIVER(S) WHO CAN COMMUNICATE WITH THE CHILD. IF THESE EFFORTS ARE NOT SUCCESSFUL, IT WILL BE DOCUMENTED IN THE PRELIMINARY SERVICE PLAN THE PLAN TO MEET THE COMMUNICATION NEEDS OF THE CHILD;
- XIX. CHILDREN HAVE THE RIGHT TO RECEIVE APPROPRIATE TREATMENT FOR PHYSICAL PROBLEMS THAT AFFECT HIS TREATMENT OR SAFETY;
- XX. CHILDREN HAVE THE RIGHT TO BE FREE FROM PRESSURE TO GET AN ABORTION, RELINQUISH HER CHILD FOR ADOPTION, OR TO PARENT HER CHILD, IF APPLICABLE; AND
- XXI. GUIDING LIGHT WILL CONSIDER CHILDREN FOR PLACEMENT INTO FOSTER HOMES WITHOUT DISCRIMINATION BECAUSE OF THE CHILD'S RACE, COLOR, AGE, SEX, NATIONAL ORIGIN, DISABILITY, POLITICAL BELIEFS OR RELIGION.
- XXII. CHILDREN HAVE THE RIGHT TO REPORT ABUSE, NEGLECT, EXPLOITATION, OR VIOLATION OF PERSONAL RIGHTS WITHOUT FEAR OF PUNISHMENT, INTERFERENCE, COERCION, OR RETALIATION BY CALLING ABUSE/NEGLECT HOTLINE AT 1-800-252-5400.
- XXIII. CHILDREN HAVE THE RIGHT TO HAVE THEIR PHYSICAL, EMOTIONAL, DEVELOPMENTAL, EDUCATIONAL, SOCIAL AND RELIGIOUS NEEDS MET. CHILDREN HAVE THE RIGHT TO CHOOSE A CHURCH OR NOT PRACTICE A RELIGION.
- XXIV. CHILDREN HAVE THE RIGHT TO BE FREE OF UNNECESSARY OR EXCESSIVE MEDICATION.

- XXV. CHILDREN HAVE THE RIGHT TO ACTIVELY PARTICIPATE IN THE DEVELOPMENT AND REVIEW OF THEIR SERVICE PLAN WITHIN LIMITS OF THE CHILD'S COMPREHENSION AND ABILITY TO MANAGE THE INFORMATION. CHILDREN HAVE THE RIGHT TO A COMPREHENSIVE SERVICE PLAN THAT ADDRESSES THEIR NEEDS, INCLUDING TRANSITIONAL AND DISCHARGE PLANNING. CHILDREN HAVE THE RIGHT TO A COPY OR SUMMARY OF THE PLAN. CHILDREN 14 YEARS OF AGE OR OLDER HAVE THE RIGHT TO REVIEW AND SIGN THE SERVICE PLANS.
- XXVI. CHILDREN HAVE THE RIGHT TO RECEIVE, REFUSE, REQUEST TREATMENT FOR PHYSICAL, EMOTIONAL, MENTAL HEALTH, OR CHEMICAL DEPENDENCY TREATMENT SEPARATELY FROM ADULTS (OTHER THAN YOUNG ADULTS BETWEEN THE AGES OF 18-22) WHO ARE RECEIVING SERVICES. EXAMPLE: A FOSTER CHILD HAS THE RIGHT TO RECEIVE, REFUSE, REQUEST TREATMENT AND/OR THERAPY WITH ADULTS OLDER THAN 22.
- XXVII. CHILDREN HAVE THE RIGHT TO BE FREE FROM ANY HARSH, CRUEL, UNUSUAL, UNNECESSARY, DEMEANING, OR HUMILIATING PUNISHMENT, WHICH INCLUDES:
  - A. SHAKING THE CHILD
  - B. SUBJECTING THE CHILD TO CORPORAL PUNISHMENT, INCLUDING SPANKING OR HITTING THE CHILD
  - C. THREATENING THE CHILD WITH CORPORAL PUNISHMENT
  - D. ANY UNPRODUCTIVE WORK THAT SERVES NO PURPOSE EXCEPT TO Demean THE CHILD SUCH AS MOVING ROCKS FROM ONE PILE TO ANOTHER OR DIGGING A HOLE AND THEN FILLING IT.
- XXVIII. SUBJECT THE CHILD TO REMARKS THAT BELITTLE OR RIDICULE THE CHILD OR CHILD' FAMILY.
  - A. REJECTING, SHAMING, SCREAMING, OR YELLING AT THE CHILD
- XXIX. THREATEN THE CHILD WITH LOSS OF PLACEMENT OR SHELTER AS PUNISHMENT

NOTE: THE CPS RIGHTS OF CHILDREN AND YOUTH IN FOSTER CARE HAS REPLACED THE GUIDING LIGHT CHILDREN'S RIGHTS AND PRIVILEGES FORM. WITHIN SEVEN DAYS AFTER GUIDING LIGHT ADMITS A CHILD FOR PLACEMENT AND FOR ANY SUBSEQUENT PLACEMENTS, THE GUIDING LIGHT CHILD PLACEMENT STAFF MAY BE READ TO THE CHILD OR THE CHILD CAN READ THE INFORMATION AND THE GUIDING LIGHT CASE MANAGER CAN CHECK TO ENSURE THE CHILD UNDERSTANDS. THE CHILD MUST SIGN THE FORM STATING THEY HAVE READ THE INFORMATION ALONG WITH THE CASE MANAGER, CPS, AND THE CAREGIVER. GUIDING LIGHT WILL PROVIDE THE CHILD AND A CHILD'S PARENT WITH A WRITTEN COPY OF THE CHILD'S RIGHTS. (IT IS GUIDING LIGHT AND THE CAREGIVER'S RESPONSIBILITY TO REVIEW THE CPS RIGHTS OF CHILDREN AND YOUTH IN FOSTER CARE UPON PLACEMENT, NOT THE CPS CASEWORKER, WHO REVIEWS IT WITH THE CHILD AT OTHER TIMES.) THE CHILD RIGHTS WILL BE WRITTEN IN SIMPLE, NON-TECHNICAL TERMS; AND ENGLISH, UNLESS THE PERSON DOES NOT UNDERSTAND ENGLISH. THE CHILD'S RIGHTS WILL BE WRITTEN IN THE PERSON'S PRIMARY LANGUAGE, IF POSSIBLE. IF THE PERSON GUIDING LIGHT IS INFORMING HAS A VISUAL OR AUDITORY IMPAIRMENT, GUIDING LIGHT WILL EXPLAIN THE CHILD'S RIGHTS IN A MANNER THAT IS UNDERSTANDABLE TO THE PERSON. THE PERSON GUIDING LIGHT IS INFORMING OF THE CHILD'S RIGHTS MUST SIGN A STATEMENT INDICATING THAT THE PERSON HAS READ AND UNDERSTANDS THESE RIGHTS. GUIDING LIGHT WILL PUT THE SIGNED COPY IN THE CHILD'S RECORD AND PROVIDE A COPY TO CPS EITHER ON OR BEFORE THE COMPLETION OF THE 7-DAY CONTACT.

- XXV. CAREGIVERS MUST GIVE CHILDREN FOOD OF ADEQUATE QUALITY AND IN SUFFICIENT QUANTITY TO SUPPLY THE NUTRIENTS NECESSARY FOR PROPER GROWTH AND DEVELOPMENT.
  - A. CAREGIVERS MUST FEED AN INFANT WHENEVER THE INFANT IS HUNGRY.
  - B. CAREGIVERS MUST PROVIDE A TODDLER OR SCHOOL AGE CHILD WITH THREE MEALS AND AT LEAST ONE SNACK A DAY.
  - C. NO MORE THAN 14 HOURS MAY PASS BETWEEN THE LAST MEAL OR SNACK OF THE DAY AND THE AVAILABILITY OF THE FIRST MEAL THE FOLLOWING DAY.
  - D. CAREGIVERS MUST PROVIDE FRESH FRUITS, VEGETABLES, AND DAIRY PRODUCTS TO THE CHILDREN AT LEAST ONCE A DAY.
  - E. CHILDREN ARE TO HAVE AN INPUT IN MEAL PLANNING

- XXVI. THE FOSTER HOME PARENTS AND STAFF WILL ADHERE TO THE DISCIPLINE POLICY. THE CHILD WILL BE DISCIPLINED IN A WAY THAT IS APPROPRIATE TO THE CHILD'S AGE AND DEVELOPMENTAL LEVEL. RESTRICTIONS OR DISCIPLINARY CONSEQUENCES WILL BE EXPLAINED TO THE CHILD AT ADMITTANCE AND WHEN IMPOSED.
- XXVII. CHILDREN WILL BE PLACED AND SUPERVISED APPROPRIATELY IN THE LEAST RESTRICTIVE GUIDING LIGHT FOSTER HOME THAT IS CAPABLE OF MEETING THEIR NEEDS. THE FOSTER HOME WILL MEET THE CHILD'S PHYSICAL AND EMOTIONAL NEEDS WHICH PROVIDE REASONABLE PROTECTION FROM HARM AND APPROPRIATE PRIVACY FOR PERSONAL NEEDS.
- XXVIII. CHILDREN WILL RECEIVE APPROPRIATE EDUCATIONAL AND VOCATIONAL SERVICES ACCORDING TO THEIR AGE AND DEVELOPMENTAL LEVEL:
- A. OFFICIALLY ENROLLED IN SCHOOL AND RECORDS WILL BE TRANSFERRED FROM THE CHILD'S PREVIOUS SCHOOL.
  - B. RECEIVE INTERVENTIONS THROUGH FORMAL LIAISONS WITH THE SCHOOL WHEN NECESSARY (I.E.P., PRIVATE SCHOOL, TUTORING, ETC.)
  - C. WILL NOT BE SPANKED BY SCHOOL PERSONNEL. THE SCHOOL PERSONNEL MUST BE REFERRED TO THE GUIDING LIGHT CASE MANAGER CONCERNING SUCH MATTERS.
  - D. ENROLLED INTO THE SCHOOL LUNCH PROGRAM FOR WHICH MEALS ARE FREE. HOWEVER, UNTIL THE CHILD IS ACCEPTED INTO THE PROGRAM, MONEY WILL BE PROVIDED BY THE FOSTER PARENT TO PURCHASE MEALS.
  - E. THE CHILD WILL HAVE ALL SUPPLIES NECESSARY ACCORDING TO THE SCHOOL GUIDELINES.
  - F. GUIDING LIGHT WILL COOPERATE WITH CPS IN PROVIDING PREPARATION FOR ADULT LIVING (PAL) SERVICES TO ALL CHILDREN IDENTIFIED BY CPS AS NEEDING SUCH SERVICES.
  - G. FOSTER PARENTS MUST ATTEND AND PARTICIPATE IN SCHOOL STAFFING, CONFERENCES, AND EDUCATION PLANNING MEETINGS REGARDING SCHOOL-AGE CHILDREN.
- XXIX. CHILDREN WILL HAVE THE OPPORTUNITY FOR NORMALCY INCLUDING ENGAGING IN CHILDHOOD ACTIVITIES THAT ARE SUITABLE FOR CHILDREN OF THE SAME AGE, LEVEL OF MATURITY, AND DEVELOPMENTAL LEVEL AS DETERMINED BY A REASONABLE AND PRUDENT PARENT STANDARD AND HAVING NORMAL INTERACTIONS AND EXPERIENCES WITHIN A FOSTER FAMILY AND PARTICIPATING IN FOSTER FAMILY ACTIVITIES, TO THE SAME EXTENT AS A SIMILARLY SITUATED CHILD BORN TO THE FAMILY. CHILDREN WILL HAVE OPPORTUNITIES TO PARTICIPATE IN COMMUNITY FUNCTIONS, RELIGIOUS SERVICES, RECREATIONAL ACTIVITIES LEISURE ACTIVITIES, AND SCHOOL EXTRACURRICULAR ACTIVITIES TO THE EXTENT OF HIS INTEREST AND ABILITIES IN ACCORDANCE WITH THE SERVICE PLAN, AND DISCUSSED BY THE CAREGIVER AND CASEWORKER AS WELL AS AGREED UPON AT PRE-PLACEMENT IN ORDER TO HAVE THEIR SOCIAL AND THERAPEUTIC NEEDS MET.
- A. THE ACTIVITIES SHOULD BE BOTH SPONTANEOUS AND PLANNED. THE ACTIVITIES WILL ADDRESS THEIR THERAPEUTIC NEEDS, PROVIDE AN OUTLET FOR STRESS, AND/OR ALLOW THEM TO ENJOY THEMSELVES GIVEN THEIR INTERESTS AND APTITUDES.
  - B. THE SCHEDULE AND CHILD'S PARTICIPATION IN THE ACTIVITIES SHOULD BE DOCUMENTED DAILY BY THE FOSTER FAMILY AND SUBMITTED TO THE GUIDING LIGHT OFFICE MONTHLY. THE DOCUMENTATION SHOULD ALSO INCLUDE THEIR RESPONSE TO THE ACTIVITIES AND THE EXPLANATION OF HOW IT COLLABORATES WITH THEIR CHILD PLAN OF SERVICE.
  - C. DOCUMENTATION FOR SOCIAL/RECREATIONAL ACTIVITIES WILL INCLUDE THE FREQUENCY OF THE ACTIVITIES WITH THE KIND OF STAFF INVOLVED AND SUPERVISION. FOR SPECIALIZED SERVICE LEVEL CHILDREN, THE THERAPEUTIC VALUE OF EACH ACTIVITY WILL BE DOCUMENTED IN THE CHILD PLAN OF SERVICE (CPOS).
  - D. FOR THE SMALL PERCENTAGE OF GUIDING LIGHT CHILDREN WHO ARE LIMITED BY DEVELOPMENTAL DISABILITY, INTELLECTUAL DISABILITY, OR MEDICAL CONDITION, ACTIVITIES MUST FIT THE CHILD'S NEEDS OR BE MODIFIED. IF A SPECIALIZED SERVICE LEVEL CHILD HAS PRIMARY MEDICAL OR HABILITATIVE NEEDS, MEDICAL AND/OR PHYSICAL SUPPORTS MAY BE REQUIRED.
  - E. RELATIONSHIP TO THE COMMUNITY - GUIDING LIGHT PARTICIPATES AND COLLABORATES WITH OTHER SOCIAL AGENCIES AND PLANNING GROUPS IN THE COMMUNITY FOR THE PURPOSE OF COORDINATING,

PLANNING AND EXPANDING SERVICES CONCERNED WITH STRENGTHENING FAMILY LIFE AND SERVICES FOR CHILDREN AND THEIR FAMILIES.

- F. A WRITTEN CONSENT MUST BE OBTAINED FROM THE CHILD (IF THE CHILD IS ABLE TO GIVE CONSENT) AND FROM CPS PRIOR TO INVOLVING THE CHILD IN ANY FUND RAISING OR PUBLICITY FOR THE CHILD-PLACING AGENCY, INCLUDING THE USE OF THE CHILD'S PHOTOGRAPH.
- G. PROVIDE ACCESS TO 2 OR MORE BASIC LIFE SKILL ACTIVITIES PER MONTH IN THE HOME OR PROVIDED BY COMMUNITY RESOURCES.

XXX. CHILDREN'S MAIL (INCLUDING ELECTRONIC MAIL), INCOMING AND OUTGOING MUST NOT BE OPENED OR READ AND CHILDREN'S TELEPHONE CALLS, INCOMING AND OUTGOING, MUST NOT BE MONITORED UNLESS THE NEED FOR SUCH RESTRICTION IS DETERMINED BY THE CHILD PLACEMENT MANAGEMENT STAFF (LEVEL ONE STAFF) OR A COURT DETERMINES RESTRICTIONS ARE NECESSARY. THE CHILD SHOULD BE INFORMED OF THE REASONS WHY A SEARCH IS CONDUCTED. REASONS FOR ANY RESTRICTIONS ON MAIL OR TELEPHONE CALLS AND THE MAIL OR CALLS SO RESTRICTED MUST BE DOCUMENTED IN THE CHILD'S RECORD. IF RESTRICTIONS CONTINUE LONGER THAN ONE MONTH, THE CHILD PLACEMENT MANAGEMENT STAFF MUST RE-EVALUATE THE RESTRICTIONS AT LEAST MONTHLY. REASONS FOR THE CONTINUED RESTRICTION MUST BE EXPLAINED TO THE CHILD AND DOCUMENTED IN THE CHILD'S RECORD.

XXXI. GUIDING LIGHT EXPECTS FOSTER CHILDREN TO MAINTAIN THEIR PLACEMENT BY WORKING TOWARDS DISCUSSING INCIDENTS OF NEGATIVE BEHAVIORS. ALL FOSTER CHILDREN ARE EXPECTED TO ATTEND SCHOOL, ATTEND MEDICAL, DENTAL, VISION, MENTAL HEALTH CARE, DEVELOPMENTAL SERVICES INCLUDING THERAPY APPOINTMENTS THAT ADEQUATELY MEET THE CHILD'S NEEDS, AND TO FOLLOW THE RULES OF THE FOSTER HOME. CHILDREN CAN REQUEST THAT THE CARE OR SERVICES ARE SEPARATE FROM ADULTS (OTHER THAN YOUNG ADULTS) WHO ARE RECEIVING SERVICES. FOR EXAMPLE, A CHILD CAN REQUEST TO SEE A PEDIATRICIAN INSTEAD OF GOING TO A REGULAR DOCTOR THAT SEES ADULTS AND CHILDREN. A CHILD CAN ALSO REQUEST TO HAVE THERAPY SEPARATE FROM THEIR FAMILY MEMBERS.

XXXII. A CHILD'S POSSESSIONS MUST BE FREE OF UNREASONABLE SEARCHES AND UNREASONABLE REMOVAL OF PERSONAL ITEMS.

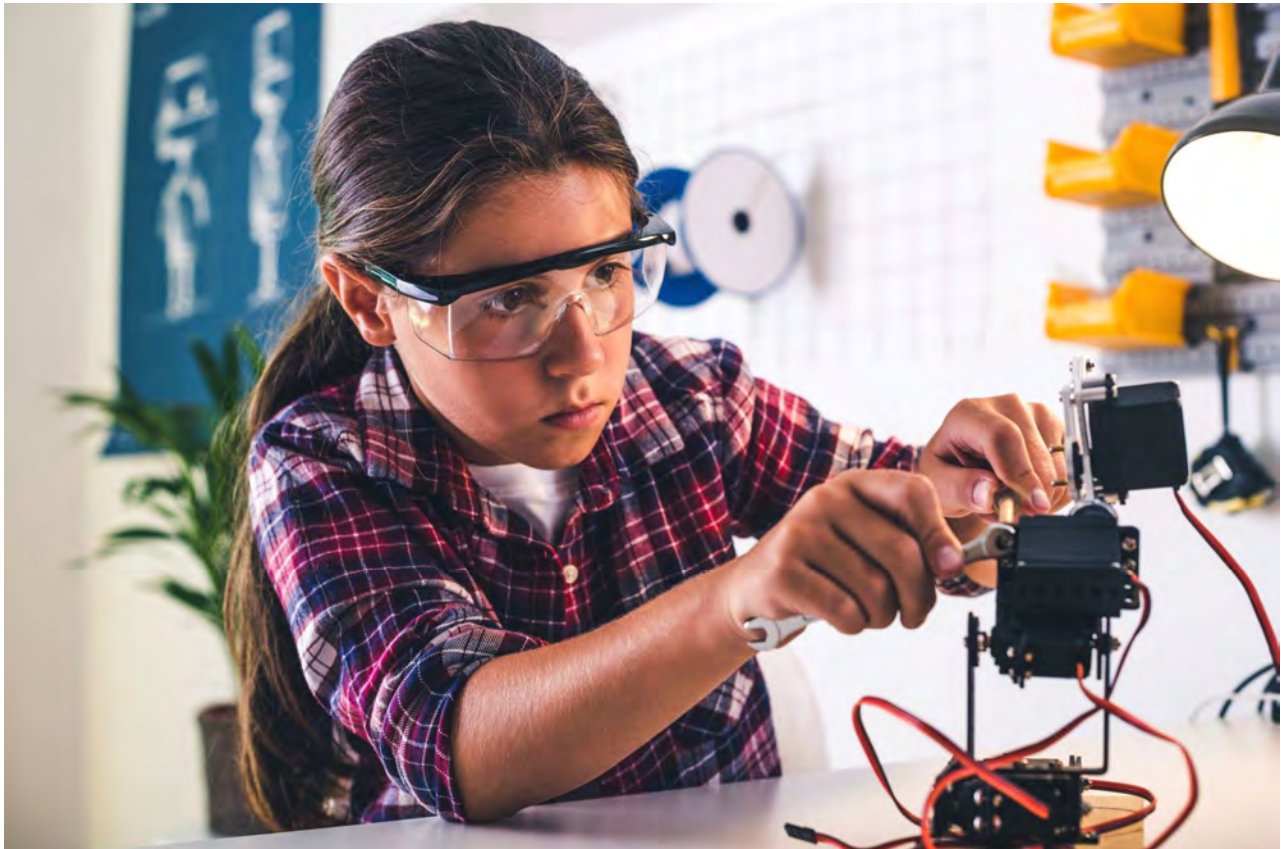
- A. GUIDING LIGHT MAY SEARCH A CHILD, HIS POSSESSIONS, OR HIS ROOM ONLY WHEN THERE IS REASONABLE SUSPICION:
  - 1) OF THE PRESENCE OF A PROHIBITED ITEM, OR AN ITEM THAT ENDANGERS THE CHILD'S SAFETY;
  - 2) THAT THE CHILD MADE SUICIDAL THREATS OR THREATENED TO HURT HIMSELF OR OTHERS; OR
  - 3) THAT THE CHILD OR CHILDREN WAS INVOLVED IN THEFT.
- B. ONLY A CAREGIVER MAY CONDUCT SEARCHES THAT INVOLVE THE REMOVAL OF CLOTHING, OTHER THAN OUTER CLOTHING, SUCH AS COATS, JACKETS, HATS, GLOVES, SHOES, OR SOCKS.
- C. IF A SEARCH OF A CHILD WHO IS FIVE YEARS OLD OR YOUNGER INVOLVES THE REMOVAL OF CLOTHING (OTHER THAN OUTER CLOTHING), ANOTHER ADULT MUST WITNESS THE SEARCH.
- D. IF A SEARCH OF A CHILD WHO IS OVER THE AGE OF FIVE INVOLVES THE REMOVAL OF CLOTHING (OTHER THAN OUTER CLOTHING), AN ADULT OF THE SAME GENDER MUST WITNESS THE SEARCH.
- E. THE CAREGIVER MUST ENSURE THAT OTHER CHILDREN DO NOT WITNESS A SEARCH THAT INVOLVES THE REMOVAL OF CLOTHING, OTHER THAN OUTER CLOTHING.
- F. WITH THE EXCEPTION OF A CHILD'S MOUTH, A CAREGIVER MAY NOT CONDUCT A BODY CAVITY SEARCH OF A CHILD IN CARE.
- G. THE CAREGIVER MUST DOCUMENT THE FOLLOWING IN THE CHILD'S RECORD WHEN CONDUCTING A SEARCH IF IT RESULTS IN THE REMOVAL OF PERSONAL ITEM OR CLOTHING WORN BY THE CHILD:
  - 1) THE DATE OF THE SEARCH
  - 2) THE NAME OF THE CHILD
  - 3) REASON FOR THE SEARCH

- 4) A DESCRIPTION OF WHAT WAS SEARCHED
- 5) ARTICLES OF CLOTHING REMOVED, IF APPLICABLE
- 6) THE NAME OF PERSON CONDUCTING THE SEARCH
- 7) THE NAME OF THE WITNESS, IF APPLICABLE
- 8) THE RESULTS OF THE SEARCH
- 9) THE RESOLUTION OF THE ISSUE WITH THE CHILD OR CHILDREN INVOLVED.

