Devereux
FLORIDA

FOSTER PARENT HANDBOOK

Inspiring hope. Empowering lives.
Program Overview

HISTORY OF THE
DEVEREUX
FOUNDATION

DEVEREUX began with an idea, which became a working philosophy. In 1912, Helena Devereux was a pioneer in the field of special education. Our founder had a goal to show children and families that life can be full of hope and potential. Emphasizing each person's capabilities, her students experienced great success. As Miss Devereux's reputation grew; she was responsible for new ideas in the treatment of children's emotional and behavioral problems. Her philosophy still guides our thinking today. We understand that our clients come from different backgrounds with different strengths and different hopes for the future. Building upon her teaching and research, each person at DEVEREUX receives an individualized treatment plan focusing on strengths and needs.

Today, following the philosophy of Helena Devereux, close to 5,000 staff members at all levels provide professional and quality care to more than 15,000 individuals annually. These children, adolescents and adults come to Devereux from forty-three states and five foreign countries. In a wide range of settings -- from home, school, and community to campus-based programs and hospitals -- Devereux provides services to individuals of all ages who have emotional, developmental, and behavioral needs. The nation's largest independent non-profit provider of treatment services for individuals with emotional, behavioral, and developmental disabilities, Devereux is located in Arizona, California, Colorado, Connecticut, Florida, Georgia, Maryland, Massachusetts, New Jersey, New York, Pennsylvania, Texas and Washington DC.

MISSION STATEMENT

Devereux changes lives and nurtures human potential. We inspire hope, ensure well being and promote meaningful choices life choices. Our mission is achieved through a wide range of services and supports for individuals and their families.

The DEVEREUX Foundation’s Philosophy of Care is composed of guidelines that include three major principles; individualized treatment services, accountable and effective services that are evidence based and positive strength-based approaches.

Devereux Florida provides a variety of Foster Care Services in the following counties: Orange, Osceola, Seminole, Polk, Highlands, Hardee, Broward, Dade, Volusia and Brevard. Foster Care services include traditional, medical, enhanced traditional and specialized therapeutic foster care.
FOSTER CARE LEVELS OF CARE

Specialized Therapeutic Foster Care: The Specialized Foster Care Program (Level 1, Level 2 and Crisis Intervention) serves children who are in need of intensive therapeutic intervention. Children placed at this level of care typically come to our program from a higher level of care, i.e., psychiatric hospital or residential treatment center. All children referred to this program are staffed by a clinical review team and approved by the lead agency. No more than two children are placed in one home. The Specialized Foster Care Program is viewed as a short-term program. The foster child’s clinical status is reviewed by the multidisciplinary team at intervals of 30, 60 and 90 days. Children served under this program are required to have weekly individual therapy and psychiatric consultation with the Devereux Psychiatrist. Behaviors may include aggression, non-compliance, sexual offender issues, depression, hyperactivity, impulsivity, elopement issues, school issues, delinquency issues.

Enhanced Traditional Foster Care: Children who are identified at this level of care typically are exhibiting active emotional and behavioral problems. The child may have one or more of the following features: maladaptive behavior, difficulty controlling impulses, and/or affective and mood dysfunction. These children usually have a therapist involved in the therapeutic treatment and may require psychiatric consults.

Traditional Foster Care: The Traditional Foster Care program is the least restrictive setting for foster children. These children can be 0-17 years of age and require a stable and nurturing home setting following removal from their family of origin. Homes can have up to five children including your own biological children in the home. Mental Health services may be requested to meet child’s therapeutic needs in the least restrictive environment.

Medical Foster Care: Children placed in Medical Foster Care are determined to have medical needs that require a specially trained foster parent. Foster parents receive additional training by Children’s Medical Services and receive a Medicaid Provider number through this program. They must comply with all requirements outlined by Children’s Medical Services.