- XXXIII. GUIDING LIGHT IS REQUIRED TO ENSURE EFFECTIVE COMMUNICATION WITH CHILDREN WHO ARE DEAF OR HARD OF HEARING.  
CASE MANAGER CAN CONTACT A DEAFNESS RESOURCE SPECIALIST FROM THE DEPARTMENT FOR ASSISTIVE AND REHABILITATIVE SERVICES (DARS) FOR ASSISTANCE IN DETERMINING HOW BEST TO ENSURE EFFECTIVE COMMUNICATION IS BEING ACHIEVED AT [WWW.DARS.STATE.TX.US/DHHS/PROVIDERS/SPECIALISTS.ASP](http://WWW.DARS.STATE.TX.US/DHHS/PROVIDERS/SPECIALISTS.ASP)
- XXXIV. CHILDREN HAVE THE RIGHT TO TELL HIS/HER CPS CASEWORKER IF HAVING PROBLEMS IN THE FOSTER HOME OR BEING ABUSED AND/OR NEGLECTED. THE CHILD CAN CALL HIS/HER CASEWORKER, SEND A LETTER OR EMAIL THEM.
- XXXV. CHILDREN HAVE THE RIGHT TO HAVE A LAWYER AND CPS WORKER OR GUIDING LIGHT CASE MANAGER GIVE THEM HIS OR HER NAME AND PHONE NUMBER. CHILDREN HAVE THE RIGHT TO CALL THE ATTORNEY IF THE CAREGIVERS DON'T KEEP YOU SAFE. CHILDREN MAY CONTACT THEIR CASEWORKER, ATTORNEYS, AD LITEMS, PROBATION OFFICER, CASA AND ADVOCACY, INC. AT ANY TIME WITHOUT LIMITS WITH A CELL PHONE PROVIDED BY THE CPS WORKER WHO WILL ABSORB THE MONTHLY CHARGES.
- XXXVI. GUIDING LIGHT HAS ATTEMPTED TO PLACE EACH CHILD INTO A HOME THAT MATCHES HIS/HER RELIGIOUS BELIEFS. ALL CHILDREN IN THE HOME ARE EXPECTED TO PARTICIPATE IN ACTIVITIES THAT ARE A PART OF THE REGULAR FAMILY ROUTINE SUCH AS ATTENDING THE SAME CHURCH OR FAMILY DEVOTIONALS.
- XXXVII. CHILDREN ARE EXPECTED TO ABIDE BY THE RULES OF THE FOSTER HOME WHICH ARE LISTED ON THE DAILY SCHEDULE.
- XXXVIII. CHILDREN MAY SEE THEIR CPS CASEWORKER AT LEAST MONTHLY AND IN PRIVATE IF NECESSARY.
- XXXIX. CHILDREN MAY GO TO COURT HEARING AND SPEAK TO THE JUDGE THAT AFFECTS WHERE THEY HAVE BEEN PLACED INCLUDING STATUS OF HEARINGS, PERMANENCY HEARINGS OR PLACEMENT REVIEW HEARINGS.
- XL. CHILDREN HAVE THE RIGHT TO MAKE CALLS, REPORTS, OR COMPLAINTS WITHOUT INTERFERENCE, COERCION, PUNISHMENT, RETALIATION, OR THREATS OF PUNISHMENT OR RETALIATION. THE CHILD MAY MAKE THE CALL ANONYMOUSLY AND IN PRIVATE. THERE ARE FOUR DIFFERENT NUMBERS AVAILABLE BASED ON THE NATURE OF THE COMPLAINT. THE FOLLOWING NUMBERS ARE POSTED IN EACH FOSTER HOME TO ALLOW ACCESSIBILITY TO THE CHILD:
- A. THE DFPS TEXAS ABUSE/NEGLECT HOTLINE AT 1-800-252-5400;
  - B. THE HHSC OMBUDSMAN FOR CHILDREN & YOUTH CURRENTLY IN FOSTER CARE AT 1-844-286-0769;
  - C. THE DFPS OFFICE OF CONSUMER AFFAIRS AT 1-800-720-7777; AND
  - D. DISABILITY RIGHTS OF TEXAS AT 1-800-252-9108
- XLI. CHILDREN WILL BE TOLD IN WRITING OF THE NAME, ADDRESS, PHONE NUMBER AND PURPOSE OF THE TEXAS PROTECTION AND ADVOCACY SYSTEM FOR DISABILITY ASSISTANCE.
- XLII. CHILDREN WILL BE FREE FROM HARASSMENT FROM ANYONE WHO RESIDES WITH THE CHILD.
- XLIII. TO HAVE CONTACT WITH PERSONS OUTSIDE THE FOSTER CARE SYSTEM WHO ARE PRE-APPROVED FOR CONTACT BY CPS.

## YOUTH 16 AND OLDER

- I. MUST BE TOLD ABOUT EDUCATIONAL OPPORTUNITIES WHEN THEY LEAVE CARE.
- II. TOLD WHERE THEY CAN GET HELP IN OBTAINING AN INDEPENDENT RESIDENCE WHEN AGING OUT.
- III. SHOULD ATTEND ONE OR MORE CIRCLE OF SUPPORT CONFERENCES OR TRANSITION PLANNING MEETINGS.
- IV. CAN REQUEST A HEARING FROM A COURT TO DETERMINE IF THEY HAVE THE CAPACITY TO CONSENT TO MEDICAL CARE TO BECOME THEIR OWN MEDICAL CONSENTER. CHILDREN AGES 16 AND 17 WHO ARE THEIR OWN MEDICAL CONSENTER MUST COMPLETE MEDICAL CONSENT TRAINING AND FORM 2759 WITHIN 7 DAYS OF THE COURT. IF TAKING PSYCHOTROPIC MEDICATION, THE CHILD MUST ALSO COMPLETE THE ONLINE DFPS PSYCHOTROPIC MEDICATION TRAINING. THE FOSTER PARENT MUST SUBMIT THIS DOCUMENTATION TO THE CASE MANAGER UPON COMPLETION. EACH CHILD MUST COMPLETE MEDICAL CONSENT TRAINING AND FORM 2759 WITHIN 120 DAYS PRIOR TO THEIR 18<sup>TH</sup> BIRTHDAY. IF TAKING PSYCHOTROPIC MEDICATION, THE CHILD MUST ALSO COMPLETE THE ONLINE DFPS PSYCHOTROPIC MEDICATION TRAINING. THE FOSTER PARENT MUST SUBMIT THIS DOCUMENTATION TO THE CASE MANAGER UPON COMPLETION.
- V. ALLOWED TO GET NECESSARY PERSONAL INFORMATION WITHIN 30 DAYS OF LEAVING CARE, INCLUDING BIRTH CERTIFICATES, IMMUNIZATION RECORDS, AND INFORMATION CONTAINED IN THEIR EDUCATION PORTFOLIO AS WELL AS HEALTH PASSPORT.
- VI. FOSTER PARENTS MUST ASSIST YOUTH 16 OR OLDER WITH OBTAINING EMPLOYMENT UNLESS OTHERWISE SPECIFIED IN THE CPOS. ONCE A SOURCE OF INCOME HAS BEEN OBTAINED, FOSTER PARENTS MUST ASSIST YOUTH WITH OPENING A CHECKING ACCOUNT WITH A FINANCIAL INSTITUTION.
- VII. FOSTER PARENTS MUST ASSIST THE CHILD WITH OBTAINING A STATE ID AND/OR DRIVER'S LICENSE ON OR BEFORE THE CHILD TURNS 16.



## RIGHTS OF FOSTER PARENT

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- I. YOU HAVE THE RIGHT TO BE TREATED WITH DIGNITY, RESPECT AND CONSIDERATION AS A TEAM MEMBER WHO IS MAKING AN IMPORTANT CONTRIBUTION TO THE AGENCY'S OBJECTIVES.
- II. YOU HAVE THE RIGHT TO A CLEAR UNDERSTANDING OF YOUR ROLE AS A FOSTER PARENT, THE ROLE OF THE AGENCY AND THE ROLES OF THE MEMBERS OF THE CHILD'S LEGAL FAMILY.
- III. YOU HAVE THE RIGHT TO CONTINUATION OF YOUR OWN FAMILY PATTERNS AND ROUTINES, THUS ACKNOWLEDGING THE EBB AND FLOW OF FAMILY LIFE AND ITS NORMALIZING BENEFITS TO THE CHILD IN YOUR CARE.
- IV. YOU HAVE THE RIGHT TO SELECT PERTINENT TRAINING AND BE GIVEN SUPPORT IN YOUR EFFORTS TO IMPROVE YOUR SKILLS IN PROVIDING DAY-TO-DAY CARE AND MEETING THE SPECIAL NEEDS OF THE CHILD IN YOUR CARE.
- V. YOU HAVE THE RIGHT TO KNOW HOW TO CONTACT THE AGENCY AND RECEIVE HELP, TWENTY-FOUR HOURS A DAY, SEVEN DAYS A WEEK.
- VI. YOU HAVE THE RIGHT TO TIMELY ADEQUATE FINANCIAL REIMBURSEMENT FOR YOUR QUALITY AND KNOWLEDGEABLE CARE OF A CHILD.
- VII. YOU HAVE THE RIGHT AND OBLIGATION TO SAY NO TO A PLACEMENT OR TO HAVE A CHILD MOVED WHEN ABSOLUTELY NECESSARY, WITHOUT REPRISAL, UNLESS YOU HAVE A SPECIFIC AGREEMENT WITH THE AGENCY THAT INDICATES OTHERWISE.
- VIII. YOU HAVE THE RIGHT TO ASK FOR "A BREAK" OR "TIME OFF" AS NEEDED WITH FOLLOW-UP CONTACTS BY THE AGENCY A MINIMUM OF EVERY TWO MONTHS.
- IX. YOU HAVE THE RIGHT FOR YOUR FAMILY TO BE CONSIDERED FIRST WHEN ISSUES OF HEALTH AND/OR SAFETY OCCURS.
- X. YOU HAVE THE RIGHT TO HAVE A CLEAR UNDERSTANDING OF AGENCY PLANS CONCERNING PLACEMENT OF CHILDREN IN YOUR HOME.
- XI. YOU HAVE THE RIGHT TO VIEW ALL LEGALLY AVAILABLE INFORMATION PLACED IN YOUR FOSTER HOME RECORD BY AGENCY STAFF IMMEDIATELY UPON PLACEMENT OF THE INFORMATION IN THE RECORD.
- XII. YOU HAVE THE RIGHT TO TIMELY ACCESS TO YOUR FOSTER HOME RECORD TO REVIEW IT WHENEVER YOU FEEL THE NEED TO REVIEW THE RECORD.
- XIII. YOU HAVE THE RIGHT, PRIOR TO PLACEMENT, TO REVIEW A CHILD'S CASE FILE AS IT PERTAINS TO THE CHILD, TO ASSIST IN DETERMINING IF THIS WOULD BE A PROPER PLACEMENT FOR YOUR FAMILY SHOULD THERE BE UNANSWERED QUESTIONS OR CONCERNS AFTER SPEAKING WITH THE CHILD'S CASEWORKER.
- XIV. YOU HAVE THE RIGHT TO BE NOTIFIED OF MEETINGS IN ORDER TO ACTIVELY PARTICIPATE IN THE CASE PLANNING AND DECISION-MAKING PROCESS REGARDING THE CHILD IN YOUR CARE AND TO HAVE YOUR INPUT TREATED IN THE SAME MANNER AS INFORMATION PRESENTED BY THE OTHER PROFESSIONALS ON THE TEAM.
- XV. YOU HAVE THE RIGHT TO BE PROVIDED ALL PERTINENT INFORMATION REGARDING THE CHILD, IN A TIMELY MANNER BOTH PRIOR TO PLACEMENT AND ON AN ONGOING BASIS.
- XVI. YOU HAVE THE RIGHT TO REASONABLE NOTIFICATION OF CHANGES IN THE CASE PLAN OR TERMINATION OF THE PLACEMENT AND THE REASONS FOR THE CHANGES OR TERMINATION OF PLACEMENT.



- XVII. YOU HAVE THE RIGHT TO FILE A GRIEVANCE IF ANY OF THE ABOVE RIGHTS HAVE BEEN VIOLATED OR DENIED. IF NOT SATISFIED WITH THE DECISION OF YOUR CASE MANAGER, ASK YOUR CASE MANAGER FOR A FORM TO BEGIN THE APPEALS PROCESS.

## SCHOOL

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THE FOSTER PARENTS WILL BE RESPONSIBLE FOR SCHOOL ENROLLMENT AND ATTENDANCE THROUGH THE TWELFTH GRADE. GUIDING LIGHT'S CASE MANAGER WILL ASSIST WHEN NECESSARY. IF A SCHOOL AGE CHILD IS PLACED THE LOCAL SCHOOL DISTRICT MUST BE NOTIFIED IN WRITING BY THE GUIDING LIGHT CASE MANAGER WITHIN THREE DAYS OF THE PLACEMENT, UNLESS AN EXCEPTION IS GRANTED BY DFPS AND PROVIDES WRITTEN VERIFICATION OF CHILD'S ENROLLMENT TO CPS WORKER WITHIN 5 CALENDAR DAYS OF ENROLLMENT. IF THE CHILD IS UNDER THE AGE OF THREE THE GUIDING LIGHT CASE MANAGER WILL CONTACT THE LOCAL EARLY INTERVENTION PROGRAM BY SENDING THEM A LETTER WITHIN THREE DAYS AS WELL. (IF THE CHILD WAS RECEIVING ECI SERVICES BEFORE PLACEMENT, GUIDING LIGHT MUST ENSURE THAT SERVICES CONTINUE. FOSTER PARENTS ARE EXPECTED TO TAKE THE LEAD IN ENROLLING AND INTRODUCING THE CHILD TO THE SCHOOL. IF NEEDED YOU MAY ASK YOUR CASE MANAGER FOR HELP IN REGISTERING A NEW CHILD FOR SCHOOL.

I. AS FOSTER PARENTS, YOUR RESPONSIBILITIES INCLUDE:

- A. SEEING THAT YOUR FOSTER CHILD IS ENROLLED AND ATTENDS SCHOOL REGULARLY.
- B. KEEPING YOUR CASE MANAGER INFORMED OF YOUR FOSTER CHILD'S PROGRESS IN SCHOOL.
- C. WHEN NECESSARY, HELPING YOUR FOSTER CHILD LEARN APPROPRIATE STUDY HABITS.
- D. MAINTAINING NECESSARY SCHOOL CONTACTS, E.G. ATTENDING MEETINGS WITH SCHOOL OFFICIALS, ATTENDING PTA MEETINGS, PARENT-TEACHER CONFERENCES AND OTHER SCHOOL ACTIVITIES THAT WILL HELP YOUR CHILD GROW IN EVERY WAY.
- E. ENSURE THAT ALL CHILDREN 14 YEARS OR OLDER WILL ENROLL IN OR RECEIVE PAL LIFE SKILLS TRAINING CLASSES. PAL CLASSES ARE NOT BEING TAKEN ONLINE. PAL CLASSES MUST BE COMPLETED BEFORE THE CHILD'S 18<sup>TH</sup> BIRTHDAY.
- F. PROVIDE ACCESS TO APPROPRIATE VOCATIONAL ACTIVITIES AND COMMUNITY EDUCATION PROGRAMS.
- G. ASSIST GUIDING LIGHT CASE MANAGER IN COMPLETING DOCUMENTS WHEN REQUIRED FOR THE STATE PAID TUITION FEE WAIVER AND EDUCATION AND TRAINING VOUCHER PROGRAM IF THERE IS A NEED BY THE CHILD.
- H. ENSURE THAT EACH CHILD BETWEEN 3-5 ATTENDS PRE-KINDERGARTEN PROGRAM OFFERED THROUGH PUBLIC SCHOOL OR AN EARLY CHILDHOOD EDUCATION PROGRAM OFFERED THROUGH HEAD START; IF AVAILABLE, IN THE LOCAL COMMUNITY, UNLESS AN EXCEPTION HAS BEEN GRANTED FROM THE CHILD'S CPS WORKER.



II. LEARNING AND/OR BEHAVIOR PROBLEMS

WHEN A CHILD HAS SERIOUS LEARNING AND/OR BEHAVIOR PROBLEMS, THE FOSTER PARENT(S) SHOULD CONTACT THE CASE MANAGER IMMEDIATELY. THE CASE MANAGER WILL CONTACT THE SCHOOL TO SHARE INFORMATION AND TO HELP IN ARRANGING A PROGRAM TO MEET THE NEEDS OF THE CHILD. GUIDING LIGHT CASE MANAGER WILL MEET WITH SCHOOL PERSONNEL IN THESE CASES (AS NECESSARY) TO DETERMINE THE LEAST RADICAL INTERVENTION NECESSARY TO AMELIORATE THE CASE (E.G., MORE HIGHLY STRUCTURED OR LONGER PERIODS OF STUDY IN SCHOOL AND/OR AT HOME; DEVELOPING A REWARD/CONSEQUENCE SYSTEM AT SCHOOL AND/OR HOME WITH A SYSTEM OF COMMUNICATION BETWEEN SCHOOL AND HOME, ETC.). IF NECESSARY, GUIDING LIGHT WILL REQUEST TESTING FOR CONSIDERATION OF A DIFFERENT PLACEMENT FOR THE CHILD.

III. SCHOOL DISCIPLINE

YOU MAY NOT GIVE THE SCHOOL PERMISSION TO SPANK A CHILD IN FOSTER CARE. YOU SHOULD REFER SCHOOL PERSONNEL TO THE FOSTER CARE CASE MANAGER CONCERNING SUCH MATTERS.

IV. SCHOOL LUNCH PROGRAM & SUPPLIES

CHILDREN IN FOSTER CARE ARE USUALLY ELIGIBLE FOR THE FREE LUNCH PROGRAM AT SCHOOL. THE FOSTER PARENT MUST REQUEST AN APPLICATION AT THE SCHOOL AND SUBMIT THE COMPLETED APPLICATION IN TIME FOR THE CHILD TO RECEIVE SERVICES. THE FOSTER PARENTS ARE RESPONSIBLE FOR MAKING SURE THE CHILD HAS EITHER LUNCH OR LUNCH MONEY UNTIL THEY HAVE BEEN ACCEPTED INTO THE LUNCH PROGRAM. ADDITIONALLY, FOSTER PARENT ARE RESPONSIBLE FOR PROVIDING REQUIRED SCHOOL SUPPLIES AND PROPER SCHOOL CLOTHING.

V. EXCUSED ABSENCES

FOSTER CHILDREN CAN RECEIVE AN EXCUSED ABSENCE FROM SCHOOL FOR PARTICIPATING IN AN ACTIVITY REQUIRED BY THE CHILD'S SERVICE PLAN AND/OR COURT ORDER. ALL SCHOOLS HAVE BEEN DIRECTED TO ACCEPT THIS STUDENT ABSENCE AS AN EXCUSED ABSENCE AND WILL NOT PENALIZE THE STUDENT AS MISSING A CLASS DAY. ALL STUDENTS ARE ALLOWED TO MAKE UP THE WORK MISSED ON THESE DAYS. A COPY OF THIS LETTER MUST BE IN THE CHILD'S EDUCATIONAL PORTFOLIO.

VI. HOMESCHOOL

IF THE CAREGIVER PLANS TO EDUCATE THE CHILD IN A HOME SETTING, GUIDING LIGHT MUST CONTACT THE CPS CASEWORKER WITHIN ONE BUSINESS DAY OF RECEIVING NOTIFICATION FROM THE CAREGIVER. THE PROGRAM MUST BE APPROVED OR ACCREDITED BY THE TEXAS EDUCATION AGENCY.

VII. CHILDREN AGE 3, 4, & 5

CHILDREN AGE 3, 4, & 5 MUST ATTEND A FREE PRE-KINDERGARTEN OR EARLY CHILDHOOD EDUCATION PROGRAM UNLESS CPS PROVIDES A WRITTEN EXCEPTION OR NO PROGRAM IS AVAILABLE IN THE CAREGIVER'S COMMUNITY. A PRE-SCHOOL PROGRAM MAY BE PROVIDED BY A SCHOOL DISTRICT, HEAD START, OR SOME OTHER EARLY CHILDHOOD PROGRAM PROVIDER. THE CHILD MAY ATTEND A PRIVATE EARLY CHILDHOOD EDUCATION PROGRAM OR PRE-KINDERGARTEN PROGRAM PAID FOR BY THE CAREGIVER IF AN EXCEPTION HAS BEEN GRANTED BY CPS. PRE KINDERGARTEN VERIFICATION LETTER CAN BE OBTAINED, IF REQUIRED BY DFPS.

## SHAKEN BABY AND SIDS

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### SHAKEN BABY SYNDROME

SHAKEN BABY SYNDROME IS A TERM USED TO DESCRIBE BRAIN INJURY IN YOUNG CHILDREN UNDER THREE YEARS OF AGE (MOST COMMONLY UNDER 18 MONTHS) RESULTING FROM VIGOROUS SHAKING OF AN INFANT OR CHILD BY THE ARMS, LEGS, OR SHOULDERS. THIS MOTION OFTEN RESULTS IN BLEEDING INSIDE THE HEAD AND CAN CAUSE IRREVERSIBLE BRAIN DAMAGE, BLINDNESS, CEREBRAL PALSY, HEARING LOSS, SPINAL CORD INJURIES, SEIZURES, LEARNING DISABILITIES, AND EVEN DEATH. PRESENTING SYMPTOMS CAN BE VOMITING WITH LETHARGY OR DROWSINESS, RESPIRATORY DIFFICULTIES, COMA OR DEATH. USUALLY REPORTED IS THAT THE INFANT STOPPED BREATHING, WENT TO SLEEP AND COULD NOT BE AROUSED, WAS DROPPED OR ROLLED OFF SOMETHING. DIAGNOSIS IS MADE BY CT OR MRI SCANS AND EYE EXAMINATIONS. SKULL FRACTURES ARE USUALLY NOT PRESENT, RATHER HEMORRHAGES IN THE BRAIN.

### SUDDEN INFANT DEATH SYNDROME -

SUDDEN INFANT DEATH SYNDROME IS THE DIAGNOSIS GIVEN FOR THE SUDDEN DEATH OF AN INFANT, 1 MONTH TO 1 YEAR OF AGE THAT REMAINS UNEXPLAINED AFTER A COMPLETE INVESTIGATION WHICH WILL INCLUDE AN AUTOPSY, AN EXAMINATION OF THE DEATH SCENE, AND A REVIEW OF THE VICTIM'S MEDICAL AND FAMILY HISTORY. SIDS IS A RECOGNIZED MEDICAL DISORDER. INFANTS WHO SUCCUMB TO THE SYNDROME APPEAR HEALTHY BEFORE THE INCIDENT, EVEN TO A PHYSICIAN. THE FIRST AND ONLY SYMPTOM IS DEATH. SIDS APPEARS TO OCCUR AFTER AN INFANT HAS BEEN PUT DOWN FOR SLEEP. VICTIMS MAY HAVE BEEN DOWN FOR SLEEP FOR AS LITTLE AS TEN MINUTES. THERE ARE NO APPARENT SIGNS OF STRUGGLE OR SUFFERING. THOUGH SIDS IS ASSOCIATED WITH AN INFANT'S SLEEP TIME, AND OFTEN OCCURS IN THE CRIB, THE EVENT MAY OCCUR ANYWHERE THE INFANT IS SLEEPING. SIDS EVENTS HAVE OCCURRED IN INFANT SEATS, CAR SEATS, STROLLERS, AND IN THE PARENTS' BED.

### TO PREVENT INFANT DEATH:

- ALWAYS PLACE INFANTS ON THEIR BACKS FOR SLEEP, NAPS AND AT NIGHT.
- USE A FIRM, FLAT SLEEP SURFACE MADE SPECIFICALLY FOR INFANTS, SUCH AS A MATTRESS IN A SAFETY-APPROVED CRIB, COVERED BY A FITTED SHEET.

THE INFANT'S BED MUST HAVE NO SOFT BEDDING, PILLOWS, SHEEPSKINS, OR STUFFED TOYS IN THE CRIB. HAVE NOTHING IN THE CRIB EXCEPT BABY.

- IF THE MOTHER IS A CHILD IN FOSTER CARE, ENSURE THAT SHE GETS PRENATAL AND POST NATAL CARE.
- AVOID OVERHEATING THE BABY. KEEP THE ROOM TEMPERATURE AROUND 70 TO 72 DEGREES AND DRESS BABY IN A LIGHTWEIGHT ONESIE OR TEE SHIRT.
- DO NOT SMOKE WHILE PREGNANT OR ALLOW ANYONE ELSE TO SMOKE AROUND THE BABY.

BABIES MUST NEVER SLEEP WITH AN ADULT, AND IS AT A VERY HIGH RISK OF SIDS IF THE ADULT IS VERY TIRED, USING MEDICATIONS OR HAS INGESTED ALCOHOL.

BABIES MUST NEVER SLEEP ON AN ADULT BED, ON A SOFA, OR A WATERBED, OR ON A CHAIR ALONE, WITH A CAREGIVER, OR WITH ANYONE ELSE.

ROOM SHARING – THE INFANT SHOULD SLEEP IN AN APPROVED CRIB, BASSINET, OR PLAY PEN IN THE SAME ROOM WHERE THE CAREGIVER SLEEPS, NEXT TO THEIR BED.

USING A BLANKET IS NOT RECOMMENDED. HOWEVER, IF A BLANKET IS REQUIRED, TUCK THE BLANKET UNDER THE MATTRESS, AND KEEP THE BLANKET AWAY FROM THE BABY’S FACE. THE BLANKET SHOULD COME NO HIGHER THAN THE BABY’S CHEST OR ARMPITS.

GIVE THE BABY A DRY PACIFIER THAT IS NOT ATTACHED TO A STRING FOR NAPS AND AT NIGHT. CLEAN THE PACIFIER OFTEN AND REPLACE THE PACIFIER REGULARLY. IF THE PACIFIER FALLS OUT OF THE BABY’S MOUTH DURING SLEEP, IT IS NOT NECESSARY TO PUT IT BACK IN THE MOUTH DURING THAT SLEEP TIME.

GIVE THE BABY PLENTY OF “TUMMY TIME” WHEN HE/SHE IS AWAKE AND WHEN SOMEONE IS WATCHING, TO PREVENT FLAT SPOTS ON THE BABY’S HEAD AND TO HELP STRENGTHEN BABY’S NECK, SHOULDER, AND ARM MUSCLES.

NEVER MISS REGULAR HEALTH CHECK-UPS FOR BABY. MANDATED TIME FRAMES FOR INFANTS ARE:

- 30 DAYS AFTER BIRTH
- 2 MONTHS AFTER BIRTH
- 4 MONTHS AFTER BIRTH
- 6 MONTHS AFTER BIRTH
- 8 MONTHS AFTER BIRTH
- 12 MONTHS AFTER BIRTH
- 18 MONTHS AFTER BIRTH



## SMOKING

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IT IS ILLEGAL FOR AN INDIVIDUAL WHO IS YOUNGER THAN 18 YEARS OF AGE TO POSSESS, PURCHASE, CONSUME, OR ACCEPT A CIGARETTE, E-CIGARETTE, VAPORIZERS, OR ANY OTHER TOBACCO PRODUCT.

CHILD PROTECTIVE SERVICES MANDATES THAT STAFF AND FOSTER PARENTS SHOULD NOT LET YOUTH SMOKE IN THEIR PRESENCE. STAFF AND FOSTER PARENTS SHOULD ALSO NOT ENGAGE IN ACTIVITIES THAT ENCOURAGE OR PROMOTE THE USE OF CIGARETTE, E-CIGARETTE, VAPORIZERS, OR ANY OTHER TOBACCO PRODUCTS BY MINORS.

DUE TO THE DOCUMENTED HEALTH HAZARDS OF SECOND HAND SMOKE, THE USE OF SMOKE TOBACCO PRODUCTS, E-CIGARETTES, AND VAPORIZERS INSIDE OF THE FOSTER HOME AND IN A MOTOR VEHICLE BY ANY INDIVIDUAL IS PROHIBITED.

## SPANKING PROHIBITION

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PHYSICAL PUNISHMENT INFLICTED UPON THE BODY (E.G. SPANKING, PINCHING OR SHAKING) IS PROHIBITED.

YOU MAY NOT GIVE THE SCHOOL PERMISSION TO SPANK A CHILD IN FOSTER CARE. YOU SHOULD REFER SCHOOL PERSONNEL TO THE FOSTER CARE CASE MANAGER CONCERNING SUCH MATTERS.

## SPECIALIZATION

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ALL FOSTER FAMILIES ARE REQUIRED BY GUIDING LIGHT TO LEARN AND IMPLEMENT THE BEHAVIOR MANAGEMENT PROGRAM.

IN ADDITION, EACH FOSTER HOME WILL BE GIVEN THE OPPORTUNITY TO SELECT AN AREA OF SPECIALIZATION.

- I. SPECIAL NEEDS: FOSTER CARE FOR CHILDREN WHO ARE MEDICALLY OR MENTALLY DISABLED. THESE GROUPS INCLUDE, BUT ARE NOT LIMITED TO, CHILDREN WHO ARE DIAGNOSED TO BE: HIV, DRUG AND/OR ALCOHOL SYNDROME, EMR, TMR, SMR, OR PHYSICALLY DISABLED.
- II. EMOTIONAL THERAPEUTIC: FOSTER CARE FOR CHILDREN WHO SUFFER FROM THE EFFECTS OF EMOTIONAL SET-BACKS DUE TO SEXUAL AND/OR PHYSICAL ABUSE, AS WELL AS OTHER TYPES OF TRAUMA.
- III. MATERNITY HOME: FOSTER CARE, COUNSELING, AND NURTURING FOR YOUNG WOMEN WHO HAVE DECIDED TO CARRY THEIR BABY'S FULL-TERM AND TO PROVIDE CONTINUED CARE FOR BOTH MOTHER AND CHILD AFTER BIRTH. THERAPEUTIC FOSTER PARENTS WHO PROVIDE CARE FOR MOTHERS WHO ARE PREGNANT WHEN THEY ENTER THEIR FACILITIES OR HAVE BABIES WHEN THEY ENTER THEIR FACILITIES, ARE REIMBURSED AT A RATE OF 50% OF THE PER DIEM PAID TO GUIDING LIGHT (FOR THE MOTHERS ONLY).
- IV. EMERGENCY FOSTER CARE: IMMEDIATE CARE FOR CHILDREN IN WHICH UNCONTROLLABLE CIRCUMSTANCES REQUIRE THEIR REMOVAL FROM A THREATENING SITUATION. CARE IS NOT TO EXCEED 30 DAYS.
- V. DIAGNOSTIC FOSTER CARE: FOSTER CARE PLACEMENT TO DETERMINE THE CURRENT STATUS OF THE CHILD'S PLACEMENT NEEDS. CARE IS NOT TO EXCEED 40 DAYS.
- VI. SUPERVISED INDEPENDENT LIVING: FOSTER CARE FOR YOUTH WHO HAVE REACHED 16 YEARS OF AGE, WHO WILL REMAIN IN CARE UNTIL THEY REACH THE AGE OF MATURITY. THE YOUTH WILL BE TAUGHT HOME, SOCIAL, AND ECONOMIC SURVIVAL SKILLS.
- VII. EXTENDED FOSTER CARE:  
[HTTPS://WWW.DFPS.STATE.TX.US/PCS/RESIDENTIAL-FAQS.ASP#GENERAL](https://www.dfps.state.tx.us/pcs/residential-faqs.asp#general)
  - YOUNG ADULTS FROM THE AGE OF 18 YEARS AND UP TO 21 YEARS MAY BE ELIGIBLE FOR THE RETURN TO CARE PROGRAM IF THEY WERE IN DFPS CONSERVATORSHIP AT THE TIME THEY TURNED 18 YEARS (WHETHER THEY WERE IN FOSTER CARE AT THAT TIME OR RAN AWAY FROM FOSTER CARE BUT REMAINED IN DFPS CONSERVATORSHIP), DESIRE TO RETURN TO FOSTER CARE, AND:
  - ATTEND HIGH-SCHOOL OR GED COURSE (UP TO AGE 22);
  - ATTEND AND, WITHIN TWO YEARS, COMPLETE A CERTIFIED VOCATIONAL OR TECHNICAL PROGRAM THAT ALLOWS FOR A YOUNG ADULT TO BE HIRED INTO THE WORKFORCE (UP TO AGE 21); OR
  - RETURN ON A BREAK FROM COLLEGE OR A TECHNICAL OR VOCATIONAL PROGRAM FOR AT LEAST ONE MONTH, BUT NO MORE THAN 4 MONTHS (UP TO AGE 21).

PARTICIPATION IN THE RETURN TO CARE PROGRAM IS SUBJECT TO THE AVAILABILITY OF AN APPROPRIATE CONTRACTED AND LICENSED PLACEMENT, CRIMINAL HISTORY PRECLUSIONS, AND THE SIGNING OF A VOLUNTARY RETURN TO FOSTER CARE AGREEMENT BY THE YOUNG ADULT. THE YOUTH AGES 18-21 ARE ELIGIBLE FOR THE FORMER FOSTER CARE (FFCC) HEALTH CARE PROGRAM

- VIII. TRAFFICKING VICTIMS- FOSTER CARE FOR CHILDREN WHO HAS BEEN RECRUITED, HARBORED, TRANSPORTED, PROVIDED OR OBTAINED FOR THE PURPOSE OF FORCED LABOR OR COMMERCIAL SEXUAL ACTIVITY. ADDITIONAL PRE-SERVICE AND ANNUAL TRAINING REQUIREMENTS ARE REQUIRED.

- IX. SEXUAL BEHAVIOR PROBLEMS- CHILDREN WHO MEET THE DEFINITION OF A CHILD WITH SEXUAL BEHAVIOR PROBLEMS MAY INCLUDE THOSE THAT HAVE BEEN ARRESTED ADJUDICATED OR ARE IN LITIGATION REGARDING THEIR SEXUAL BEHAVIOR PROBLEMS.
- a) CHILDREN RECEIVING SERVICES DUE TO SEXUALIZED BEHAVIOR PROBLEMS WILL PARTICIPATE IN INDIVIDUAL AND/OR GROUP THERAPY WITH A LICENSED SEX OFFENDER TREATMENT PROVIDER (LSOTP) OR AFFILIATE SEX OFFENDER TREATMENT PROVIDER (ASOTP).
  - b) THE CLINICAL DIRECTOR WILL REVIEW ALL SEXUALLY PROBLEMATIC CHILDREN PRIOR TO PROVIDING THE REFERRAL FOR THE FOSTER PARENTS TO REVIEW.
  - c) GUIDING LIGHT WILL RECEIVE THE 2279 AND ATTACHMENT A FROM CPS PRIOR TO PLACEMENT AND WILL PROVIDE ALL INFORMATION RECEIVED REGARDING SEXUALIZED BEHAVIOR PROBLEMS FOR THE FOSTER FAMILY TO REVIEW PRIOR TO PLACEMENT. EMAILS WILL BE UPLOADED IN THE CHILD'S RECORD AS PROOF OF NOTIFICATION PRIOR TO PLACEMENT OR AS RECEIVED BY CPS.
  - d) THE FOSTER PARENTS MUST SIGN THE 2279 AND ATTACHMENT A AND PROVIDE THE DOCUMENTS TO CPS WITHIN 3 BUSINESS DAYS OF PLACEMENT OR WITHIN 3 BUSINESS DAYS AFTER THE DOCUMENTS HAVE BEEN UPDATED AND PROVIDED TO GUIDING LIGHT.
  - e) GUIDING LIGHT MUST NOTIFY A TEMPORARY PLACEMENT (SUCH AS RESPITE), PSYCHIATRIC HOSPITALS, JUVENILE DETENTION, OR SIMILAR FACILITIES OF A CHILD'S HISTORY OF SEXUAL VICTIMIZATION OR SEXUAL AGGRESSION AS PROVIDED IN ATTACHMENT A.
  - f) GUIDING LIGHT MUST ENSURE A SAFETY PLAN IS PROVIDED IN THE 72 HOUR PLAN AND CPOS INCLUDING ANY GOAL THAT WOULD HELP THE CHILD WITH SEXUALIZED BEHAVIOR PROBLEMS. CPMS WILL MONITOR TO ENSURE EFFECTIVE GOALS ARE PROVIDED IN THE CHILD'S CHILD PLAN OF SERVICES.

THESE AREAS OF SPECIALIZATION MUST BE MAINTAINED DURING THE CURRENT CERTIFICATION PERIOD. FOSTER PARENTS WISHING TO CHANGE OR ADD TO THEIR AREA OF SPECIALIZATION MUST INFORM THE DIRECTOR OF THEIR REGIONAL OFFICE OF THEIR INTENTIONS PRIOR TO THE RE-CERTIFICATION OF THEIR HOME.

TO QUALIFY FOR RE-CERTIFICATION, THE FOSTER HOME MUST BE IN COMPLIANCE WITH STATE REGULATIONS, AS WELL AS REQUIREMENTS ESTABLISHED BY GUIDING LIGHT TO INCLUDE, BUT NOT BE LIMITED TO, REQUIREMENTS SPECIFIC TO THE SELECTED AREA OF SPECIALIZATION. FAILURE TO MEET THESE REQUIREMENTS MAY RESULT IN LICENSE BEING RESCINDED.

## **SSCC - SINGLE SOURCE CONTINUUM OF CARE (FORMERLY REDESIGN)**

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- I. DFPS HAS DESIGNATED THE FOLLOWING AREAS UNDER THE REDESIGN INITIATIVE:
  - A. DFPS REGION 2 AND REGION 9 INCLUDE THE FOLLOWING COUNTIES: ANDREWS, ARCHER, BAYLOR, BORDEN, BROWN, CALLAHAN, CLAY, COKE, COLEMAN, COMANCHE, CONCHO, COTTLE, CRANE, CROCKETT, DAWSON, EASTLAND, ECTOR, FISHER, FOARD, GAINES, GLASSCOCK, HARDMAN, HASKELL, HOWARD, IRION, JACK, JONES, KENT, KIMBLE, KNOX, LOVING, MARTIN, MASON, MCCULLOCH, MENARD, MIDLAND, MITCHELL, MONTAGUE, NOLAN, PECOS, REAGAN, REEVES, RUNNELS, SCHLEICHER, SCURRY, SHACKLEFORD, STERLING, STEVENS, STONEWALL, SUTTON, TAYLOR, TERRELL, THROCKMORTON, TOM GREEN, UPTON, WARD, WICHITA, WILBARGER, WINKLER, YOUNG AND IS MANAGED BY DPFS.
  - B. DFPS REGION 3B INCLUDES THE FOLLOWING COUNTIES: ERATH, HOOD JOHNSON, PALO PINTO, PARKER, SOMERVELL, TARRANT AND IS MANAGED BY A SINGLE SOURCE CONTINUUM CONTRACTOR (SSCC), OUR COMMUNITY, OUR KIDS, AND (OC-OK). THE FOSTER CHILD WILL HAVE AN OC-OK WORKER, AS WELL AS GUIDING LIGHT CASE MANAGER, AND DFPS CASE WORKER. FOSTER PARENTS WILL BE EXPECTED TO CONTACT THE OC-OK WORKER, AS THEY WOULD THE DFPS CASE WORKER.
- II. GUIDING LIGHT WILL ONLY PLACE FOSTER CHILDREN IN FAMILY HOMES WITHIN REGION TO ALLOW FOR CHILDREN AND YOUTH TO BE PLACED WITHIN 50 MILES OF THEIR HOME COMMUNITY. CHILDREN WILL ONLY BE PLACED OUTSIDE OF REGION, IF IT IS DEEMED BEST INTEREST FOR THE CHILD AND APPROVED BY THE DFPS REGIONAL DIRECTOR.

- III. FOSTER FAMILIES WILL NOT HAVE THE OPTION OF 14 DAY REMOVALS FOR REDESIGN CHILDREN TO LIMIT THE NUMBER OF TIMES CHILDREN WILL BE MOVED BETWEEN FOSTER HOMES. 30 DAY AND 24 HOUR EMERGENCY REMOVALS STILL APPLY. THE GOAL IS FOR THE CHILD TO BE PLACED IN THE LEAST RESTRICTIVE PLACEMENT (FOSTER FAMILY HOME).
- IV. CONNECTIONS TO FAMILY AND OTHER IMPORTANT TO CHILD ARE MAINTAINED BY
  - A. INVITING BIOLOGICAL FAMILY TO PARTICIPATE IN CPOS;
  - B. INVITING BIOLOGICAL FAMILY TO PARTICIPATE IN EDUCATIONAL MEETINGS;
  - C. INCREASED CONTACTS/VISITS WITH BIOLOGICAL FAMILY, SIBLINGS, AND OTHER RELATIVES/FICTIVE KIN
- V. AFTER THE INITIAL CPOS, REDESIGN CHILDREN AND YOUTH'S CPOS WILL BE COMPLETED EVERY 90 DAYS FOLLOWING THE INITIAL. 2<sup>ND</sup> REVIEW IS 90 DAYS FOLLOWING THE 1<sup>ST</sup> REVIEW. ALL OTHER REVIEWS AFTER ARE 180 DAYS. GUIDING LIGHT CASE MANAGER WILL COMPLETE A CANS (CHILD ABUSE AND NEGLECT SCREENING) ASSESSMENT WITHIN 30 DAYS OF PLACEMENT AND EVERY 90 DAYS AFTER THE INITIAL ASSESSMENT.
- VI. FOSTER PARENTS WILL PARTICIPATE AND ENSURE THEIR FOSTER CHILD PARTICIPATES IN ALL COURT HEARINGS, UNLESS EXCUSED FROM DOING SO BY THE COURT.
- VII. OC-OK MUST HAVE ACCESS TO THE FOSTER FAMILY HOME AND CHILD AT ALL TIMES.

## SUICIDE

**\*\*\* NOTE THAT ANY PROBLEM DURING A CRISIS SITUATION MUST BE DISCUSSED WITH JANELLE HOLLAND FOR RESOLVING THE PROBLEM OR PROVIDING INSTRUCTIONS FOR WHAT ACTION IS TO BE TAKEN DURING THE CRISIS. CPS IS NOT TO BE CALLED TO RESOLVE A PROBLEM, BUT IS TO BE CALLED ONLY TO BE NOTIFIED THAT THE SITUATION IS UNDER CONTROL. CPS WORKERS ARE NOT TO BE ASKED TO SOLVE ANY PROBLEM, BECAUSE THAT IS THE RESPONSIBILITY OF GUIDING LIGHT STAFF. CPS IS TO BE CALLED FOR NOTIFICATION ONLY AFTER THE SITUATION IS HANDLED APPROPRIATELY.**

JANELLE HOLLAND MUST BE NOTIFIED IMMEDIATELY OF ANY SUICIDE ATTEMPT AT 254-379-1853. THE GUIDING LIGHT CASE MANAGER MUST ALSO BE CONTACTED THE SAME BUSINESS DAY OR FOLLOWING BUSINESS DAY, IF AFTER HOURS.

GUIDING LIGHT WILL DETERMINE WHO WILL CONTACT THE TEXAS ABUSE AND NEGLECT HOTLINE WITHIN 24 HOURS AT 1-800-252-5400 TO REPORT A SUICIDE ATTEMPT. SEE 'EMERGENCIES'

- I. IF YOUR CHILD IS SERIOUSLY HARMED IN ATTEMPTING SUICIDE
  - A. CALL 911 OR TAKE THE CHILD TO A MEDICAL HOSPITAL FOR TREATMENT
  - B. NOTIFY GUIDING LIGHT IMMEDIATELY. IF IT IS AFTER 5 PM, CALL THE EXECUTIVE DIRECTOR AT 254-379-1853. THE CALL WILL NOT BE RETURNED WITHOUT AN AREA CODE ON VOICEMAIL. GUIDING LIGHT WILL DETERMINE WHO CALLS THE SWI HOTLINE. THE GUIDING LIGHT CASE MANAGER MUST ALSO BE NOTIFIED THE FOLLOWING BUSINESS DAY.
  - C. FILL OUT THE INCIDENT REPORT THE SAME DAY AS THE SUICIDE ATTEMPT.
- II. FOSTER PARENTS MUST REPORT INDICATIONS OF CHILD'S BEHAVIOR THAT COULD BE DANGEROUS TO HIM/HER OR OTHERS. INFORMATION SHOULD BE RECORDED ON THE INCIDENT FORM PROVIDED BY GUIDING LIGHT OR IN MONTHLY DOCUMENTATION AND INCLUDE: NAME, DATE, TIME, WHO REPORTED TO, CASE #.
  - A. FOLLOWING ARE THE SIGNS THAT SUICIDE MAY BE A CONSIDERATION BY THE CHILD:
    - 1. ISOLATION
    - 2. DEPRESSION

3. WITHDRAWAL
4. LOSS OF INTEREST
5. TALK OF SUICIDE
6. SELF-MUTILATION, UNKEMPT APPEARANCE
7. GIVING AWAY PRIZED POSSESSIONS
8. CALM AFTER DEPRESSION
9. CHANGE IN USUAL BEHAVIOR
10. GUILT AND SHAME (OUT OF PROPORTION TO THE OFFENSE)
11. HIGH ANXIETY, AGGRESSIVENESS, AGITATION
12. SOMATIC COMPLAINTS, CHANGES IN SLEEPING OR EATING HABITS
13. OTHER UNUSUAL BEHAVIORS OR ACTIVITIES

B. THE HIGHEST RISK PERIODS ARE:

1. THE FIRST 24 HOURS OF PLACEMENT
2. AFTER DRUG OR ALCOHOL CONSUMPTION
3. AFTER PERSONAL LOSS
4. AROUND COURT HEARINGS
5. BEFORE RELEASE FROM THE PROGRAM

III. IF YOU FEEL YOUR CHILD MIGHT ATTEMPT SUICIDE, TAKE THE FOLLOWING MEASURES:

- A. CALL JANELLE HOLLAND IMMEDIATELY FOR A CLINICAL EVALUATION.. THE CALL CAN NOT BE RETURNED WITHOUT YOUR AREA CODE ON THE VOICEMAIL.
- B. INVOLVE AND ENGAGE THE CHILD AS MUCH AS POSSIBLE.
- C. MONITOR HIM/HER CLOSELY AND FREQUENTLY (FOR HIGH RISK, EVERY 3 MINUTES)
- D. KEEP HIM/HER FROM ISOLATION.