CAPACITY IN STFC HOMES IS LIMITED TO TWO (2) CHILDREN. TRADITIONAL FOSTER HOMES MAY HAVE UP TO FIVE (5) CHILDREN, INCLUDING THEIR OWN CHILDREN OR GRANDCHILDREN, OR OTHERS UNDER THE AGE OF 18 YEARS.
Foster Parent Licensure

Foster Parent Standards

Foster Parents with the DEVEREUX Foster Care Program must meet the Minimum Standards for Family Foster Homes which were established by the Florida Department of Children and Families Administrative Rules 65C-13 & 65C-15 & the Devereux Foster Care Program.

Foster parents will possess personal qualities and relationships which make it possible for them to perform the responsibilities of caring for foster children. Foster Parent Expectations include:

- View each child placed in your home as a member of your family
- Assist the child to maintain important relationships with their birth connections and any extracurricular activities previously participating in, as appropriate. For example, parents, friends, extended family, etc.
- Attend events related to the child's care to include but not limited to court hearings, clinical staffings, and educational meetings
- Diligently maintain all records required in the child resource record including; educational, healthcare and dependency records
- Develop and maintain with the child a life book to help maintain fond childhood memories.
- Accompany the child to all medical and psychiatric appointments
- Provide a safe and nurturing home for children placed in the home.
- Provide and assist the child with everyday tasks such as hygiene tasks, homework and extracurricular activities
- Partner with the children's service providers such as therapists, mentors, etc.
- The ability to accept the foster child's parents and the foster child's feelings, both positive and negative, about them. An ability to work with the therapist in helping the child resolve his mixed feelings.
- Maintain the home in accordance with licensing standards
Family Composition:

A licensed foster family can include two parents or may be a single parent; either family composition will need to be able to provide the opportunities for the care and nurturing of children. All licensed foster parents will be required to have a back-up caregiver who can assist with the children. The back-up caregiver must be approved by Devereux and meet the screening requirements as per Florida Statutes.

Number of Children in a Family:

Limitations in regard to the number and ages of children to be served in a foster care family are based on Florida Statue and on observations of the skills of the foster care parents. Additionally, this will be assessed by the Devereux Licensing Specialist. The assessment will also address adequate space in the home and the effect of the number and ages of the children upon the other family members. However, there should be no more than two infants, under the age of two years, in a foster care family, including the family's birth children. The total number of children in any foster home will be determined during the licensing process and shall not exceed five. In certain situations, over capacity waivers may be approved by the Lead Agency to accommodate siblings.

Age:  The age of the foster care parents must be considered for maturity, health, physical energy, flexibility, ability to care for a specific child and probable length of placement of a specific child. Specialized Therapeutic Foster Parents (STFP) and Therapeutic Foster Parents must be at least 25 years of age. Traditional Foster Parents must be 21 years of age.

Income: Foster care parents must have enough income to assure their stability and the security of their own family without relying on board payments. The foster care family must have sufficient income to absorb four to six weeks of a foster child's care until a board payment is received.

Employment: Foster parents may work outside of the home if they provide a Devereux trained and background screened "back-up" caregivers. Specialized Therapeutic Foster Parents that are serving Level 2 clients are required to be available 24 hours a day for emergencies and are not allowed to work outside of the home.
**Health History:** Applicants are required to share health history on each member of the household including physical, mental health and other treatments received which may impair their ability to care for children. If there is a question regarding the physical, mental or emotional health of any member of the household, the applicant, upon Devereux's request, will be asked to supply clinical reports and evaluations. The supporting documentation may be requested by the Lead Agency.

**Religion:** A foster care parent must be willing to provide the opportunity for a child's participation in the faith of his choice or that requested by the birth family. A parent whose religious preference or other beliefs prevent the use of a licensed medical physician may not be licensed by the state. A foster child has a right to refuse to participate in church activities. A foster parent may not baptize or permit a child to be baptized without written consent of the biological parent or an authorized representative of the Florida Department of Children and Families.

**Screening:** Foster care parents must meet the screening requirements outlined in Administrative Code 65C-13. Your Licensing Specialist will assist in any questions you may have regarding the requirements.