IV. ADDITIONAL INFORMATION

- IN A CRISIS ATTEND TO THE CHILD IMMEDIATELY, ENCOURAGE THE CHILD TO VENTILATE, ABSORB THE HOSTILITY, AND USE "MIRROR LANGUAGE" (REFLECTIVE LISTENING). A GENUINE CARING ATTITUDE IS VERY IMPORTANT.
- FOSTER PARENTS, RESPITE WORKERS, THERAPISTS, OR THE GUIDING LIGHT CASE MANAGER MUST BE ABLE AND WILLING TO PROVIDE 24-HOUR CARE AND SUPERVISION FOR YOUTH AT RISK FOR SUICIDE UNTIL THE CRISIS HAS BEEN RESOLVED AS DEFINED BY GUIDING LIGHT STAFF.
- ALL REPORTS TO THE MANAGING CONSERVATOR OF CHILD DEATH, SUICIDE ATTEMPTS, AND INCIDENTS IN WHICH A CHILD EXPERIENCES SUBSTANTIAL BODILY HARM MUST INCLUDE THE COMPLETE DOCUMENTATION OF ANY RESTRAINTS WHICH WERE IMPLEMENTED WITHIN 48 HOURS PRIOR TO THE INCIDENT. "SUBSTANTIAL BODILY HARM" IS DEFINED AS PHYSICAL INJURY SERIOUS ENOUGH TO REQUIRE PROFESSIONAL MEDICAL ATTENTION. IT DOES NOT INCLUDE MINOR BRUISING OR THE RISK OF MINOR BRUISING OR SIMILAR FORMS OF MINOR BODILY HARM THAT DO NOT REQUIRE PROFESSIONAL MEDICAL ATTENTION.
- THE CHILD MAY RETURN TO THE FOSTER FAMILY AFTER THE CRISIS IS RESOLVED WITH THE APPROVAL OF THE TREATMENT TEAM.



## SUPERVISION

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- I. THE CAREGIVER IS RESPONSIBLE FOR:
  - A. KNOWING WHICH CHILDREN THEY ARE RESPONSIBLE FOR;
  - B. BEING AWARE OF AND ACCOUNTABLE FOR EACH CHILD'S ON-GOING ACTIVITY;
  - C. PROVIDING THE LEVEL OF SUPERVISION NECESSARY TO ENSURE EACH CHILD'S SAFETY AND WELL-BEING, INCLUDING AUDITORY AND/OR VISUAL AWARENESS OF EACH CHILD'S ON-GOING ACTIVITY AS APPROPRIATE;
  - D. BEING ABLE TO INTERVENE WHEN NECESSARY TO ENSURE EACH CHILD'S SAFETY; AND
  - E. NOT PERFORMING TASKS THAT CLEARLY IMPEDE THE CAREGIVER'S ABILITY TO SUPERVISE AND INTERACT WITH THE CHILDREN WHILE BEING RESPONSIBLE FOR THE SUPERVISION OF THE CHILDREN AND MEET ANY SERVICE-PLANNING REQUIREMENT REGARDING SUPERVISION OF ANY CHILD.
  
- II. REASONABLE AND PRUDENT PARENT STANDARD IS THE STANDARD OF CARE THAT A PARENT OF REASONABLE JUDGMENT, SKILL, AND CAUTION WOULD USE TO MAINTAIN THE HEALTH, SAFETY, AND BEST INTEREST OF THE CHILD AND ENCOURAGE THE EMOTIONAL AND SOCIAL GROWTH AND DEVELOPMENT OF THE CHILD. IN DECIDING HOW CLOSELY TO SUPERVISE A CHILD, THE CAREGIVER NEEDS TO USE A "REASONABLE AND PRUDENT PARENT STANDARD AND MUST TAKE INTO ACCOUNT:
  - A. THE CHILD'S AGE AND LEVEL OF MATURITY;
  - B. THE CHILD'S INDIVIDUAL DIFFERENCES AND ABILITIES;
  - C. THE INDOOR AND OUTDOOR LAYOUT OF THE HOME;
  - D. SURROUNDING CIRCUMSTANCES, HAZARDS, AND RISKS;
  - E. THE CHILD'S NEEDS, INCLUDING THE PHYSICAL, MENTAL, EMOTIONAL, AND SOCIAL;
  - F. THE CHILD'S BEHAVIORAL HISTORY AND ABILITY TO SAFELY PARTICIPATE IN A PROPOSED ACTIVITY;
  - G. WHETHER THE ACTIVITY IS A NORMAL CHILDHOOD ACTIVITY FOR A CHILD OF THAT AGE AND LEVEL OF MATURITY;
  - H. THE CHILD'S DESIRES;
  - I. OUTSIDE SUPERVISION OF THE ACTIVITY, IF AVAILABLE AND APPROPRIATE;
  - J. THE SUPERVISION INSTRUCTIONS IN THE CHILD'S SERVICE PLAN; AND
  - K. THE IMPORTANCE OF PROVIDING THE CHILD WITH THE MOST NORMAL FAMILY-LIKE LIVING EXPERIENCE AS POSSIBLE.
  
- III. CAREGIVERS COUNTED IN THE CHILD/CAREGIVER RATIO MUST:
  - A. BE AWARE OF THE CHILDREN'S HABITS, INTERESTS, AND ANY SPECIAL NEEDS, INCLUDING ANY SPECIAL SUPERVISION NEEDS;
  - B. PROVIDE A SAFE ENVIRONMENT;
  - C. CULTIVATE DEVELOPMENTALLY APPROPRIATE INDEPENDENCE IN CHILDREN THROUGH PLANNED BUT FLEXIBLE PROGRAM ACTIVITIES;
  - D. POSITIVELY REINFORCE CHILDREN'S EFFORTS AND ACCOMPLISHMENTS;
  - E. ENSURE CONTINUITY OF CARE FOR CHILDREN BY SHARING WITH INCOMING CAREGIVER'S INFORMATION ABOUT EACH CHILD'S ACTIVITIES DURING THE PREVIOUS SHIFT AND ANY VERBAL OR WRITTEN INFORMATION OR INSTRUCTIONS GIVEN BY THE PARENT OR OTHER PROFESSIONALS; AND
  - F. IMPLEMENT AND FOLLOW THE CHILDREN'S SERVICE PLANS.
  
- IV. CAREGIVERS THAT SUPERVISE A CHILD RECEIVING TREATMENT SERVICES MUST MAINTAIN PROGRESS NOTES FOR THE CHILD, AT A FREQUENCY DETERMINED BY THE SERVICE PLANNING TEAM. CAREGIVERS MUST SIGN AND DATE EACH PROGRESS NOTE AT THE TIME THE PROGRESS NOTE IS COMPLETED. PROGRESS NOTES MUST BE AVAILABLE FOR LICENSING STAFF TO REVIEW.
  
- V. VIDEO CAMERAS MAY BE USED TO SUPERVISE INFANTS AND TODDLERS.
  
- VI. VIDEO CAMERAS MAY NOT BE USED TO SUPERVISE CHILDREN, OTHER THAN INFANTS AND TODDLERS, UNLESS THE:
  - A. PARENT, OR OTHER PERSON LEGALLY AUTHORIZED TO CONSENT, CONSENTS TO THE USE OF THE VIDEO CAMERA; AND

- B. CHILD:
- 1) IS YOUNGER THAN FIVE YEARS OLD;
  - 2) HAS PRIMARY MEDICAL NEEDS; OR
  - 3) HAS A SERVICE PLAN THAT PERMITS THE USE FOR PURPOSES OF REDUCING RISKS OF SEXUALLY OFFENSIVE BEHAVIOR, PHYSICAL AGGRESSION, OR OTHER BEHAVIORS IDENTIFIED AS REQUIRING HEIGHTENED THE CHILD PLACEMENT STAFF WILL DOCUMENT THE JUSTIFICATION FOR THE VIDEO CAMERA IN THE CHILD'S SERVICE PLAN, AND THE CHILD MUST HAVE OTHER ACCESSIBLE AND REASONABLE LOCATIONS WHERE HE MAY CHANGE HIS CLOTHING IN PRIVATE.

10. VIDEO CAMERAS MAY NOT BE USED TO TAPE THE CHILD, AND IMAGES MAY NOT BE ACCESSIBLE EXCEPT TO THE FOSTER HOME'S CAREGIVERS.

11. EVEN DURING A TIME THAT ALL CHILDREN IN CARE ARE AWAY FROM THE HOME, AT LEAST ONE CAREGIVER MUST BE AVAILABLE BY PHONE TO:

- A. RESPOND TO EMERGENCIES, CHANGES IN SCHEDULES, OR UNPLANNED EVENTS; AND
- B. PROVIDE CARE AND SUPERVISION WHENEVER A CHILD NEEDS THE ATTENTION OF A CAREGIVER, INCLUDING WHEN THE CHILD RETURNS TO THE HOME.

VII. A. CHILDREN IN CARE MUST PARTICIPATE IN CHILDHOOD ACTIVITIES, INCLUDING UNSUPERVISED CHILDHOOD ACTIVITIES, AS MUCH AS POSSIBLE. A CHILD MAY BE AWAY FROM THE FOSTER HOME AND CAREGIVERS TO PARTICIPATE IN AN UNSUPERVISED CHILDHOOD ACTIVITY, AS APPROPRIATE BASED ON THE FOSTER PARENT'S ASSESSMENT AND DOCUMENTATION IN THE CHILD'S CPOS. FOSTER PARENTS USING THE REASONABLE AND PRUDENT PARENT STANDARD MUST TAKE THE FOLLOWING INTO CONSIDERATION WHEN DECIDING WHETHER A CHILD MAY PARTICIPATE IN NORMAL CHILDHOOD ACTIVITIES INCLUDING:

- g) THE CHILD'S AGE AND LEVEL OF MATURITY;
- h) THE CHILD'S COGNITIVE, SOCIAL, EMOTIONAL, AND PHYSICAL DEVELOPMENT LEVEL;
- i) THE CHILD'S BEHAVIORAL HISTORY AND ABILITY TO SAFELY PARTICIPATE IN A PROPOSED ACTIVITY;
- j) THE CHILD'S OVERALL ABILITIES;
- k) WHETHER THE ACTIVITY IS A NORMAL CHILDHOOD ACTIVITY FOR A CHILD OF THAT AGE AND LEVEL OF MATURITY;
- l) THE CHILD'S DESIRES;
- m) THE SURROUNDING CIRCUMSTANCES, HAZARDS, AND RISKS OF THE ACTIVITY;
- n) OUTSIDE SUPERVISION OF THE ACTIVITY, IF AVAILABLE AND APPROPRIATE;
- o) THE SUPERVISION INSTRUCTIONS IN THE CHILD'S SERVICE PLAN; AND
- p) THE IMPORTANCE OF PROVIDING THE CHILD WITH THE MOST NORMAL FAMILY-LIKE LIVING EXPERIENCE POSSIBLE.

B. IF THE CHILD IS PARTICIPATING IN AN UNSUPERVISED CHILDHOOD ACTIVITY, THE CAREGIVER MUST:

1. KNOW WHERE THE CHILD WILL BE;
2. GIVE THE CHILD SPECIFIC TIME TO RETURN TO THE FOSTER HOME OR FOSTER PARENT'S LOCATION;
3. PROVIDE, ARRANGE, OR CONFIRM AN APPROPRIATE METHOD OF TRANSPORTATION TO AND FROM THE ACTIVITY;
4. GIVE THE CHILD A WAY TO CONTACT THE FOSTER PARENT IN AN EMERGENCY AND
5. BE ABLE TO RESPOND IF THE CHILD CONTACTS THE FOSTER PARENT AND NEEDS IMMEDIATE ASSISTANCE.

C. FOSTER PARENTS MUST MAKE DECISIONS REGARDING A CHILD'S PARTICIPATION IN CHILDHOOD ACTIVITIES USING THE REASONABLE PRUDENT PARENT STANDARD AND BY CONSULTATIONS WITH THE GUIDING LIGHT TREATMENT TEAM DURING THE CHILD'S SERVICE PLAN MEETING. THE CHILD'S SERVICE PLAN WILL DOCUMENT APPROVED SUPERVISED AND UNSUPERVISED ACTIVITIES. IF DFPS PROVIDES ADVANCE NOTICE THAT A CHILD IS PROHIBITED FROM PARTICIPATING IN A SPECIFIC ACTIVITY, THEN THE FOSTER PARENT MUST FOLLOW DFPS' DECISION.

- b. CAREGIVERS THAT SUPERVISE A CHILD RECEIVING TREATMENT SERVICES MUST MAINTAIN PROGRESS NOTES FOR THE CHILD IN THE FOSTER PARENT PAPER WORK.

VIII. NEGLECTFUL SUPERVISION- IS DEFINED AS “PLACING A CHILD IN OR FAILING TO REMOVE A CHILD FROM A SITUATION THAT A REASONABLE PERSON WOULD REALIZE REQUIRES JUDGMENT OR ACTIONS BEYOND THE CHILD’S LEVEL OF MATURITY, PHYSICAL CONDITION, OR MENTAL ABILITIES AND THAT RESULTS IN BODILY INJURY OR SUBSTANTIAL RISK OF IMMEDIATE HARM TO THE CHILD.” ALSO IS DEFINED AS “PLACING A CHILD IN OR FAILING TO REMOVE A CHILD FROM A SITUATION IN WHICH THE CHILD WOULD BE EXPOSED TO SUBSTANTIAL RISK OF SEXUAL CONDUCT HARMFUL TO THE CHILD” NEGLECTFUL SUPERVISION ACCOUNTS FOR MORE THAN HALF CONFIRMED ABUSE OR NEGLIGENCE IN TEXAS. SOME EXAMPLES OF FOSTER PARENT NEGLECTFUL SUPERVISION INCIDENTS:

- A. FOSTER PARENT DID NOT TAKE FOSTER CHILD TO EMERGENCY ROOM IF CHILD IS SICK OR HAS AN INJURY
- B. TWO FOSTER CHILDREN GOT IN A FIST FIGHT
- C. TWO FOSTER CHILDREN ACTED OUT SEXUALLY
- D. FOSTER CHILD FELL OFF A COUNTERTOP
- E. FOSTER PARENT LEFT THE FOSTER CHILD ALONE AT HOME, WHILE THE FOSTER PARENT RAN ERRANDS WITHOUT WRITTEN PERMISSION IN THE CHILD’S CPOS
- F. FOSTER CHILD GOT BIT BY A DOG
- G. FOSTER PARENT LEFT CHILD IN THE CAR BY THEMSELVES

#### CONTINUOUS 24-HOUR AWAKE SUPERVISION (FOR FOSTER HOMES THAT CONTAIN OVER 6 CHILDREN)

GUIDING LIGHT MUST PROVIDE AND MAINTAIN A CURRENT DESIGNATED EMERGENCY ON-CALL CONTACT DURING THE OVERNIGHT HOURS. THE CURRENT CONTACT INFORMATION MUST BE PROVIDED TO THE DFPS CONTRACT MANAGER AND MUST BE AVAILABLE TO CONTRACTOR STAFF RESPONSIBLE FOR SUPERVISION. GUIDING LIGHT WILL ENSURE THE EMERGENCY ON-CALL CONTACT IS READILY ACCESSIBLE AND IS ABLE TO IMPLEMENT AN IMMEDIATE PLAN FOR COMPLIANCE WITH SUPERVISION REQUIREMENTS.

24-HOUR AWAKE SUPERVISION CONTRACT VIOLATIONS, SUBJECT TO LIQUIDATED DAMAGES, ARE THOSE VIOLATIONS VALIDATED THROUGH GUIDING LIGHT SELF-REPORTED INCIDENTS OR UNANNOUNCED MONITORING VISITS. UNANNOUNCED MONITORING VISITS WILL BE CONDUCTED DURING THE OVERNIGHT HOURS

ON-SITE MONITORING VIOLATIONS ARE DEFINED AS BELOW:

1. FAILURE TO PROVIDE SUPERVISION.
  - THIS IS DEFINED AS STAFF ASSIGNED TO SUPERVISE ARE NOT AWAKE OR SUPERVISION IS NOT CONTINUOUS.
  - THIS INCLUDES BUT IS NOT LIMITED TO, CAREGIVER REPORTED, INSTANCES OF STAFF SLEEPING OR HAVING BEEN SLEEPING, OR AWAKE STAFF NOT PRESENT IN THE BUILDING.
2. FAILURE TO PROVIDE ACCESS.
  - THIS INCLUDES BUT IS NOT LIMITED TO, DFPS MONITORING STAFF’S INABILITY TO ACCESS THE FACILITY. INCLUDING ACCESS THAT IS DENIED; ACCESS THAT IS DELAYED BY MORE THAN 10 MINUTES; OR THERE IS NO RESPONSE TO DFPS STAFF’S ATTEMPT TO OBTAIN ACCESS TO THE FACILITY OR FOSTER HOME.
3. FAILURE TO PROPERLY DOCUMENT SUPERVISION.
  - THIS INCLUDES, BUT IS NOT LIMITED TO, GUIDING LIGHT STAFF PREFILLING OR NOT COMPLETING THE SUPERVISION CHART OR OTHER SYSTEM SUCH AS AN ELECTRONIC SYSTEM, THAT FAILS TO RECORD AND THEREFORE SUPPORT THE SUPERVISION ROUNDS WERE CONDUCTED AS REQUIRED BY THE GUIDING LIGHT’S SUPERVISION POLICY.

24-HOUR AWAKE SUPERVISION VIOLATION IDENTIFIED DURING A MONITORING VISIT. DFPS STAFF WILL:

1. CONTACT THE GUIDING LIGHT’S EMERGENCY ON-CALL STAFF AND REQUEST AN IMMEDIATE PLAN FOR ENSURING SUPERVISION WILL BE IN PLACE FOR THE NIGHT,

2. REMAIN ON PREMISES UNTIL COMPLIANCE IS MET,
3. NOTIFY GUIDING LIGHT IN WRITING OF THE UNANNOUNCED VISIT, THE NATURE OF THE CONTRACT VIOLATION IDENTIFIED, AND THEY OR THEIR DESIGNEE WILL BE CONTACTED BY THE DFPS STAFF AND GIVEN THE OPTION TO PROVIDE SUPPORTING INFORMATION AS TO WHY A NONCOMPLIANCE SHOULD NOT BE CITED, AND
4. CONSIDER ANY ADDITIONAL INFORMATION GUIDING LIGHT PROVIDES.

**SELF-REPORTED 24-HOUR AWAKE SUPERVISION VIOLATION.**

WHEN GUIDING LIGHT’S SELF-REPORT IS RECEIVED, GUIDING LIGHT WILL BE CONTACTED BY THE DFPS STAFF, AND GIVEN THE OPTION TO PROVIDE SUPPORTING INFORMATION AS TO WHY A NONCOMPLIANCE SHOULD NOT BE CITED, AND CONSIDER ANY ADDITIONAL INFORMATION GUIDING LIGHT PROVIDES.

**MONITORING DISPOSITION.**

DFPS WILL NOTIFY GUIDING LIGHT IN WRITING OF:

1. A MONITORING DISPOSITION OF COMPLIANCE, WITH NO FURTHER ACTION NEEDED, OR
2. A MONITORING DISPOSITION OF A CONTRACT VIOLATION, REQUIRING:
  - GUIDING LIGHT’S WRITTEN RESPONSE WITHIN 3 BUSINESS DAYS OF RECEIPT OF THE WRITTEN MONITORING FINDINGS CORRESPONDENCE,
  - GUIDING LIGHT’S ANALYSIS OF THE CAUSE OF THE VIOLATION,
  - AND A PLAN FOR CORRECTION AND THE ELIMINATION OF THE RISK FOR REPEAT FINDINGS.”

**24-HOUR AWAKE SUPERVISION SUPPLEMENTAL PAYMENT**

PAYMENTS ARE QUARTERLY AND THE RECONCILIATION IS AFTER THE END OF THE FISCAL YEAR.

**24-HOUR AWAKE SUPERVISION PROGRESSIVE INTERVENTION AND LIQUIDATED DAMAGES**

DFPS WILL CONDUCT UNANNOUNCED VISITS NECESSARY TO CONFIRM AWAKE AND CONTINUOUS IN PERSON SUPERVISION. A FINDING OF NONCOMPLIANCE RESULTS FROM A MONITORING VISIT OR A SELF-REPORTED INCIDENT AS DOCUMENTED IN A DFPS FINAL MONITORING REPORT. EACH INSTANCE OF A SELF-REPORTED VIOLATION OCCURRING WITHIN ANY ONE EIGHT-HOUR SLEEPING PERIOD IS EQUAL TO ONE CONTRACT VIOLATION FOR FAILURE TO MAINTAIN AWAKE AND CONTINUOUS SUPERVISION.

**NON-CONSECUTIVE FINDINGS**

GUIDING LIGHT WILL PARTICIPATE AS DETAILED BELOW WHEN NON-CONSECUTIVE MONITORING VISITS OR SELF-REPORTED SUPERVISION INCIDENTS RESULT IN FINDINGS SUBJECT TO LIQUIDATED DAMAGES. THE PERIOD WILL BE A ROLLING 12-MONTH PERIOD BEGINNING WITH AN INSTANCE OF NONCOMPLIANCE.