**Physical Environment:**

1. The home and yard must be free from objects, materials and conditions which are a danger to children.

2. The foster home will be inspected and must be approved by a representative of the local health department prior to licensing. The home will be visited quarterly by Devereux Licensing staff. Inspections cover sanitation, health, fire prevention and safety. All homes must be in compliance with FAC 65C-13.
Water Safety/ Pools:

Foster Parents are to ensure that children placed in homes with pools and/or near a body of water shall be supervised by a Devereux approved adult at all times when in proximity of a pool.

Swimming pools must have a barrier on all four sides of at least four feet. The barrier may consist of a house plus a fence on the remaining three sides or a four-sided fence. All access through the barrier must have one of the following safety features: alarm, key lock, self-locking doors or a bolt lock that is not accessible to children. When the swimming pool is not in use, all entry points must be locked. Above ground pools must have steps or ladders leading to it secured, locked or removed when the pool is not in use. Hot tubs and spas shall be required to have a safety cover that is locked when not in use.

Swimming pools must be equipped with one of the following life saving devices:

(a) Ring buoy.
(b) Rescue tube, or
(c) Other appropriate flotation device with a rope attached which is sufficient length to cover the area.

When children are using the pool or participating in water activities, the following standards will apply: (a) Children who cannot swim well shall not be allowed in the pool or pool area without wearing a Coast Guard approved life jacket.
(b) Direct adult supervision by the child’s foster parents shall be required when children are using the swimming pool, spa or hot tub or are in the pool area.

All high-risk recreation, boating, water sports, or contact sports must be approved by the legal guardian and shall have direct adult supervision.

As a prerequisite to licensure, foster parents who have swimming pools will be required to complete a basic water safety course administered by the American Red Cross, YMCA or other national organization.
Interior environment:

(1) The home must have adequate space, be comfortably furnished and space must be accessible to all members of the family. Each foster child must have 40 square feet of living space in their bedroom.

(2) Each child must be provided with their own storage space for personal belongings and their own designated space for hanging clothes in or near the bedroom occupied by the child.

(3) A foster care parent should allow children to participate in decorating their bedrooms and assist the children in creating their own ethnic/cultural environment.

(4) Each child must have his own bed and each infant, his own crib. In order to ensure desirable privacy, children in foster care over 12 months of age must not share a bedroom with any adult. Any child over three years of age must not share a bedroom with a child of the opposite sex.

- THE FOLLOWING SLEEPING ARRANGEMENTS ARE NOT PERMITTED:
- CHILDREN SHARING A BED WITH AN ADULT.
- CHILDREN OF DIFFERENT SEXES OVER THE AGE OF 3 SLEEPING IN THE SAME ROOM.

5) The home must be clean and free of hazards to the health and physical well-being of the family.

(6) The home must have a continuous supply of clean drinking water approved by the local health program office. If the water is not from a standard city water supply, the foster care parents must have the water tested and approved.

(7) The home must have an adequate supply of hot water for bathing and dish washing. Hot water accessible to children must not exceed 120 degrees Fahrenheit, 43 degrees Celsius,
Foster Home Safety:

1. All medications, poisonous chemicals, sharp knives, scissors and cleaning materials must be in an approved locked location and inaccessible to children.
2. Alcoholic beverages should be stored out of the reach of small children. To avoid access to alcoholic beverages by older children, it is recommended that these beverages be kept in a locked place.
3. Pets in the foster home must be vaccinated and have current vaccinations.
4. The foster care parents must have a method to restrict children's access to large pets or potentially dangerous animals.
5. Transportation and access to a telephone must be immediately available for use in emergencies. **Emergency numbers and directions to homes must be posted by the telephone.**

Safety:

1. The home must be safe from fire hazards. All combustible items must be stored away from sources of heat.
2. The home must not be heated by unvented heaters.
3. The foster care parents must have an evacuation plan clearly posted in the house and must share it with each child. The foster care parents must conduct fire drills to make sure all the children understand the procedures. **Fire drills should be bi-annually, every six months and when a new child enters the home.** The date of the fire drill should be recorded and reviewed at the time of licensure.
4. All fireplaces, space heaters, steam radiators and hot surfaces must be shielded against accidental contact.
5. bedrooms in basement and above the second floor must have either a window or door with approved means of exit.
6. The home should be equipped with the following:
   - Operating smoke alarm in each sleeping area.
   - Operation heat detection alarm in the area of the furnace or main heating source.
   - Portable chemical fire extinguisher in the kitchen size 2A10BC, they must be inspected and tagged annually.
Transportation:

(1) Foster care parents must have transportation available 24 hours a day. All vehicles used to transport children must be in safe condition, in compliance with applicable motor vehicle laws of the state, and equipped with seat belts and approved car seats for children under the age of 4 years.
(2) The foster care parents must have all vehicles owned by them insured to include liability for transporting children.
(3) If the foster care parents drive, they must have a valid driver's license. The foster parents must allow foster children to be transported only by persons possessing a valid driver's license.

A copy of all drivers' licenses must be provided to DEVEREUX prior to licensing.

FOSTER PARENTS ARE RESPONSIBLE FOR ALL TRANSPORTATION OF THEIR CHILDREN TO DOCTOR'S APPOINTMENTS, THERAPY, PARENTAL VISITATION AND ALL OTHER SCHOOL/ACADEMIC ACTIVITIES, AS NEEDED.
All Devereux Foster Parents will be required to review and sign the following Florida Department of Children and Families Partnership Plan for Children In Out-of-Home Care at time of licensure.

**Partnership Plan for Children in Out-of-Home Care**

**All** of us are responsible for the well-being of children in the custody of the Department of Children and Families (DCF). The children's caregivers along with the Florida Department of Children and Families, community-based care (CBC) organizations, their subcontractors and staffs of these agencies undertake this responsibility in partnership, aware that none of us can succeed by ourselves.

Children need normal childhoods as well as loving and skillful parenting which honors their loyalty to their biological family. The purpose of this document is to articulate a common understanding of the values, principles and relationships necessary to fulfill this responsibility. The following commitments are embraced by all of us. This document in no way substitutes for or waives statutes or rules; however we will attempt to apply these laws and regulations in a manner consistent with these commitments.

1. To ensure that the care we give our children supports their healthy development and gives them the best possible opportunity for success, caregivers and DCF, CBC and agency staff will work together in a respectful partnership.

2. All members of this partnership will behave professionally, will share all relevant information promptly, and will respect the confidentiality of all information related to the child and his or her family.

3. Caregivers, the family, DCF, CBC and agency staff will participate in developing the plan for the child and family, and all members of the team will work together to implement this plan. This includes caregiver participation in all team meetings or court hearings related to the child’s care and future plans. DCF, CBC and agency staff will support and facilitate caregiver participation through timely notification, an inclusive process and providing alternative methods for participation for caregivers who cannot be physically present.

4. Excellent parenting is a reasonable expectation of caregivers. Caregivers will provide DCF, CBC and agency staff will support excellent parenting. This requires a loving commitment to the child and the child’s safety and well-being, appropriate supervision and positive methods of discipline, encouragement of the child’s strengths, respect for the child’s individuality and likes and dislikes, providing opportunities to develop the child’s interests and skills, awareness of the impact of trauma on behavior, equal participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.
5. Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situation including sexual orientation and family relationships. DCF, CBC and agency staff will provide caregivers with all available information to assist them in determining whether they are able to appropriately care for a child. Caregivers must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. DCF, CBC and agency staff will assist them in gaining the support, training and skills necessary for the care of the child.

6. Caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.

7. DCF, CBC and agency staff will provide caregivers with the services and support they need to enable them to provide quality care for the child.

8. Once a family accepts the responsibility of caring for the child, the child will be removed from that family only when the family is clearly unable to care for him or her safely or legally, when the child and his or her biological family are reunified, when the child is being placed in a legally permanent home in accordance with the case plan or court order, or when the removal is demonstrably in the child's best interest.