**CONSECUTIVE FINDINGS & LIQUIDATED DAMAGES**

GUIDING LIGHT WILL PARTICIPATE AS DETAILED BELOW WHEN CONSECUTIVE MONITORING VISITS OR SELF-REPORTED SUPERVISION INCIDENTS RESULT IN FINDINGS SUBJECT TO LIQUIDATED DAMAGES. LIQUIDATED DAMAGES WILL BE ASSESSED IN THE STATE FISCAL YEAR IN WHICH THE FIRST INSTANCE OF NON-COMPLIANCE WAS IDENTIFIED AND CALCULATED USING APPLICABLE INSTANCES OF FINDINGS UNTIL COMPLIANCE IS SATISFIED. LIQUIDATED DAMAGES WILL BE COLLECTED DURING THE END OF YEAR RECONCILIATION PROCESS THROUGH AN ADJUSTMENT OF THE 2ND QUARTER PAYMENT OR FINAL PAYMENT IF A CONTRACT SHOULD TERMINATE PRIOR TO THE END OF THE FISCAL YEAR.

DFPS STAFF WILL CONDUCT THE FOLLOWING CONTRACT ACTIONS ASSOCIATED WITH THE CONDITIONS IDENTIFIED BELOW:

CONTRACT ACTION	CONDITIONS	PROCESS	LIQUIDATED DAMAGES
#1	FOUR OR FEWER, NONCONSECUTIVE	DFPS STAFF WILL:	NA

	FINDINGS OF FAILURE TO PROVIDE 24-HOUR AWAKE AND CONTINUOUS SUPERVISION, ARE DETERMINED DURING ON-SIGHT MONITORING VISITS OR SELF -REPORTED INSTANCES.	<ul style="list-style-type: none"> <li>• STAY ON PREMISES UNTIL COMPLIANCE IS MET,</li> <li>• CONTACT THE FACILITY LEADERSHIP (EX. DIRECTOR AND ADMINISTRATOR) TO ADDRESS AND IDENTIFY CAUSE CONTRIBUTING TO THE NON-COMPLIANCE, INCLUDING CHALLENGES AND BARRIERS, AND TO PROVIDE TECHNICAL ASSISTANCE AS NEEDED TO ASSIST IN IDENTIFYING A SOLUTION, AND</li> <li>• PROVIDE WRITTEN NOTIFICATION OF A CONTRACT VIOLATION OF THE 24-HOUR AWAKE AND CONTINUOUS SUPERVISION CONTRACT TERM IN THE FORM OF A FINAL MONITORING REPORT.</li> </ul>	
#2	FIVE NON-CONSECUTIVE FINDINGS OF FAILURE TO PROVIDE 24-HOUR AWAKE AND CONTINUOUS SUPERVISION, ARE DETERMINED DURING ON-SIGHT MONITORING VISITS OR SELF -REPORTED INSTANCES	<p>DFPS STAFF WILL:</p> <ul style="list-style-type: none"> <li>• COMPLETE THE INTERVENTIONS STEPS IDENTIFIED IN CONTRACT ACTION #1 ABOVE, AND</li> <li>• MEET WITH GUIDING LIGHT’S BOARD PRESIDENT AND CONTRACT SIGNATORY TO ADDRESS THE IDENTIFICATION OF A PATTERN OF VIOLATIONS AND TO EXPLAIN THE PROGRESSIVE INTERVENTION STEPS, AND</li> <li>• OBTAIN REASONABLE ASSURANCE FOR COMPLIANCE FROM GUIDING LIGHT’S REPRESENTATIVES</li> </ul>	NA

\*\* PLACEMENT HOLD IS SPECIFIC TO THE FOSTER HOME IN VIOLATION OF SUPERVISION. PLACEMENT HOLD WILL CONTINUE THROUGH ATTRITION RESULTING IN THE NUMBER OF CHILDREN TO 6 OR FEWER THEREFORE NO LONGER NECESSITATING AWAKE NIGHT SUPERVISION. PROGRAM WILL DISCONTINUE PLACEMENTS THAT WILL NECESSITATE 24-HOUR AWAKE SUPERVISION IN THE SPECIFIC FOSTER HOME.”

## TELEPHONE

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### I. RESTRICTIONS

THE JUDGE AND/OR MANAGING CONSERVATOR WILL DETERMINE PRIOR TO REFERRAL WITH WHICH THE CHILD MAY HAVE TELEPHONE CONTACT. THE FREQUENCY OF TELEPHONE CALLS BY OR TO ELIGIBLE PERSONS MAY ALSO BE RESTRICTED BY THE JUDGE/MANAGING CONSERVATOR.

IT IS THE RESPONSIBILITY OF THE FOSTER PARENT TO MONITOR THAT THE CHILD IS IN COMPLIANCE.

THE FOSTER CHILD MUST ALSO ADHERE TO THE FOSTER HOUSE RULES REGARDING TELEPHONE USAGE.

### II. RIGHTS

THE CHILD HAS A RIGHT TO CONTACT OR RECEIVE CALLS FROM THE CASE MANAGER OR OTHER COURT APPOINTED OFFICIAL AT ANY TIME.

THE CHILD HAS A RIGHT TO PRIVACY IN CONVERSATION WITH PRE-APPROVED INDIVIDUALS.



## TRAINING – PRE-SERVICE & ANNUAL

### PRE-SERVICE TRAINING

THE FOLLOWING PRE-SERVICE TRAININGS MUST BE COMPLETED PRIOR TO VERIFICATION AND ACCORDING TO THE CAREGIVER’S TYPE OF VERIFICATION.

TYPE OF CAREGIVER VERIFICATION	TYPE OF PRE-SERVICE TRAINING	TOTAL HOURS	TRAINING COMPLETION DATE
CAREGIVERS VERIFIED FOR CHILD CARE SERVICES CHILDREN BAS & MOD	GENERAL-24.5 ADDITIONAL GENERAL-6 EBI-8 *CPR & FIRST AID-0	38.5	PRIOR TO VERIFICATION
CAREGIVERS VERIFIED FOR TREATMENT SERVICES CHILDREN SPE	GENERAL-24.5 ADDITIONAL GENERAL-6 EBI-16 *CPR & FIRST AID-0 *OBSERVATION-40	46.5 PLUS 40 HOURS OF OBSERVATION**	PRIOR TO VERIFICATION
CAREGIVERS VERIFIED FOR TREATMENT SERVICES CHILDREN PRIMARY MEDICAL NEEDS ONLY	GENERAL-24.5 ADDITIONAL GENERAL-14 CPR & FIRST AID-0 *OBSERVATION-40	38.5 PLUS 40 HOURS OF OBSERVATION**	PRIOR TO VERIFICATION
CAREGIVERS VERIFIED FOR TREATMENT SERVICES INT	GENERAL-24.5 ADDITIONAL GENERAL-6 EBI-16 *CPR & FIRST AID-0 *OBSERVATION-40 INTENSE -4	50.5 PLUS 40 HOURS OF OBSERVATION**	PRIOR TO VERIFICATION

\*\*NOTE: 8 HOURS MUST INCLUDE OBSERVATION OF INTERACTIONS WITH CHILDREN RECEIVING SIMILAR TREATMENT SERVICES AS THE PROSPECTIVE FOSTER PARENT WOULD BE PROVIDING.

#### A. GENERAL PRESERVICE CURRICULUM:

##### DAY 1

- 1) STRATEGIES AND TECHNIQUES FOR MONITORING AND WORKING WITH THESE CHILDREN (POLICY REVIEW AND GROUP STUDY PROCESS) – 2 HOURS
- 2) TRAUMA INFORMED CARE/INTERVENTION – 6 HOURS

##### DAY 2

- 3) DEVELOPMENTAL STAGES OF CHILDREN – 0.5 HOUR
- 4) FOSTERING CHILDREN’S SELF ESTEEM – 0.5 HOUR
- 5) CONSTRUCTIVE GUIDANCE & DISCIPLINE TECHNIQUES (BEHAVIOR MANAGEMENT) – 1 HOUR
- 6) NORMALCY – 2 HOURS – MUST INCLUDE:
  - A. A DISCUSSION OF DEFINITIONS OF NORMALCY AND THE REASONABLE AND PRUDENT PARENT STANDARD;
  - B. THE DEVELOPMENTAL STAGES OF CHILDREN, INCLUDING A DISCUSSION OF THE COGNITIVE, SOCIAL, EMOTIONAL, AND PHYSICAL DEVELOPMENT OF CHILDREN;
  - C. AGE APPROPRIATE ACTIVITIES FOR CHILDREN, INCLUDING UNSUPERVISED CHILDHOOD ACTIVITIES;
  - D. THE BENEFITS OF CHILDHOOD ACTIVITIES TO A CHILD’S WELL-BEING, MENTAL HEALTH, AND SOCIAL, EMOTIONAL, AND DEVELOPMENTAL GROWTH;
  - E. HOW TO APPLY THE REASONABLE AND PRUDENT PARENT STANDARD TO MAKE DECISIONS; AND
  - F. THE CHILD’S AND THE CAREGIVER’S RESPONSIBILITIES WHEN PARTICIPATING IN CHILDHOOD ACTIVITIES.

- 7) TRAUMA INFORMED CARE – 2 HOURS
- 8) MEASURES TO PREVENT, IDENTIFY, TREAT, AND REPORT SUSPECTED OCCURRENCES OF CHILD ABUSE
  - (INCLUDING SEXUAL ABUSE), NEGLECT, AND EXPLOITATION – 1 HOUR
- 9) SOCIAL SKILLS – 0.5 HOUR
- 10) SEXUAL ABUSE – 0.5 HOUR
- 11) RECOGNIZING AND REPORTING SEXUAL ABUSE – 1 HOUR

DAY 3

- 12) EMERGENCY BEHAVIOR INTERVENTION (EBI) – 8 HOURS

DAY 4

- 13) GUN CONTROL – 0.5 HOUR
- 14) ADOPTION – 0.5 HOUR
- 15) CULTURAL COMPETENCE 3 HOURS
- 16) DISASTER EMERGENCY PLAN: PROCEDURES TO FOLLOW IN EMERGENCIES, SUCH AS WEATHER RELATED EMERGENCIES, VOLATILE PERSONS, SEVERE INJURY OR ILLNESS OF A CHILD OR ADULT – 1 HOUR
- 17) ROLE OF THE CAREGIVER – 0.5 HOUR
- 18) COMMUNICABLE & SEXUALLY TRANSMITTED DISEASES: PREVENTION – 0.5 HOUR
- 19) WATER SAFETY – 0.5 HOUR

**B. ADDITIONAL GENERAL PRESERVICE CURRICULUM**

DAY 5

- 1). RECOGNIZING AND PREVENTION SHAKEN BABY SYNDROME, PREVENTING SUDDEN INFANT DEATH SYNDROME, SAFE SLEEP, AND UNDERSTANDING EARLY CHILDHOOD BRAIN DEVELOPMENT – 1 HOUR
- 2). MEDICATION POLICY – 0.5 HOUR
  - 1) MEDICATION ADMINISTRATION – 2 HOURS
    - MEDICATION ADMINISTRATION NEEDS TO BE CONDUCTED ONLINE AT: [HTTP://WWW.DFPS.STATE.TX.US/TRAINING/PSYCHOTROPIC MEDICATION/DEFAULT.ASP](http://www.dfps.state.tx.us/training/psychotropic_medication/default.asp)
  - WHICH INCLUDES THE FOLLOWING:
    - IDENTIFICATION OF PSYCHOTROPIC MEDICATIONS
    - BASIC PHARMACOLOGY
    - THE ACTIONS AND SIDE EFFECTS OF, AND POSSIBLE ADVERSE REACTIONS TO, VARIOUS PSYCHOTROPIC MEDICATIONS
    - TECHNIQUES AND METHODS OF ADMINISTERING MEDICATIONS;
    - WHO IS LEGALLY AUTHORIZED TO PROVIDE CONSENT FOR THE PSYCHOTROPIC MEDICATION
      - A MEDICAL PROVIDER SUCH AS A PSYCHIATRIST OR RN NEEDS TO BE ABLE TO BE AVAILABLE TO ANSWER QUESTIONS DURING THE PRESENTATION TO ALLOW THE ONLINE TRAINING TO BE INSTRUCTOR LED.
  - 2) MEDICAL CONSENT 2.5 HOURS
    - MEDICAL CONSENT TRAINING- “HOW DFPS ESTABLISHES THE MEDICAL CONSENTER” IS CONDUCTED ONLINE AT [HTTP://WWW.DFPS.STATE.TX.US/CHILD PROTECTION/ABOUT CHILD PROTECTION/MEDICAL-CONSENT-TRAINING.ASP](http://www.dfps.state.tx.us/child_protection/about_child_protection/medical-consent-training.asp)

CAREGIVERS/STAFF MUST PRINT THE DFPS CERTIFICATE AFTER COMPLETION OF THE TRAINING AND A COPY MUST BE PLACED IN THE CAREGIVER/EMPLOYEE FILE

ALL CAREGIVERS MUST ACKNOWLEDGE IN WRITING AND COMPLETE FORM 2759 GUIDING LIGHT STAFF SUCH AS THE FHD OR PC WILL BE AVAILABLE TO ANSWER QUESTIONS DURING THE PRESENTATION TO ALL THE ONLINE TRAINING TO BE INSTRUCTOR LED.



DAY 6 CPR & FIRST AID 0 HOURS

- B. SPECIALIZED TREATMENT SERVICES- FOR CAREGIVERS VERIFIED TO ACCEPT TREATMENT SERVICES, SPECIALIZED & INTENSE CHILDREN

DAY 7

- 1) ADVANCED EBI 8 HOURS

DAY 8

- 2) INTENSE 4 HOURS

DAY 3

- 3) \*FOR FAMILIES EXCLUSIVELY CARING FOR PMN CHILDREN ARE EXEMPT FROM EBI, BUT MUST HAVE TRAINING IN MEDICALLY FRAGILE CHILDREN 8 HOURS

- F. EXEMPTIONS- CAREGIVERS TRANSFERRING FROM OTHER THERAPEUTIC CHILD PLACING AGENCIES ARE EXEMPT FROM COMPLETING THE PRE-SERVICE, IF THEY HAVE COMPLETED THE COMPONENTS OF PRE-SERVICE WITH ANOTHER AGENCY. GUIDING LIGHT REQUIRES TRANSFER FAMILIES TO OBTAIN THE 1<sup>ST</sup> DAY OF PRE-SERVICE TRAINING WITHIN 12 MONTHS OF VERIFICATION. GUIDING LIGHT MUST BE ABLE TO VERIFY PREVIOUS TRAININGS FROM OTHER AGENCIES.

- CAREGIVERS WHO ONLY ACCEPT PMN CHILDREN ARE EXEMPT FROM TAKING EBI TRAINING.
- CAREGIVERS WHO ONLY ACCEPT BAS & MOD CHILDREN ARE EXEMPT FROM THE 40-HOUR OBSERVATION REQUIREMENT & THE 7TH DAY OF PRE-SERVICE EBI TRAINING.
- CAREGIVERS WHO ARE HEALTH PROFESSIONAL IN WHICH THEIR CERTIFICATION REQUIRES COMPETENCY OF CPR & FIRST AID (INFANT, CHILD & ADULT) CAN PROVIDE A COPY OF THEIR HEALTH PROFESSIONAL LICENSE IN LIEU OF CPR & FIRST AID TRAINING, AS LONG AS THE LICENSE IS CURRENT.

ADVANCED TRAINING

CAREGIVERS ARE REQUIRED TO RECEIVE ADVANCED TRAINING ANNUALLY.

- GUIDING LIGHT REQUIRES CAREGIVERS TO COMPLETE TRAINING WITHIN A CALENDAR YEAR (JAN 1-DEC 31)
- NEW GUIDING LIGHT CAREGIVERS ANNUAL TRAINING HOURS WILL BE PRO-RATED FROM THE DATE OF VERIFICATION/EMPLOYMENT TO THE END OF THE CALENDAR YEAR.
- EMERGENCY BEHAVIOR INTERVENTION AND PSYCHOTROPIC MEDICATION ADMINISTRATION TRAINING MUST BE OBTAINED NO LATER THAN 12 MONTHS AFTER HIS/HER LAST EMERGENCY BEHAVIOR INTERVENTION OR PSYCHOTROPIC MEDICATION ADMINISTRATION.

TYPE OF CAREGIVER VERIFICATION	MIN HOURS	REQUIRED ANNUAL TRAINING TOPICS	TOTAL REQUIRED HOURS
CAREGIVERS VERIFIED FOR CHILD CARE SERVICE/TREATMENT SERVICES BAS, MOD, SPE, INTENSE	1	MEASURES TO PREVENT, IDENTIFY, TREAT, AND REPORT SUSPECTED OCCURRENCES OF CHILD ABUSE (INCLUDING SEXUAL ABUSE), NEGLECT, AND EXPLOITATION	30
	3	CPR & FIRST AID-CERTIFICATION MUST BE CURRENT	
	3	CULTURAL COMPETENCE	
	3	DISASTER EMERGENCY PLAN (EVERY TWO YEARS, UNLESS UPDATED)	
	1	*EMERGENCY BEHAVIOR INTERVENTION	
	8	MEDICATION POLICY	
	.5	*PSYCHOTROPIC MEDICATION ADMINISTRATION	
	2	MEDICAL CONSENT TRAINING	
	2.5	NORMALCY	
	2	TRAUMA INFORMED CARE	
	2	(OTHER TOPICS LISTED IN 3)	
	2.5	RECOGNIZING AND PREVENTION OF SHAKEN BABY SYNDROME, PREVENTING SUDDEN INFANT DEATH SYNDROME, SAFE SLEEP,	
1			

	2 .5 1	AND UNDERSTANDING EARLY CHILDHOOD BRAIN DEVELOPMENT GUN STORAGE COMMUNICABLE & SEXUALLY TRANSMITTED DISEASES: PREVENTION RECOGNIZING AND REPORTING SEXUAL ABUSE	
CAREGIVERS VERIFIED FOR TREATMENT SERVICES CHILDREN PRIMARY MEDICAL NEEDS ONLY	1 3 3 1 .5 2 2.5 2 2 10.5 1 1 .5 2	MEASURES TO PREVENT, IDENTIFY, TREAT, AND REPORT SUSPECTED OCCURRENCES OF CHILD ABUSE (INCLUDING SEXUAL ABUSE), NEGLECT, AND EXPLOITATION CPR & FIRST AID-CERTIFICATION MUST BE CURRENT CULTURAL COMPETENCE DISASTER EMERGENCY PLAN (EVERY TWO YEARS, UNLESS UPDATED) MEDICATION POLICY *PSYCHOTROPIC MEDICATION ADMINISTRATION MEDICAL CONSENT TRAINING NORMALCY TRAUMA INFORMED CARE (OTHER TOPICS LISTED IN 3) RECOGNIZING AND PREVENTION OF SHAKEN BABY SYNDROME, PREVENTING SUDDEN INFANT DEATH SYNDROME, SAFE SLEEP, AND UNDERSTANDING EARLY CHILDHOOD BRAIN DEVELOPMENT COMMUNICABLE DISEASES GUN STORAGE RECOGNIZING AND REPORTING SEXUAL ABUSE	30

1. THE CAREGIVERS ARE REQUIRED TO COMPLETE THE FOLLOWING ANNUAL REQUIRED TRAINING:
  - A. ABUSE AND NEGLECT AWARENESS AND PREVENTION-REGARDING THE RECOGNITION OF SYMPTOMS OF ABUSE AND NEGLECT, THE RESPONSIBILITY AND PROCEDURE FOR REPORTING SUSPECTED ABUSE AND NEGLECT, AND PRESENTING COMMUNITY RESOURCE INFORMATION TO STAFF, CHILDREN, AND PARENTS. TRAINING WILL INCLUDE:
    - 1) FACTORS INDICATING A CHILD IS AT RISK FOR ABUSE OR NEGLECT
    - 2) WARNING SIGNS INDICATING A CHILD MAY BE A VICTIM OF ABUSE OR NEGLECT AND PREVENTION TECHNIQUES FOR ABUSE AND NEGLECT
    - 3) INTERNAL PROCEDURES FOR REPORTING CHILD ABUSE OR NEGLECT
    - 4) COMMUNITY ORGANIZATIONS THAT HAVE TRAINING PROGRAMS AVAILABLE TO STAFF, CHILDREN, AND PARENTS
  - B. CPR & FIRST AID-CERTIFICATION MUST BE CURRENT AND MEET SAME REQUIREMENTS FOR PRE-SERVICE
  - C. CULTURAL COMPETENCE-GUIDING LIGHT WILL PROVIDE ON-GOING EDUCATION IN THE FORM OF TRAINING, WORKSHOPS, AND OTHER EDUCATIONAL OPPORTUNITIES TO HELP STAFF UNDERSTAND THE IMPACT RACE, CULTURE, ETHNIC IDENTITY HAS ON THEMSELVES AND OTHERS, AND HOW IT IMPACTS SERVICES TO CHILDREN AND FAMILIES
  - D. DISASTER EMERGENCY PLAN-(EVERY 2 YEARS, UNLESS UPDATED)
  - E. EMERGENCY BEHAVIOR INTERVENTION
    - 1) REINFORCES BASIC PRINCIPLES COVERED IN PRE-SERVICE TRAINING
    - 2) TRAINING MAY REPEAT PRE-SERVICE TRAINING COMPONENTS, INCLUDING THE USE AND IMPLEMENTATION OF EMERGENCY BEHAVIOR INTERVENTION
  - F. MEDICATION POLICY & MEDICAL CONSENT TRAINING
  - G. PSYCHOTROPIC MEDICATION ADMINISTRATION-MUST MEET SAME REQUIREMENTS LISTED IN PRE SERVICE
  - H. NORMALCY- SAME REQUIREMENTS AS PRE-SERVICE, BUT SHOULD FURTHER DEVELOP AND REFINE HE KNOWLEDGE AND UNDERSTANDING OF NORMALCY AND HOW IT SHOULD BE IMPLEMENTED. I.

TRAUMA INFORMED CARE- 2 HOURS REQUIRED ANNUALLY. FOSTER PARENTS CAN TAKE THE TRAINING ON THE DFPS WEBSITE OR THROUGH GUIDING LIGHT. CPS APPROVED TRAUMA INFORMED CARE TRAINING CAN BE FOUND AT: [HTTP://WWW.FOSTERCARETX.COM/ABOUT-US/CENTENE-CORPORATION/TRAINING/AND](http://www.fostercaretx.com/about-us/centene-corporation/training/and)  
[HTTP://WWW.DFPS.STATE.TX.US/TRAINING/TRAUMA INFORMED CARE/](http://www.dfps.state.tx.us/training/trauma_informed_care/).

- J. WATER SAFETY-IF CAREGIVER OWNS A POOL, MUST HAVE AT LEAST ONE CAREGIVER CERTIFIED IN WATER SAFETY \* MUST MEET SAME REQUIREMENTS LISTED IN PRE-SERVICE
  - K. GUN STORAGE
  - L. COMMUNICABLE & SEXUALLY TRANSMITTED DISEASES: PREVENTION
  - M. RECOGNIZING AND PREVENTION OF SHAKEN BABY SYNDROME, PREVENTING SUDDEN INFANT DEATH SYNDROME, SAFE SLEEP, AND UNDERSTANDING EARLY CHILDHOOD BRAIN DEVELOPMENT
  - N. RECOGNIZING AND REPORTING SEXUAL ABUSE
    - a) DFPS REQUIRED ANNUALLY ONLINE:  
[HTTPS://WWW.DFPS.STATE.TX.US/TRAINING/CHILD SEXUAL ABUSE FOR CAREGIVERS/01-WELCOME.HTML](https://www.dfps.state.tx.us/training/child_sexual_abuse_for_caregivers/01-welcome.html)
2. ADDITIONAL ANNUAL TRAINING TOPICS MUST BE IN AREAS APPROPRIATE TO THE NEEDS OF CHILDREN FOR WHOM THE CAREGIVER PROVIDES CARE, WHICH MAY INCLUDE, BUT IS NOT LIMITED TO:
- A. DEVELOPMENTAL STAGES OF CHILDREN;
  - B. CONSTRUCTIVE GUIDANCE AND DISCIPLINE OF CHILDREN;
  - C. FOSTERING CHILDREN'S SELF-ESTEEM;
  - D. POSITIVE INTERACTION WITH CHILDREN;
  - E. STRATEGIES AND TECHNIQUES FOR WORKING WITH THE POPULATION OF CHILDREN SERVED;
  - F. SUPERVISION AND SAFETY PRACTICES IN THE CARE OF CHILDREN;
  - G. THE NEEDS & CARE OF MEDICALLY FRAGILE CHILDREN
  - H. COGNITIVE DISTORTIONS; AND
  - I. MAINTAINING DOCUMENTATION OF CONSULTATIONS WITH MEDICAL PROFESSIONALS ROUTINELY OCCURRING TO CARE FOR SPECIFIC DIAGNOSIS, AS WELL AS DOCUMENTATION OF ON-GOING TRAINING REQUIRED TO MAINTAIN A NURSING LICENSE FOR PMN HOMES
3. WHEN A CAREGIVER IS ABSENT FROM THE HOME FOR AN EXTENDED TIME FOR MILITARY SERVICE OR EMPLOYMENT TRAINING REQUIREMENTS MAY BE ADJUSTED. UPON HIS RETURN FROM HOME, HIS ANNUAL TRAINING REQUIREMENTS ARE PRORATED AND HE MUST OBTAIN 1<sup>ST</sup> AID AND CPR WITHIN 60 DAYS OF RETURNING FROM THE HOME.
4. CAREGIVER TRAINING RECORDS WILL BE EVALUATED IN QUARTERLY AUDITS. IF HOURS ARE NOT COMPLETED BY DECEMBER 31<sup>ST</sup>, THE EXECUTIVE DIRECTOR MAY DEEM IT NECESSARY TO GIVE THE FAMILY 30 DAYS TO FIND ANOTHER AGENCY BEFORE THEIR VERIFICATION IS RESCINDED.
5. EXCESS TRAINING HOURS - WHEN CAREGIVERS, COMPLETE TRAINING HOURS IN EXCESS OF THE MINIMUM REQUIREMENT THE PERSON MAY CARRY OVER TO THE NEXT YEAR A MAXIMUM OF 10 TRAINING HOURS.
6. ALL THE ABOVE REQUIREMENTS CAN BE MET BY ATTENDING TRAINING SESSIONS OFFERED BY GUIDING LIGHT OR BY ATTENDING CLASSES IN THE COMMUNITY THAT HAVE BEEN APPROVED BY THE PROGRAM DIRECTOR OR CPMS. TRAINING PROVIDED BY GUIDING LIGHT IS AVAILABLE TO THERAPEUTIC CAREGIVERS AT NO CHARGE; TRAINING PROVIDED OUTSIDE THE AGENCY IS THE THERAPEUTIC FOSTER FAMILY'S RESPONSIBILITY UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH THE GUIDING LIGHT STAFF. TRAVEL EXPENSES AND CHILDCARE COSTS ARE THE RESPONSIBILITY OF THE CAREGIVER.
7. FOR ANNUAL TRAINING HOURS, THE FOLLOWING MAY BE COUNTED:
- A. THE HOURS OF ANNUAL TRAINING THAT A PERSON RECEIVED AT ANOTHER RESIDENTIAL CHILD CARE OPERATION, IF THE PERSON:
    - 1) RECEIVED THE TRAINING WITHIN THE TIME PERIOD GUIDING LIGHT USES TO CALCULATE THE PERSON'S ANNUAL TRAINING; AND PROVIDES DOCUMENTATION OF THE TRAINING;

- 2) ANNUAL EMERGENCY BEHAVIOR INTERVENTION TRAINING;
  - 3) FIRST-AID AND CPR TRAINING (INFANT, CHILD & ADULT) (ONLINE CPR TRAINING AND/OR SELF-INSTRUCTIONAL IS NOT ACCEPTABLE);
  - 4) THE HOURS OF PRE-SERVICE TRAINING THAT THE PERSON EARNS IN ADDITION TO THE REQUIRED PRE-SERVICE HOURS. FOR EXAMPLE, IF A PERSON COMPLETES 24 HOURS OF PRE-SERVICE EMERGENCY BEHAVIOR INTERVENTION TRAINING, AND IS REQUIRED TO OBTAIN 16 HOURS, THAT PERSON MAY COUNT EIGHT OF THE HOURS TOWARD ANNUAL TRAINING REQUIREMENTS (THIS WOULD APPLY TO TRANSFER FAMILIES);
8. FOR ANNUAL TRAINING HOURS, THE FOLLOWING MAY NOT BE COUNTED:
    - A. ORIENTATION TRAINING;
    - B. PRE-SERVICE TRAINING;
  9. DOCUMENTATION WILL BE KEPT VERIFYING COMPLETION OF ANNUAL TRAINING IN THE APPROPRIATE RECORD. THE DOCUMENTATION MUST INCLUDE THE FOLLOWING INFORMATION:
    - A. THE PARTICIPANT'S NAME;
    - B. DATE OF THE TRAINING;
    - C. TITLE OR SUBJECT OF THE TRAINING;
    - D. THE TRAINER'S NAME AND QUALIFICATIONS, OR THE SOURCE OF THE TRAINING FOR SELF-INSTRUCTIONAL TRAINING; AND
    - E. LENGTH OF THE TRAINING IN HOURS.
    - F. IF TRAINING IS COMPLETED THROUGH SELF-INSTRUCTION, THE CAREGIVER MUST COMPLETE GUIDING LIGHT'S SELF-INSTRUCTION FORM AND THE PC MUST VERIFY THE TRAINING SOURCE, CURRICULUM, AND NUMBER OF HOURS.
  10. CAREGIVER SUPPORT MEETING - THE AGENCY ALLOWS TIME AT EACH TRAINING SEMINAR FOR CAREGIVERS TO MEET AND DISCUSS THEIR CONCERNS AND SHARE ACCOMPLISHMENTS. THE AGENCY STAFF IS AVAILABLE TO FACILITATE THE MEETINGS.
  11. IF FOSTER FAMILY CARES FOR CHILDREN WHO ARE VICTIMS OF TRAFFICKING AN ADDITIONAL 5 HOURS OF PRE-SERVICE TRAINING IN TRAUMA EXPERIENCED BY TRAFFICKING VICTIMS MUST BE COMPLETED. THE FOSTER PARENT MUST COMPLETE FOUR HOURS ANNUALLY ON TRAFFICKING VICTIMS
    - 1) ONE HOUR IN PREVENTING COMPASSION FATIGUE AND SECONDARY TRAUMATIC STRESS
    - 2) THREE HOURS IN TRAINING AREAS APPROPRIATE TO THE NEEDS OF CHILDREN FOR WHOM THE CAREGIVER WILL BE PROVIDING CARE, WHICH MAY INCLUDE:
      - A. TYPOLOGY OF TRAFFICKING VICTIMS;
      - B. MANIFESTATIONS OF TRAUMA AND PRACTICE IN TRAUMA INFORMED CARE;
      - C. HOW TRAFFICKING VICTIMS ARE MANIPULATED AND CONTROLLED
      - D. MAKING INFORMED DECISIONS AND SETTING BOUNDARIES FOR TRAFFICKING VICTIMS
      - E. UNDERSTANDING AND AVOIDING THE TRIGGERS OF TRAFFICKING VICTIMS
      - F. CREATING AND MAINTAINING NURTURING ENVIRONMENTS FOR TRAFFICKING VICTIMS; AND
      - G. IDENTIFYING AND RESPONDING TO INTERNAL SAFETY AND SECURITY RISKS (HIGH FLIGHT RISK, POTENTIAL SELF-HARM, HARM TO OTHERS, AND INTERNAL RECRUITMENT)

### III. COST OF TRAINING

TRAINING PROVIDED BY GUIDING LIGHT IS AVAILABLE TO THERAPEUTIC FOSTER PARENTS AT NO CHARGE. TRAINING PROVIDED OUTSIDE THE AGENCY IS THE THERAPEUTIC FOSTER FAMILY'S FINANCIAL RESPONSIBILITY UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE WITH GUIDING LIGHT STAFF. TRAVEL EXPENSES AND CHILDCARE COSTS DURING TRAINING ARE THE RESPONSIBILITY OF THE FOSTER FAMILY.

### IV. EXCESS TRAINING HOURS

WHEN FOSTER PARENTS OR FOSTER HOME STAFF COMPLETE TRAINING HOURS IN EXCESS OF THE MINIMUM REQUIREMENT THE PERSON MAY CARRY OVER TO THE NEXT YEAR A MAXIMUM OF 10 TRAINING HOURS.

## V. FOSTER PARENT SUPPORT MEETING.

THE AGENCY ALLOWS TIME AT EACH TRAINING SEMINAR FOR FOSTER PARENTS TO MEET AND DISCUSS THEIR CONCERNS AND SHARE ACCOMPLISHMENTS. AGENCY STAFF IS AVAILABLE TO FACILITATE THE MEETINGS.

## TRANSITIONAL LIVING

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### PROGRAM OBJECTIVE:

TO PROVIDE BASIC LIFE-SKILLS DEVELOPMENT TOWARD INDEPENDENT LIVING. THE PROGRAM INCLUDES BASIC LIFE SKILLS TRAINING AND THE OPPORTUNITY FOR CHILDREN TO PRACTICE THOSE SKILLS, WITH SUPERVISION. BASIC LIFE SKILL ACTIVITIES MUST BE PROVIDED AT LEAST TWICE PER MONTH IN THE HOME OR WITHIN THE COMMUNITY.

### ADMISSION:

1. TO BE ELIGIBLE FOR THE TRANSITIONAL LIVING PROGRAM, A FOSTER CHILD MUST BE AGE 16 OR OLDER. FOR A CHILD TO PARTICIPATE IN THE "CLOSE PROXIMITY" PORTION OF THE PROGRAM, THE CHILD MUST BE AGE 16 OR OLDER
2. THE TRANSITIONAL LIVING PROGRAM MAY NOT ACCEPT EMERGENCY ADMISSIONS
3. A CHILD IN THE TRANSITIONAL LIVING PROGRAM MUST BE COUNTED IN THE FOSTER HOME'S CAPACITY AND IN THE REQUIRED RATIO OF CHILD TO CAREGIVER.
4. A CHILD 16 OR OLDER MUST SIGN THE PLACEMENT AGREEMENT AT ADMISSION IF THE CHILD:
  - A. RESIDES SEPARATE AND APART FROM THE CHILD'S PARENT AND MANAGES THE CHILD'S OWN FINANCIAL AFFAIRS;
  - B. IS UNMARRIED & PREGNANT; OR
  - C. IS UNMARRIED AND A PARENT.
5. IF THE CHILD SIGNS THE PLACEMENT AGREEMENT FOR TRANSITIONAL LIVING PROGRAM THEN, GUIDING LIGHT WILL:
  - A. SHARE THE POLICIES WITH THE CHILD INSTEAD OF CPS;
  - B. PROVIDES AND EXPLAINS TO THE CHILD GUIDING LIGHT POLICIES REGARDING THE:
    1. USE OF VOLUNTEERS OR SPONSORING FAMILIES;
    2. INVOLVEMENT OF THE CHILD IN ANY PUBLICITY AND/OR FUNDRAISING ACTIVITY FOR THE AGENCY;
    3. THE CHILD'S RIGHT TO REFUSE TO OR WITHDRAW CONSENT TO PARTICIPATE IN RESEARCH PROGRAMS, PUBLICITY AND/OR FUNDRAISING FOR THE AGENCY; AND
    4. GUIDING LIGHT WILL ATTEMPT TO NOTIFY CPS OF THE CHILD'S LOCATION IF THE CHILD WAS ADMITTED WITHOUT THE CONSENT OF CPS.
6. CAREGIVERS COUNTED IN THE CHILD/CAREGIVER RATIO AND RESPONSIBLE FOR SUPERVISING CHILDREN IN THE TRANSITIONAL LIVING PROGRAM MUST:
  - A. RESIDE WITHIN CLOSE PHYSICAL PROXIMITY OF THE CHILD'S LIVING QUARTERS. THIS MAY INCLUDE THE CAREGIVER'S SECOND HOME LOCATED ON THE SAME PROPERTY.
  - B. BE PHYSICALLY AVAILABLE TO THE CHILDREN AT ALL TIMES, EITHER FACE-TO-FACE OR AVAILABLE BY CELL PHONE OR PAGER;
  - C. BE CAPABLE OF RESPONDING QUICKLY IN AN EMERGENCY; AND
  - D. BE CAPABLE OF MONITORING THE COMINGS AND GOINGS OF THE CHILDREN IN THE PROGRAM
  - E. THE AGENCY TREATMENT TEAM WILL DETERMINE ELIGIBILITY FOR PARTICIPANTS LIVING IN "CLOSE PROXIMITY" TO THE FOSTER HOME.

### CHILD-CARE SERVICE PLANNING, SUCH AS

1. ENCOURAGING THE CHILD TO PARTICIPATE IN COMMUNITY LIFE AND TO FORM INTERPERSONAL RELATIONSHIPS/FRIENDSHIPS OUTSIDE THE TRANSITIONAL LIVING PROGRAM SUCH AS COMMUNITY TEAM SPORTS, EAGLE SCOUTS, AND EMPLOYMENT AFTER SCHOOL. ANY CHILD AGE 16 OR OLDER SHOULD SEEK EMPLOYMENT UNLESS THEIR OTHERWISE SPECIFIED IN THE CPOS;
2. ENCOURAGING THE CHILD TO PARTICIPATE IN COMMUNITY LIFE AND TO FORM INTERPERSONAL RELATIONSHIPS/FRIENDSHIPS OUTSIDE THE TRANSITIONAL LIVING PROGRAM, SUCH AS

3. CONSUMER EDUCATION, SUCH AS MEAL PLANNING CONSUMER EDUCATION, SUCH AS MEAL PLANNING AND PREPARATION, GROCERY SHOPPING, PUBLIC TRANSPORTATION, SEARCHING FOR AN APARTMENT, AND OBTAINING UTILITY SERVICES;
4. CAREER PLANNING, INCLUDING ASSISTING THE CHILD IN ENROLLING IN AN EDUCATIONAL OR VOCATIONAL JOB TRAINING PROGRAM;
  - a. MONEY MANAGEMENT AND ASSISTING THE CHILD IN ESTABLISHING A PERSONAL BANK ACCOUNT;
  - b. ASSISTING THE CHILD IN OBTAINING THE CHILD'S SOCIAL SECURITY NUMBER, BIRTH CERTIFICATE, AND A DRIVER'S LICENSE OR A DEPARTMENT OF PUBLIC SAFETY IDENTIFICATION CARD, AS NEEDED; AND
  - c. PROBLEM-SOLVING, SUCH AS ASSESSING PERSONAL STRENGTHS AND NEEDS, STRESS MANAGEMENT, REVIEWING OPTIONS, ASSESSING CONSEQUENCES FOR ACTIONS TAKEN AND POSSIBLE SHORT-TERM AND LONG-TERM RESULTS, AND ESTABLISHING GOALS AND PLANNING FOR THE FUTURE.

**TRAINING:**

THE TRANSITIONAL LIVING PROGRAM INCLUDES TRAINING TO ENABLE THE CHILDREN TO DEMONSTRATE COMPETENCY IN THE FOLLOWING AREAS:

1. HEALTH, GENERAL SAFETY, AND FIRE SAFETY PRACTICES;
2. MONEY MANAGEMENT;
3. TRANSPORTATION SKILLS;
4. ACCESSING COMMUNITY AND OTHER RESOURCES; AND
5. CHILD HEALTH AND SAFETY, CHILD DEVELOPMENT, AND PARENTING SKILLS, IF THE CHILD IS A PARENT OF A CHILD LIVING WITH HIM.
6. GUIDING LIGHT WILL ASSIST CHILDREN WITH ON-GOING COMPUTER ACCESS REQUIRED FOR:
  - A. CHILDREN TURNING AGE 17, 19, & 21 TO:
    - i. REGISTER WITH NYTD (NATIONAL YOUTH IN TRANSITION DATABASE)
    - ii. MAINTAIN AN EMAIL ADDRESS FOR NYTD UPDATES; AND
    - iii. COMPLETE THE NYTD SURVEY WITHIN 45 DAYS AFTER THE CHILD'S 17<sup>TH</sup> BIRTHDAY
  - B. CHILDREN WHO PREVIOUSLY TOOK THE NYTD SURVEY AT AGE 17 TO:
    - i. MAINTAIN AN EMAIL ADDRESS TO RECEIVE NYTD UPDATES; AND
    - ii. ENTER NYTD CONTACT UPDATES TO THE TEXAS YOUTH CONNECTION WEBSITE AT [WWW.TEXASYOUTHCONNECTION.ORG](http://WWW.TEXASYOUTHCONNECTION.ORG)
7. CAREGIVERS MUST DOCUMENT THE DATE THE CHILD RECEIVED ANY ONE OF THE ABOVE TRAINING TOPICS, AND SUBMIT THE DOCUMENTS TO THE AGENCY. THESE TRAINING RECORDS WILL BE KEPT IN THE CHILD'S FILE.

**CLOSE PROXIMITY RECORDS:**

CLIENT FILES WILL CONTAIN AN APPLICATION TO THE CLOSE PROXIMITY PORTION OF THE PROGRAM, MEDICAID INFORMATION, CLIENT RIGHTS, A SERVICES AGREEMENT, AND WRITTEN PERMISSION FROM CPS FOR SELF-MEDICATION IF NECESSARY. A SUMMARY OF RELEVANT INFORMATION EXTRACTED FROM PREVIOUS HISTORY WILL BE RECORDED IN A SUMMARY OF CLIENT

HISTORY, AND BE USED AS A REFERENCE IN THE DETERMINATION OF ACCEPTANCE IN THE CLOSE PROXIMITY PORTION OF THE PROGRAM. INFORMATION REGARDING THE APPLICANT'S BEHAVIOR, EXPERIENCE AND CAPABILITIES MAY INCLUDE EXTRACTS FROM THE FOLLOWING DOCUMENTS:

1. CPOS DATA
2. FOSTER PARENT PAPERWORK DATA
3. CM CONTACT LOGS
4. RESTRAINT REPORTS INFORMATION
5. SIR
6. MEDICAL RECORDS
7. INVESTIGATIONS
8. BEHAVIOR
9. SOCIAL SKILLS
10. ACADEMIC PERFORMANCE
11. RESTRAINT HISTORY
12. MEDICATION ISSUES
13. LAW ENFORCEMENT INVOLVEMENT
14. PSYCHIATRIC ADMISSIONS
15. FOSTER PARENT IMPRESSIONS

## 16. THERAPIST IMPRESSIONS

### LIVING ARRANGEMENTS:

THE PROGRAM ALLOWS FOR TWO TYPES OF LIVING ARRANGEMENTS.

1. THE YOUTH WILL RESIDE IN A FOSTER HOME; OR
2. THE YOUTH WILL RESIDE IN CLOSE PROXIMITY TO A FOSTER HOME. "CLOSE PROXIMITY" INCLUDES LIVING QUARTERS SUCH AS A MOBILE HOME WITHIN APPROXIMATELY 100 YARDS OF THE FOSTER HOME, A RENT HOUSE WITHIN AN APPROXIMATE 1/2-BLOCK AREA OF THE FOSTER HOME, OR A GARAGE APARTMENT ATTACHED TO THE FOSTER HOME. CLOSE ENOUGH FOR SUPERVISION AND YET AT A DISTANCE FOR DAILY EXPERIENCE IN INDEPENDENCE.

### SUPERVISION:

FOSTER PARENTS WILL PROVIDE THE SAME SUPERVISION DESCRIBED IN GUIDING LIGHT POLICIES TO YOUTH WHO RESIDE IN THE FOSTER HOME, AND WILL ENSURE PARTICIPATION IN ACTIVITIES DESIGNED TO ENCOURAGE PREPARATION FOR INDEPENDENT LIVING AFTER EMANCIPATION. HOWEVER, FOR YOUTH WHO RESIDE IN CLOSE PROXIMITY, SUPERVISION WILL INVOLVE THE FOLLOWING PARAMETERS TO ENSURE SAFETY, A DRUG AND CRIME-FREE ENVIRONMENT; A CLEAN ENVIRONMENT; AND TO PROHIBIT SEXUAL ACTING-OUT:

1. FOSTER PARENTS WILL CHECK ON YOUTH EVERY DAY DURING WAKING PERIODS WHEN YOUTH IS NOT IN SCHOOL OR WORKING HOURS WHEN THE YOUTH RETURNS HOME FROM HIS JOB.
2. CAREGIVERS WILL CHECK ON YOUTH AGAIN AT BEDTIME EVERY EVENING.
3. CASE MANAGERS WILL CONDUCT A HOME INSPECTION TWICE PER MONTH, ONE VISIT BEING UNANNOUNCED.

### YOUTH RESPONSIBILITIES:

#### MEAL-PLANNING RESPONSIBILITIES OF YOUTH IN CARE:

1. PARTICIPATE IN MEAL PLANNING AND PREPARATION
2. PREPARE A GROCERY LIST, SUBJECT TO FOSTER PARENT REVIEW AND APPROVAL.
3. SHOP FOR INGREDIENTS, WITH CAREGIVER IN ATTENDANCE
4. COOK MEALS IN THE PRESENCE OF CAREGIVER TO ENSURE SAFETY.
5. PLAN MENUS FOR THE WEEK
6. CLEAN-UP AFTER MEALS

BASICALLY, RENT AND UTILITIES ARE THE RESPONSIBILITY OF THE FOSTER PARENT. CHILDREN AGES 16 OR OLDER RESIDING IN CLOSE PROXIMITY ARE NOT REQUIRED TO PAY RENT, EVEN IF THEY ARE EMPLOYED.

THE MAXIMUM NUMBER OF RESIDENTS IN ONE LOCATION IS DETERMINED BY THE SQUARE FOOTAGE OF BEDROOMS AND LIVING AREA SPACE, AS WELL AS THE CAPACITY OF THE FOSTER HOME, AS DESCRIBED IN GUIDING LIGHT POLICY. FOR EXAMPLE, IF THE FOSTER HOME IS VERIFIED FOR A CAPACITY OF 6, THEN THE TOTAL NUMBER OF CHILDREN/YOUTH RESIDING IN BOTH THE FOSTER HOME AND THE CLOSE PROXIMITY LOCATION CANNOT EXCEED 6. THIS CAPACITY INCLUDES BIOLOGICAL AND ADOPTED CHILDREN OF THE FOSTER PARENTS, ANY DAY CARE CLIENTS, AND ANY HANDICAPPED ADULT IN CARE.

RESPONSIBILITIES ASSIGNED TO CHILDREN AND YOUTH IN THE TRANSITIONAL LIVING PROGRAM WILL BE GEARED TOWARD EACH INDIVIDUAL'S CAPABILITY AND EXPERIENCE, AS DETERMINED BY THE INITIAL AND ON-GOING ASSESSMENTS BY THE TREATMENT TEAM. FOSTER PARENTS ARE EXPECTED TO ASSIST EACH PARTICIPANT WITH ASSIGNED RESPONSIBILITIES, AND DECREASE OVERSIGHT GRADUALLY AS THE YOUNG PERSON ACHIEVES PROFICIENCY AND INDEPENDENCE. RESPONSIBILITIES OF THE YOUTH IN CARE, WITH ASSISTANCE FROM THE CAREGIVERS, INCLUDE BUT ARE NOT LIMITED TO:

1. CREATING AND UPDATING A RESUME FOR JOB HUNTING
2. JOB-HUNTING REQUIREMENTS
3. BANK ACCOUNT MAINTENANCE (WITH DUAL SIGNATURES OF THE CAREGIVER AND CLIENT REQUIRED)
4. BANK ACCOUNT RECONCILIATION
5. OPENING AND MAINTAINING A SAVINGS ACCOUNT
6. CITY-WIDE TRANSPORTATION ARRANGEMENTS
7. TRANSPORTATION CHOICES TO AND FROM EMPLOYMENT
8. LEARNING HOW TO PURCHASE A VEHICLE
9. FAMILIARIZE WITH AN APARTMENT LEASE AGREEMENT
10. TEEN PARENT RESPONSIBILITIES OF BABY CARE
11. PERFORMING ASSIGNED CLEANING TASKS

### TEEN DRIVERS:

YOUTH WHO ARE EMPLOYED WILL BE ALLOWED TO PURCHASE THEIR OWN VEHICLE WITH THEIR OWN SAVINGS. THEY WILL BE ALLOWED TO OBTAIN A DRIVER'S LICENSE WHEN THEY REACH THE AGE LIMIT REQUIRED BY LAW. THEY WILL BE ALLOWED TO DRIVE TO AND FROM WORK. HOWEVER, THEY MUST REQUEST FOSTER PARENT PERMISSION IN ADVANCE TO DRIVE TO ANY OTHER DESTINATION OTHER THAN WORK. IF AUTHORIZED TO DRIVE TO ANOTHER DESTINATION, THE CAREGIVER MUST BE GIVEN THE FOLLOWING INFORMATION BY THE DRIVER:

1. DESTINATION, SUCH AS UNEMPLOYMENT AGENCY
2. ADDRESS
3. PHONE NUMBER
4. TIME ANTICIPATED TO SPEND AT EACH DESTINATION
5. TIME ANTICIPATED RETURNING TO THE FOSTER HOME.

### DRIVER'S LICENSE FEES:

DRIVER'S LICENSE FEES FOR YOUTH AGES 15 THROUGH 17 IN DFPS CONSERVATORSHIP OR THOSE AGED 18 UP TO AGE 21 WHO ARE RESIDING IN A PAID DFPS PLACEMENT MAY BE WAIVED PROVIDED THE FOLLOWING CONDITIONS ARE MET:

1. THE YOUTH OR YOUNG ADULT MUST MEET THE DPS STANDARD REQUIREMENTS FOR ALL DRIVER LICENSE APPLICANTS PRIOR TO APPLYING FOR A TEXAS DRIVER'S LICENSE.
2. TEXAS RESIDENCY AFFIDAVIT (FORM DL-5) MUST BE FILLED OUT AND SIGNED BY BOTH THE DRIVER LICENSE APPLICANT AND A REPRESENTATIVE (FOSTER PARENT, KINSHIP CAREGIVER OR RCC PROVIDER) WHO PROVIDES SERVICES TO THE APPLICANT AT THE ADDRESS ON THE FORM. THIS FORM IS AVAILABLE AT [HTTP://WWW.TXDPS.STATE.TX.US/INTERNETFORMS/](http://www.txdps.state.tx.us/internetforms/) .
3. FOR YOUTH UNDER 18, THE REPRESENTATIVE MUST ACCOMPANY YOUTH TO DPS LICENSE OFFICE AND PROVIDE ACCEPTABLE PROOF OF RESIDENCY. PLEASE FOLLOW ALL DIRECTIONS ON FORM DL-5.
4. THE ADDRESS WHERE YOUTH RESIDES MUST ALSO BE ENTERED ON ALL DPS FORMS.

**\*\*NOTE:** FEE WAIVER DOES NOT APPLY TO FEES ASSOCIATED WITH ADDRESS CHANGES, REPLACING LOST LICENSES OR REINSTATING A DRIVER LICENSE.

### DFPS REQUIREMENTS:

ONCE THE YOUTH/YOUNG ADULT HAS COMPLETED THE DPS DRIVER LICENSE REQUIREMENTS, DFPS CASEWORKER WILL:

1. VERIFY THAT ALL DPS LICENSE REQUIREMENTS HAVE BEEN COMPLETED
2. THEY WILL SIGN THE PARENTAL AUTHORIZATION SECTION ON DPS FORM DL-14A (FOR YOUTH UNDER AGE 18)
3. ENSURE TX RESIDENCY AFFIDAVIT (FORM DL-5) IS FILLED OUT AND SIGNED BY BOTH THE APPLICANT AND A REPRESENTATIVE AS NOTED ABOVE.
4. SIGN THE DFPS CONSERVATORSHIP OR PLACEMENT AFFIDAVIT SECTION (AS APPLICABLE) ON THE WAIVER LETTER, AND,
5. ISSUE THE WAIVER LETTER TO THE YOUTH/YOUNG ADULT.

### REVOKING/WITHDRAWING A DRIVER LICENSE:

FOR YOUTH UNDER 18 YEARS OF AGE, DPS WILL DIRECT DFPS STAFF MAY BE REVOKED. THE DFPS REGIONAL DIRECTOR WILL HAVE THE FINAL AUTHORITY TO APPROVE REVOCATION OR WITHDRAWAL OF YOUTH'S DRIVER'S LICENSE. DISCUSSION MUST OCCUR WITH YOUTH, THE FOSTER PARENT AND PRIMARY CASEWORKER REGARDING ISSUES LEADING UP TO REVOCATION OR WITHDRAWAL. DFPS CASEWORKER WILL SUBMIT ALL FORMS NECESSARY FOR AUTHORIZATION OF WITHDRAWAL.

SOME EXAMPLES FOR LICENSE REVOCATION INCLUDE BUT NOT LIMITED TO:

- YOUTH'S UNAUTHORIZED USE OF CAREGIVER'S MOTOR VEHICLE
- MAJOR TRAFFIC VIOLATIONS

SOME EXAMPLES WHEN A LICENSE SHOULD NOT BE REVOKED INCLUDE:

- YOUTH IS NOT ATTENDING SCHOOL
- MINOR PLACEMENT OR PROGRAM INFRACTIONS
- CAREGIVERS SHOULD NOT THREATEN FOR THESE REASON.

### CHANGE OF PLACEMENT OR ADDRESS CHANGE:

IF A YOUTH/YOUNG ADULT HAS A PLACEMENT CHANGE OR IS DISCHARGED FROM DFPS CONSERVATORSHIP, THEY MUST NOTIFY DPS OF A NEW ADDRESS CHANGE WITHIN 30 DAYS. DFPS STAFF AND FOSTER PARENTS MUST INFORM THEM OF THE ADDRESS CHANGE REQUIREMENT. ADDRESS CHANGE INFORMATION CAN BE FOUND AT [HTTP://WWW.TXDPS.STATE.TX.US/DRIVERLICENSE/CHANGES/HTM](http://www.txdps.state.tx.us/driverlicense/changes/hTM) .



### GUESTS:

GUEST MUST BE PRE-AUTHORIZED BY THE CAREGIVER BEFORE ALLOWED TO BE ENTERTAINED AT THE FOSTER HOME, AND WILL BE PROHIBITED AT THE CLOSE PROXIMITY RESIDENCE COMPLETELY. GUESTS AT THE FOSTER HOME LOCATION MUST BE PRE-SCREENED FOR DRUG POSSESSION BY THE FOSTER PARENTS AND MUST HAVE CRIMINAL BACKGROUNDS CHECKS COMPLETED BY GUIDING LIGHT. ANY GUEST ENTERTAINMENT WILL BE TIME-LIMITED, AS DETERMINED BY THE CAREGIVER BASIC RULES FOR RESIDENTS IN THE "CLOSE PROXIMITY" PORTION OF THE GUIDING LIGHT PROGRAM:

1. PARTICIPANTS WILL BEHAVE AS RESPONSIBLE ADULTS
2. STAFF AND OTHER PROGRAM PARTICIPANTS WILL BE TREATED WITH RESPECT
3. NO SMOKING OR DRUGS
4. IF THERE IS SUFFICIENT REASON TO BELIEVE THAT A DRUG OR ANY EVIDENCE OF ILLEGAL ACTIVITY IS IN YOUR ROOM, CAREGIVERS WILL SEARCH THE ROOM WITH THE YOUTH PRESENT
5. NO PHYSICAL AGGRESSION
6. NO SEXUAL CONTACT
7. NO BREAKING THE LAW
8. CURFEW IS 9:30 PM UNLESS WORKING OR HAVE SPECIAL PRE-AUTHORIZATION
9. IF THE YOUTH LEAVES WITH SOMEONE, THE FOSTER PARENT MUST OBTAIN THEIR DRIVER'S LICENSE NUMBER.

VIOLATION OF THESE RULES WILL RESULT IN IMMEDIATE DISMISSAL FROM THE TRANSITION LIVING "CLOSE PROXIMITY" PORTION OF THE PROGRAM, AND THE YOUTH WILL BE RE-ASSIGNED TO RESIDE IN THE FOSTER HOME ENVIRONMENT. THIS MEANS THE FOSTER PARENTS MUST KEEP A BED AVAILABLE IN THE MAIN HOUSE, IN THE EVENT OF A CHILD'S DISMISSAL FROM THE TRANSITION LIVING "CLOSE PROXIMITY" PORTION OF THE PROGRAM.

TEXAS WORKFORCE SOLUTIONS:

GUIDING LIGHT WILL ENCOURAGE YOUTH/YOUNG ADULTS, AGES 16 AND OLDER TO LOCAL WORKFORCE SOLUTION OFFICES TO ENSURE YOUTH/YOUNG ADULTS IN CARE HAVE ACCESS TO SERVICES AND BENEFITS OFFERED THROUGH THE LOCAL WORKFORCE SOLUTIONS OFFICES SUCH AS:

1. CAREER FAIRS;
2. JOB READINESS;
3. SUMMER AND YEAR ROUND YOUTH EMPLOYMENT PROGRAMS;
4. CAREER EXPLORATION INFORMATION;
5. INFORMATION ABOUT CAREER SCHOOLS AND COLLEGES;
6. EMPLOYMENT, INTERNSHIPS, AND TRAINING RELATED INFORMATION;
7. PLACEMENT SERVICES; AND
8. SUPPORT SERVICES SUCH AS CHILD CARE, TRANSPORTATION AND HOUSING REFERRALS.

REFERRALS TO WORKFORCE SOLUTION OFFICES MAY BE MADE IN COORDINATION WITH YOUTH'S DFPS CASEWORKER, PAL STAFF OR PAL CONTRACTOR IF YOUTH/YOUNG ADULT IS ENROLLED IN PAL SERVICES. GUIDING LIGHT CAN CONTACT PAL STAFF FOR A REFERRAL FORM OR TO RECEIVE REFERRAL INFORMATION FOR WORKFORCE SERVICES. YOUTH/YOUNG ADULTS ALSO HAVE THE OPTION TO SELF-REFER TO WORKFORCE SOLUTIONS OFFICES.

YOUTH ARE ENCOURAGED TO REGISTER AT [WWW.WORKINTEXAS.COM](http://WWW.WORKINTEXAS.COM) TO REGISTER AT TWC AS PART OF JOB SEARCH, JOB READINESS, AND CAREER EXPLORATION LIFE SKILLS ACTIVITIES. REGISTRATION CAN TAKE PLACE ON ANY COMPUTER, WORKFORCE SOLUTIONS OFFICES, TRANSITION CENTERS OR LOCAL LIBRARIES THAT OFFER INTERNET USAGE. A DIRECTORY FOR LOCAL WORKFORCE SOLUTIONS OFFICES CAN BE FOUND AT [HTTP://WWW.TWC.STATE.TX.US/DIRS/WDAS/DIRECTORY-OFFICES-SERVICES.HTML](http://WWW.TWC.STATE.TX.US/DIRS/WDAS/DIRECTORY-OFFICES-SERVICES.HTML)

GUIDING LIGHT CASE MANAGER WILL FOLLOW UP TO DETERMINE:

1. WHAT SERVICES WERE RECEIVED,
2. IF THE YOUTH/YOUNG ADULT SHOULD CONTINUE TO ACCESS WORKFORCE SERVICES, AND
3. ANY OTHER IDENTIFIED AREAS OF NEED SUCH AS ATTENDING JOB READINESS AND JOB SEARCH SKILLS CLASSES.

ANSELL CASEY LIFE SKILLS ASSESSMENT PROGRAM:

GUIDING LIGHT WILL COORDINATE WITH DFPS FOR A PAL CONTRACT PROVIDER FOR COMPLETION OF THE ANSELL CASEY LIFE SKILLS ASSESSMENT BY CHILD'S CAREGIVER.

SERVICE PLANNING:

- A. PROVIDE GUIDANCE AND SUPPORT TO CHILDREN 16 TO 18 YEARS TO ENABLE THEM TO ASSUME PROGRESSIVELY GREATER RESPONSIBILITY FOR IMPLEMENTING SERVICE PLAN STRATEGIES DESIGNED TO MEET THEIR NEEDS AND ACHIEVE THEIR GOALS;

B. PROVIDE GUIDANCE AND SUPPORT TO CHILDREN 18 TO 22 YEARS TO ASSUME PRIMARY RESPONSIBILITY FOR IMPLEMENTING SERVICE PLAN STRATEGIES DESIGNED TO MEET THEIR NEEDS AND ACHIEVE THEIR GOALS

C. ENSURE THE SERVICE PLAN INCORPORATES:

I. PERMANENCY PLANNING AND PERMANENCY GOALS IDENTIFIED BY DFPS,

II. ANY BEHAVIORAL GOALS ESTABLISHED BY DFPS;

III. COMPONENTS OF IEP AND ITP ARE BOTH DEVELOPED BY THE SCHOOL'S ARD COMMITTEE, IF APPROPRIATE;

IV. COMPONENTS OF CPS TRANSITION PLAN FOR CHILDREN 16 TO 22 YEARS TO INCLUDE THE ANSELL-CASEY LIFE SKILLS ASSESSMENT WHEN APPLICABLE.

## TRANSPORTATION

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### I. FOSTER PARENT'S RESPONSIBILITY

YOU ARE RESPONSIBLE FOR PROVIDING ROUTINE TRANSPORTATION FOR THE CHILDREN IN YOUR CARE AS YOU WOULD FOR YOUR OWN CHILDREN. TRANSPORTATION INCLUDES BEHAVIORAL HEALTH, MEDICAL, DENTAL, VISION, PHARMACY SERVICES, RECREATIONAL, EDUCATIONAL AND AFTER-SCHOOL ACTIVITIES, SIBLING VISITS, FAMILY VISITS, COURT HEARINGS, PAL ACTIVITIES, AGING OUT SEMINARS, YOUTH LEADERSHIP COUNCIL ACTIVITIES, PERMANENCY CONFERENCES, CPS TRANSITION PLAN MEETINGS, FAMILY GROUP CONFERENCES, CIRCLES OF SUPPORT, EMPLOYMENT OR AS SPECIFIED IN THE CHILD'S CHILD PLAN OF SERVICE.

ONLY WHEN YOU HAVE AN UNUSUAL CIRCUMSTANCE THAT KEEPS YOU FROM BEING ABLE TO DRIVE A CHILD, AND NO OTHER ARRANGEMENTS CAN BE MADE, SHOULD YOU CONTACT THE CASE MANAGER FOR HELP IN TRANSPORTING THE CHILDREN.

### II. RULES AND REGULATIONS

A. ALL MODES OF TRANSPORTATION MUST BE SAFE AND LICENSED IN ACCORDANCE WITH APPLICABLE LAWS.

B. ANYONE TRANSPORTING A CLIENT MUST BE LICENSED TO OPERATE THE VEHICLE USED.

C. IN ADDITION, ANYONE PROVIDING TRANSPORTATION MUST BE CLEARED VIA A CRIMINAL BACKGROUND CHECK AND IS ABLE TO PROVIDE MANAGEMENT OF AGGRESSIVE BEHAVIOR.

D. CONTRACTORS PROVIDING TRANSPORTATION ARE PAID IN ACCORDANCE WITH A WRITTEN AGREEMENT.

SEATS AND SEAT BELTS SHALL BE PROVIDED FOR EACH CLIENT TRANSPORTED. ALL GUIDING LIGHT CLIENTS ARE REQUIRED TO WEAR SEAT BELTS WHILE BEING TRANSPORTED. FOSTER PARENTS ARE ELIGIBLE FOR THE MEDICAID MEDICAL TRANSPORT PROGRAM DESCRIBED AT [HTTPS://WWW.DFPS.STATE.TX.US/DOCUMENTS/PCS/2009-05-26\\_MTP\\_MEMO.PDF](https://www.dfps.state.tx.us/documents/PCS/2009-05-26_MTP_Memo.pdf)

E. CHILDREN UNDER AGE 5 MAY NOT BE TRANSPORTED ON A MOTORCYCLE UNLESS THE CHILD IS RIDING IN A SIDE CAR AND SECURED IN A CHILD SAFETY SEAT OR SEAT BELT.

F. CHILDREN UNDER THE AGE OF 8, UNLESS THE CHILD IS TALLER THAN 4 FEET, 9 INCHES, MUST BE IN A CHILD SAFETY OR BOOSTER SEAT DURING TRANSPORTATION. CHILD SAFETY AND BOOSTER SEATS MUST BE INSTALLED AND USED ACCORDING TO THE MANUFACTURER'S INSTRUCTIONS, INCLUDING AGE, WEIGHT AND HEIGHT REQUIREMENTS, AND THE PLACEMENT IN THE VEHICLE.

### III. TRAVEL REIMBURSEMENT

GUIDING LIGHT WILL REIMBURSE FOR TRANSPORTATION FOR CHILD PLAN OF SERVICE REQUIREMENTS ONLY, INCLUDING BUT NOT LIMITED TO PAL CLASSES AND FAMILY VISITS. REIMBURSEMENTS INCLUDE, BUT ARE NOT LIMITED TO TRANSPORTATION FOR, PAL CLASSES, FAMILY VISITS UP TO 275 MILES, SIBLING VISITS UP TO 175 MILES, DRIVER'S EDUCATION CLASSES AND PRIVATE SCHOOLS IF REQUIRED BY CPS. PLEASE NOTE WE DO NOT REIMBURSE MILEAGE FOR TRAINING, DAY CARE, OR RECREATIONAL ACTIVITIES.

FOR MEDICAL OR DENTAL APPOINTMENTS, PRESCRIPTIONS, AND THERAPY, FOSTER PARENTS CAN ENROLL IN THE MEDICAL TRANSPORTATION PROGRAM (MTP) FOR REIMBURSEMENT. (SEE REFERENCE ABOVE.)

YOU WILL BE REIMBURSED AT A RATE ESTABLISHED BY GUIDING LIGHT FOR APPROVED MILEAGE ACCRUED BEYOND 25 MILES FROM YOUR HOME FOR EACH ROUND TRIP. IN ORDER TO BE REIMBURSED FOR MILEAGE, YOU MUST SUBMIT AN EXPENSE ACCOUNT. FOSTER PARENT EXPENSES FOR TRAVEL ARE REQUIRED TO BE SUBMITTED TO THE PROGRAM DIRECTOR BY THE 3<sup>RD</sup> OF THE FOLLOWING MONTH. ALL EXPENSES MUST BE SUBMITTED NO LATER THAN 30 DAYS FROM THE INITIAL CUT-OFF DATE, OR THEY WILL NOT BE REIMBURSED.

TRAVEL EXPENSES AND CHILDCARE COSTS DURING TRAINING ARE THE RESPONSIBILITY OF THE FOSTER PARENTS.

#### IV. TRIPS

- A. FOSTER PARENTS MUST PROVIDE THE GUIDING LIGHT CASE MANAGER WITH THE FOLLOWING INFORMATION FOR ANY OVERNIGHT TRIP OR VISIT FOSTER CHILDREN WILL PARTICIPATE IN:
  - 1. THE DESTINATION OF THE TRIP, INCLUDING THE FULL ADDRESS
  - 2. A PHONE NUMBER THAT MAY BE UTILIZED IN THE EVENT OF AN EMERGENCY TO CONTACT THE FOSTER PARENTS.
  - 3. THE LENGTH OF TIME THE FAMILY WILL BE GONE
  - 4. THE METHOD OF TRANSPORTATION, I.E. CAR (INCLUDE OUTLINE OF ROUTE INDICATING WHICH MAJOR HIGHWAYS) PLANE, TRAIN, ETC.
- B. AS WRITTEN IN THE CHILD'S CPOS, S/HE MAY GO TO A FRIEND'S HOME AFTER SCHOOL OR OVERNIGHT. NO WRITTEN APPROVAL FROM THE MANAGING CONSERVATOR IS NECESSARY.
- C. IF AUTHORIZED AT PLACEMENT, ROUTINE TRIPS AND VISITS ARE ALLOWED FOR ALL FOSTER CHILDREN WITHOUT WRITTEN APPROVAL OF THE MANAGING CONSERVATOR.
- D. THE GUIDING LIGHT CASE MANAGER MUST OBTAIN WRITTEN PRIOR APPROVAL FROM THE MANAGING CONSERVATOR IN ORDER FOR CHILDREN TO ACCOMPANY FOSTER PARENTS ON ANY VACATION EXCEEDING 72 HOURS. WRITTEN APPROVAL IS ALSO REQUIRED FOR ANY VISIT OF 48 HOURS OR LONGER WITH A NON-RELATED PERSON OTHER THAN A COURT APPOINTED INDIVIDUAL OR RESPITE WORKER.
- E. THE GUIDING LIGHT CASE MANAGER WILL CONTACT THE MANAGING CONSERVATOR AND/OR THE COURT TO OBTAIN THE NECESSARY APPROVAL IF THE VACATION INVOLVES TRAVEL OUTSIDE OF TEXAS.
- F. THE GUIDING LIGHT CASE MANAGER MUST BE GIVEN AT LEAST TWO WEEKS ADVANCE NOTIFICATION OF ANY TRIP REQUIRING APPROVAL IN ORDER THAT THE MANAGING CONSERVATOR MAY BE NOTIFIED IN A TIMELY MANNER.
- G. GUIDING LIGHT MUST INFORM THE CHILD OF THE PLAN FOR RESPITE, INCLUDING THE INTENDED TIME OF STAY.
- H. THE CPS STATE OFFICE AND COURT APPROVAL ARE BOTH REQUIRED PRIOR TO THE CHILD LEAVING THE COUNTRY.
- I. THE CAREGIVER MUST NOTIFY THE CW OF THE TRAVEL BY TEXT, PHONE, OR EMAIL. IF THE CHILD IS TRAVELING OUTSIDE OF TEXAS IN THE BORDERING STATES FOR MORE THAN 72 HOURS, CW OR SUPERVISOR APPROVAL IS REQUIRED.
  - I. IF TRAVELING OUTSIDE OF TEXAS IN THE BORDERING STATES AND IF THE TRAVEL IS LESS THAN 72 HOURS, THE CAREGIVER IS NOT REQUIRED TO OBTAIN CW APPROVAL.
- J. IF THE CHILD IS TRAVELING OUTSIDE THE STATES THAT DO NOT BORDER TEXAS, GUIDING LIGHT MUST OBTAIN PRIOR WRITTEN APPROVAL FROM THE CHILD'S CASE WORKER AND NOTICE TO THE COURT, OR THE COURTS WRITTEN APPROVAL IF THE COURT THAT HAS JURISDICTION OVER THE CASE REQUIRES IT, OR BOTH FOR THE CHILD TO BE ABLE TO TRAVEL.
- K. IF THE TRAVEL IS WITHIN THE STATE OF TEXAS AND FOR MORE THAN 72 CONSECUTIVE HOURS, THE DEPARTMENT CASEWORKER MUST PROVIDE THE CAREGIVER WRITTEN APPROVAL FOR THE TRIP.
  - I. WRITTEN APPROVAL IS NOT REQUIRED, HOWEVER, WHEN THE DEPARTMENT CASEWORKER ARRANGES FOR THE CHILD TO VISIT WITH THE CHILD'S OWN FAMILY OR WITH RELATIVES.
- L. IF THE TRAVEL IS WITH THE CAREGIVER, ROUTINE, AND FEWER THAN 48 HOURS, APPROVAL IS NOT REQUIRED. IF TRAVEL MORE THAN 48 HOURS WITH A PERSON WHO IS NOT A CAREGIVER OR RELATIVE, WRITTEN APPROVAL IS REQUIRED BY CASEWORKER OR SUPERVISOR.

## TREATMENT TEAM

THE TREATMENT TEAM ADDRESSES THE PLANNING PROCESS AND SIGNIFICANT DECISIONS FOR THE CHILD. THE CORE TREATMENT TEAM MEMBERS ARE THE MANAGING CONSERVATOR (CPS WORKER OR PROBATION OFFICER), LEVEL ONE STAFF PERSON, THERAPIST, CASE MANAGER, PROGRAM DIRECTOR, AND FOSTER PARENTS. DEPENDING ON THE SITUATION, ADDITIONAL PERSONS INVOLVED MAY INCLUDE, BUT ARE NOT LIMITED TO, THE CHILD, THE CHILD'S PSYCHIATRIST, PSYCHOLOGIST, SCHOOL PERSONNEL AND PASTOR.

## UNAUTHORIZED ABSENCES

CHILDREN RUN AWAY FOR SEVERAL REASONS INCLUDING, BUT NOT LIMITED TO: REJECTION OF IMPOSED BOUNDARIES, TO ALLEVIATE OVERWHELMING FEELINGS OF POWERLESSNESS, REFUSAL TO ACCEPT THE FOSTER FAMILY PROGRAM, AND IN RESPONSE TO THE DYNAMICS SURROUNDING AN IMPENDING RETURN HOME.

IF YOUR CHILD RUNS AWAY USE THE FOLLOWING CHART DETERMINE THE UNAUTHORIZED ABSENCE REPORTING DEADLINES.

CHILDREN	GUIDING LIGHT (CASE MANAGER OR EXECUTIVE DIRECTOR IF AFTER HOURS)	HOTLINE	LAW ENFORCEMENT	CPS CASEWORKER	SERIOUS INCIDENT REPORT
IF THE CHILD WITH INTELLECTUAL DISABILITIES OR HAS SUICIDE IDEATION	IMMEDIATELY	IMMEDIATELY	IMMEDIATELY	IMMEDIATELY	WITHIN 24 HOURS OF CHILD MISSING
DEVELOPMENTALLY OR CHRONOLOGICALLY UNDER AGE 6	IMMEDIATELY	WITHIN 2 HOURS OF NOTIFYING LAW ENFORCEMENT	IMMEDIATELY UPON DETERMINING THE CHILD IS NOT ON THE PREMISES AND THE CHILD IS STILL MISSING	WITHIN 2 HOURS OF NOTIFYING LAW ENFORCEMENT	WITHIN 24 HOURS OF CHILD MISSING
DEVELOPMENTALLY OR CHRONOLOGICALLY AGE 6-12	IMMEDIATELY	WITHIN 2 HOURS OF NOTIFYING LAW ENFORCEMENT IF THE CHILD IS STILL MISSING	WITHIN 2 HOURS OF DETERMINING THE CHILD IS NOT ON THE PREMISES, IF THE CHILD IS STILL MISSING	WITHIN 2 HOURS OF DETERMINING THE CHILD IS NOT ON THE PREMISES, IF THE CHILD IS STILL MISSING	WITHIN 24 HOURS OF CHILD MISSING
A CHILD 13 YEARS OR OLDER	IMMEDIATELY	NO LATER THAN 6 HOURS FROM WHEN THE CHILD'S ABSENCE IS DISCOVERED AND THE CHILD IS STILL MISSING. HOWEVER, YOU MUST REPORT THE CHILD'S ABSENCE IMMEDIATELY IF THE CHILD HAS PREVIOUSLY BEEN ALLEGED OR DETERMINED TO BE A TRAFFICKING VICTIM, OR YOU BELIEVE THE CHILD HAS BEEN ABDUCTED OR HAS NO INTENTION OF RETURNING TO THE FOSTER HOME	WITHIN 2 HOURS FROM WHEN THE CHILD'S ABSENCE IS DISCOVERED AND THE CHILD IS STILL MISSING. HOWEVER, YOU MUST REPORT THE CHILD'S ABSENCE IMMEDIATELY IF THE CHILD HAS PREVIOUSLY BEEN ALLEGED OR DETERMINED TO BE A TRAFFICKING VICTIM, OR YOU BELIEVE THE CHILD HAS BEEN ABDUCTED OR HAS NO INTENTION OF RETURNING TO THE FOSTER HOME	NO LATER THAN 6 HOURS FROM WHEN THE CHILD'S ABSENCE IS DISCOVERED AND THE CHILD IS STILL MISSING. HOWEVER, YOU MUST REPORT THE CHILD'S ABSENCE IMMEDIATELY IF THE CHILD HAS PREVIOUSLY BEEN ALLEGED OR DETERMINED TO BE A TRAFFICKING VICTIM, OR YOU BELIEVE THE CHILD HAS BEEN ABDUCTED OR HAS NOT INTENTION OF RETURNING TO THE FOSTER HOME.	WITHIN 24 HOURS OF CHILD MISSING

- A. MAKE CERTAIN HE OR SHE HAS ACTUALLY RUN AWAY (BY CALLING OR GOING TO THE CHILD'S LAST LOCATION). UNLESS PAST HISTORY INDICATES DIFFERENTLY (E.G., (S)HE RETURNS WITHIN TWO HOURS), CONSIDER THE CHILD AN UNAUTHORIZED ABSENCE IMMEDIATELY UPON YOUR KNOWLEDGE THAT THE CHILD IS MISSING OR HAS BEEN TAKEN BY AN UNAUTHORIZED PERSON.
- B. REFER TO THE ABOVE CHART FOR NOTIFICATION UNAUTHORIZED ABSENCE TIME FRAMES.
- C. BE PREPARED TO FULLY DESCRIBE THE CHILD - SIZE, AGE, DESCRIPTION OF CLOTHING BEING WORN, ETC.
- D. IF THE CHILD'S WHEREABOUTS ARE SUSPECTED, PROVIDE THIS INFORMATION TO THE POLICE.
- E. IF THE CHILD RETURNS ON HIS/HER OWN, NOTIFY THE POLICE, THE GUIDING LIGHT CASE MANAGER, CASE WORKER, AND HOTLINE.
- F. IF ANOTHER FOSTER PARENT NOTIFIES YOU THAT THE CHILD IS IN THEIR HOME, YOU ARE REQUIRED TO GO PICK HIM/HER UP IMMEDIATELY.
- G. FILL OUT AND SUBMIT TO GUIDING LIGHT THE INCIDENT REPORT FORM WITHIN 24 HOURS OF REPORTING THE ABSENCE OF THE CHILD.
- H. THE RESOLUTION OF THE INCIDENT WILL ALSO BE COMMUNICATED TO CPS BY GUIDING LIGHT STAFF.

**UNAUTHORIZED ABSENCES:**

- 1. FOR EACH UNAUTHORIZED ABSENCE OF A CHILD, GUIDING LIGHT MUST:
  - (A) DOCUMENT THE UNAUTHORIZED ABSENCE IN AN ANNUAL SUMMARY LOG
  - (B) DEBRIEF THE CHILD
- 2. IF A CHILD HAS THREE UNAUTHORIZED ABSENCES WITHIN A 60-DAY TIMEFRAME, GUIDING LIGHT MUST CONDUCT A TRIGGERED REVIEW OF THE CHILD'S UNAUTHORIZED ABSENCES
- 3. GUIDING LIGHT MUST CONDUCT AN OVERALL AGENCY EVALUATION FOR UNAUTHORIZED ABSENCES EVERY SIX MONTHS.

DOCUMENTATION THAT MUST BE INCLUDED IN AN ANNUAL SUMMARY LOG FOR A CHILD WHO HAS AN UNAUTHORIZED ABSENCE:

- 1. FOR EACH UNAUTHORIZED ABSENCE DURING THE RELEVANT YEAR, GUIDING LIGHT MUST DOCUMENT THE FOLLOWING INFORMATION IN AN ANNUAL SUMMARY LOG:
  - (A) THE NAME, AGE, GENDER, AND DATE OF ADMISSION OF THE CHILD WHO WAS ABSENT;
  - (B) THE TIME AND DATE THE UNAUTHORIZED ABSENCE WAS DISCOVERED;
  - (C) HOW LONG THE CHILD WAS GONE OR IF THE CHILD DID NOT RETURN;
  - (D) THE NAME OF THE CAREGIVER RESPONSIBLE FOR THE CHILD AT THE TIME THE CHILD'S ABSENCE WAS DISCOVERED;
  - (E) THE INTAKE REPORT NUMBER, IF A REPORT WAS MADE TO LICENSING OR THE DEPARTMENT OF FAMILY AND PROTECTIVE SERVICES;
  - (F) WHETHER LAW ENFORCEMENT WAS CONTACTED, INCLUDING THE NAME OF ANY LAW ENFORCEMENT AGENCY THAT WAS CONTACTED AND THE NUMBER OF THE POLICE REPORT, IF APPLICABLE.
    - (1) GUIDING LIGHT MUST MAINTAIN EACH ANNUAL SUMMARY LOG FOR FIVE YEARS.
    - (2) GUIDING LIGHT MUST MAKE THE ANNUAL SUMMARY LOGS AVAILABLE TO LICENSING FOR REVIEW AND REPRODUCTION, UPON REQUEST.

**DEBRIEFING A CHILD AFTER AN UNAUTHORIZED ABSENCE**

- 1. AFTER A CHILD RETURNS TO THE FOSTER HOME FROM AN UNAUTHORIZED ABSENCE, THE FOSTER PARENT, OR OTHER APPROPRIATE PERSON, MUST CONDUCT A DEBRIEFING WITH THE CHILD AS SOON AS POSSIBLE, BUT NO LATER THAN 24 HOURS AFTER THE CHILD'S RETURN.
- 2. THE PURPOSE OF THE DEBRIEFING IS FOR THE CHILD AND THE FOSTER PARENT, OR OTHER APPROPRIATE PERSON, TO DISCUSS THE FOLLOWING:
  - A. THE CIRCUMSTANCES THAT LED TO THE CHILD'S UNAUTHORIZED ABSENCE;

- B. THE TRAUMA INFORMED STRATEGIES THE CHILD CAN USE TO AVOID FUTURE UNAUTHORIZED ABSENCES AND HOW THE FOSTER PARENT CAN SUPPORT THOSE STRATEGIES;
  - C. THE CHILD'S CONDITION;
  - D. WHAT OCCURRED WHILE THE CHILD WAS AWAY FROM THE FOSTER HOME, INCLUDING WHERE THE CHILD WENT, WHO WAS WITH THE CHILD, THE CHILD'S ACTIVITIES, AND ANY OTHER INFORMATION THAT MAY BE RELEVANT TO THE CHILD'S HEALTH AND SAFETY.
3. THE FOSTER PARENT MUST ALLOW THE CHILD TO RETURN TO ROUTINE ACTIVITIES, EXCLUDING ANY ACTIVITY THAT THE FOSTER PARENT DETERMINES WOULD BE INAPPROPRIATE BECAUSE OF THE CHILD'S CONDITION FOLLOWING THE UNAUTHORIZED ABSENCE OR SOMETHING THAT OCCURRED DURING THE UNAUTHORIZED ABSENCE.
  4. THE DEBRIEFING MUST BE DOCUMENTED IN THE CHILD'S RECORD, INCLUDING ANY ROUTINE ACTIVITY THAT WOULD BE INAPPROPRIATE FOR THE CHILD TO RETURN TO AND THE EXPLANATION FOR WHY THE ACTIVITY IS INAPPROPRIATE.

GUIDING LIGHT MUST DOCUMENT AN UNAUTHORIZED ABSENCE THAT DOES NOT MEET THE REPORTING TIME REQUIREMENTS WITHIN 24 HOURS AFTER BECOMING AWARE OF THE UNAUTHORIZED ABSENCE.

1. GUIDING LIGHT MUST DOCUMENT THE ABSENCE:

- (I) IN THE SAME MANNER AS FOR A SERIOUS INCIDENT
- (II) COMPLETE AN ADDENDUM TO THE SERIOUS INCIDENT REPORT TO FINALIZE THE DOCUMENTATION REQUIREMENTS, IF THE CHILD RETURNS TO A FOSTER HOME AFTER 24 HOURS.

**TRIGGERED REVIEW**

- b) A TRIGGERED REVIEW OF A CHILD'S UNAUTHORIZED ABSENCES MUST OCCUR AS SOON AS POSSIBLE, BUT NO LATER THAN 30 DAYS AFTER THE CHILD'S THIRD UNAUTHORIZED ABSENCE WITHIN A 60-DAY TIMEFRAME.
- c) A REGULARLY SCHEDULED REVIEW OF THE CHILD'S SERVICE PLAN CAN SERVE AS THE TRIGGERED REVIEW OF A CHILD'S UNAUTHORIZED ABSENCES, IF THE REGULARLY SCHEDULED REVIEW:
  - A. TAKES PLACE NO LATER THAN 30 DAYS AFTER THE CHILD'S THIRD UNAUTHORIZED ABSENCE WITHIN A 60-DAY TIMEFRAME
- d) THE TRIGGERED REVIEW OF A CHILD'S UNAUTHORIZED ABSENCES MUST INCLUDE THE FOLLOWING PARTICIPANTS:
  - A. THE CHILD;
  - B. THE FOSTER PARENT;
  - C. CHILD PLACEMENT STAFF.
- e) GUIDING LIGHT MUST NOTIFY THE CHILD'S PARENT AT LEAST TWO WEEKS BEFORE THE TRIGGERED REVIEW OF A CHILD'S UNAUTHORIZED ABSENCES, SO THE PARENT WILL HAVE AN OPPORTUNITY TO PARTICIPATE IN THE REVIEW.

A TRIGGERED REVIEW FOR A CHILD'S UNAUTHORIZED ABSENCES MUST INCLUDE THE FOLLOWING:

1. A REVIEW OF THE CHILD'S RECORDS DOCUMENTING PREVIOUS UNAUTHORIZED ABSENCES, INCLUDING PREVIOUS DEBRIEFINGS;
2. A REVIEW OF SERVICE PLAN ELEMENTS
3. AN EXAMINATION OF TRAUMA INFORMED ALTERNATIVES TO MINIMIZE THE UNAUTHORIZED ABSENCES OF THE CHILD;
4. A WRITTEN PLAN TO REDUCE THE UNAUTHORIZED ABSENCES OF THE CHILD, WHICH YOU MUST DOCUMENT IN THE CHILD'S RECORD.

OVERALL AGENCY EVALUATION FOR UNAUTHORIZED ABSENCES:

1. EVERY SIX MONTHS, GUIDING LIGHT MUST CONDUCT AN OVERALL AGENCY EVALUATION FOR UNAUTHORIZED ABSENCES THAT HAVE OCCURRED AT THE FOSTER HOMES DURING THAT TIME PERIOD.
2. THE OBJECTIVES OF THE EVALUATION ARE TO:
  - (A) DEVELOP AND MAINTAIN A TRAUMA INFORMED ENVIRONMENT THAT SUPPORTS POSITIVE AND CONSTRUCTIVE BEHAVIORS BY CHILDREN IN CARE;
  - (B) ENSURE THE OVERALL SAFETY AND WELL-BEING OF CHILDREN IN CARE.
3. THE EVALUATION MUST INCLUDE:
  - (A) THE FREQUENCY AND PATTERNS OF UNAUTHORIZED ABSENCES OF CHILDREN FROM YOUR FOSTER HOMES;

(B) SPECIFIC TRAUMA INFORMED STRATEGIES TO REDUCE THE NUMBER OF UNAUTHORIZED ABSENCES FROM YOUR FOSTER HOMES.

RUNAWAY PREVENTION MUST BE:

1. TRAUMA INFORMED;
2. USE REASONABLE AND PRUDENT PARENT STANDARD FOR DECISION MAKING ABOUT THE CHILD OR YOUTH;
3. USE A RUNAWAY PREVENTION PLAN WHEN A CHILD OR YOUTH:
  - A. HAS A RECENT EPISODE OF RUNNING AWAY OR HUMAN TRAFFICKING VICTIMIZATION OR
  - B. HAS VERBALIZED A SERIOUS DESIRE TO RUN AWAY OR THEIR BEHAVIORS HAVE ESCALATED INDICATING THE NEED FOR INTERVENTION.

GUIDING LIGHT WILL UTILIZE THE DFPS FORM 2882 FOR THE RUNAWAY PREVENTION PLAN.

RUNAWAY PREVENTION PLANS MUST:

1. BE COMPLETED WITHIN 48 HOURS OF IDENTIFICATION OF A CHILD OR YOUTH WHO IS AT HIGHER RISK <sup>[1]</sup><sub>SEP</sub> OF RUNNING AWAY AS INDICATED BY:
  - A. A HISTORY OF RUNNING AWAY WITHIN IN THE LAST 6 MONTHS, <sup>[1]</sup><sub>SEP</sub>
  - B. RECENT THREATS TO RUN AWAY, OR
  - C. HUMAN TRAFFICKING HISTORY
2. BE CHILD-CENTERED;
3. BE STRENGTHS-BASED;
4. BE PROACTIVE IN PLANNING FOR IF THE CHILD DOES RUN AWAY
5. PRESENT ALTERNATIVES FOR THE CHILD TO USE AS AN OUTLET FOR FRUSTRATIONS THAT ARE A RESULT OF THE RISK FACTORS FOR RUNNING AWAY;
6. PLAN FOR THE CHILD'S SAFETY AND WELL-BEING;
7. EXPLORE REASONS FOR PAST RUNAWAY EPISODES AND TRIGGERS;
8. BE EVALUATED MONTHLY TO ENSURE UPDATES ARE MADE OR IF THE PLAN CAN BE ENDED DUE TO RUNAWAY RISK BEING MITIGATED;
9. INCLUDE THE CHILD'S INPUT;
10. HAVE CASEWORKER INVITED TO CONTRIBUTE TO THE PLAN. GUIDING LIGHT CAN CONTINUE WITHOUT CASEWORKER IF GUIDING LIGHT IS UNABLE TO GET A HOLD OF THE CASEWORKER OR IF CASEWORKER IS UNABLE TO ATTEND.
11. WHEN A RUNAWAY PREVENTION PLAN IS IMPLEMENTED, THE CHILD'S ASSIGNED CASEWORKER AND SUPERVISOR NEEDS TO BE INFORMED IN WRITING AND PROVIDED A COPY OF THE RUNAWAY PREVENTION PLAN WITHIN 24 HOURS.
12. ANYONE PROVIDING SUPERVISION NEED TO BE INFORMED OF CHILD'S RISK OF RUNNING AWAY.
13. TRAINING SHOULD BE PROVIDED TO STAFF AND FOSTER PARENTS THAT BUILD SKILLS IN DE-ESCALATION.

GUIDING LIGHT MAY SUBMIT A 72 HOUR NOTICE WHEN A CHILD OR YOUTH IS ABSENT FROM THE HOME WITHOUT PERMISSION AND IT IS NOT SUSPECTED THAT THE CHILD WILL RETURN IN THE FORESEEABLE FUTURE. IF THE CHILD OR YOUTH RETURNS TO THE OPERATION BEFORE THE 72-HOUR DISCHARGE EXPIRES, THEN THE PROVIDER MUST ALLOW THE CHILD TO REMAIN AT THE OPERATION AND THE DISCHARGE NOTICE IS NO LONGER IN EFFECT. IF THE CHILD OR YOUTH RETURNS PRIOR TO THE 72 HOURS, THE 72-HOUR DISCHARGE IS VOIDED.



**GUIDING LIGHT  
HANDBOOK**

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**CONFIRMATION**

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I HAVE RECEIVED A COPY OF GUIDING LIGHT FOSTER HOME HANDBOOK, EFFECTIVE JANUARY 2022, WHICH INCLUDES THE FOSTER PARENT RESPONSIBILITIES, THE AGENCY'S RESPONSIBILITIES, THE DISCIPLINE POLICY, AND MINIMUM STANDARDS APPLICABLE TO FOSTER PARENTS. I ACCEPT MY RESPONSIBILITY TO GUIDING LIGHT TO ADHERE TO THESE POLICIES AND REGULATIONS.

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NAME (PRINT)

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SIGNATURE

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