9. If a child must leave the caregiver's home for one of these reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan which involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures they have all their belongings, and allows for a gradual transition from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves.

10. When the plan for the child includes reunification, caregivers and agency staff will work together to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.

11. Caregivers will respect and support the child's ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication. DCF, CBC and agency staff will provide caregivers with the information, guidance, training and support necessary for fulfilling this responsibility.
12. Caregivers will work in partnership with DCF, CBC and agency staff to obtain and maintain records that are important to the child's well-being including child resource records, medical records, school records, photographs, and records of special events and achievements.

13. Caregivers will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. DCF, CBC and agency staff will support them in doing so and will not retaliate against them as a result of this advocacy.

14. Caregivers will participate fully in the child's medical, psychological and dental care as they would for their biological child. Agency staff will support and facilitate this participation. Caregivers, DCF, CBC and agency staff will share information with each other about the child's health and well-being.

15. Caregivers will support the child's school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra-curricular activities. Agency staff will facilitate this participation and will be kept informed of the child's progress and needs.
Licensure Procedures:

DEVEREUX FOSTER PARENTS REPRESENT PROFESSIONAL PARENTS WHO ARE COMMITTED TO PROVIDING CHILDREN WITH THE HIGHEST QUALITY CARE.

Training:
All prospective foster parents must complete 30 hours of PRE-SERVICE training prior to becoming licensed foster parents. Parents interested in becoming Therapeutic Foster Parents must also complete an additional 30 hours of training.

Annual Training Requirements:
Training requirements are for all licensed parents, includes both husband and wife.
All traditional parents must complete 12 hours of in-service annually (after 3 years as a licensed home, only required to complete 8 jhours).
TFC parents must complete 16 hours of in-service per year
STFC Level I Parents- 4 hours per quarter (16 annual)
STFC Level II Parents- 6 hours per quarter (24 annual)

Qualifying Criteria for Licensure

A. Successful home study.
1. Completion of all questions on the Family Individual Profiles, Parent Application
2. Extensive personal interviews.
3. DMV check
4. Clearance by the Florida Protective Services System (Child Abuse Registry) of all family members, baby sitters, back-ups or frequent visitors.
5. Confidentiality Form
6. EPSDT/Civil Rights Form
7. Clearance of fingerprints from the FBI of all family members, baby sitters, back-ups or frequent visitors.
8. Affidavit of fingerprints.
9. Local law enforcement clearance of all family members, baby sitters, back-ups or frequent visitors.
10. Local Sheriff Department clearance of all family members, baby sitters, back-ups or frequent visitors.
11. Affidavit of Good Moral Character of all family members, baby sitters, back-ups or frequent visitors.
12. Verification of parent's employment.
13. School references and children references for foster parents' biological children.
14. FDLE Screening for biological children between the ages of 12 & 17 years.
15. FDLE of all applicable family members.
16. Case Manager Review of the home
Qualifying Criteria (cont'd)

17. Health Department Inspection
18. Medical reports for parents
19. Radon test
20. Three personal references.
21. Neighbor References
22. Copy of Marriage License or Divorce Decree is applicable
23. Adult Child References

All Visitors to the Foster Home must be reported to Devereux Licensing Staff. Visitors who are staying 2 weeks or longer are required to be background screened.
Matching and Placement Procedures

MATCHING

Upon the referral of a foster child to the Devereux Foster Care Program, the designated program staff will assess the strengths and needs of the foster child as well as the strengths and needs of the available foster homes. A determination regarding the most appropriate match will then be made.

Factors involved in reaching a match decision include (but are not limited to) the following:

- The composition of the Foster Family, including willingness and ability to work with the Foster child’s biological adoptive family.
- Closeness to the Foster child’s home, community and family when possible.
- Local availability and access to resources required to meet the needs of the Foster child.
- The Foster Parent’s specific skills, abilities, and attitudes needed to work effectively with the Foster child.
- Preferences and desires of the foster child and/or the referring agency/case manager.
- Preferences and desires of the Foster Family.

Once a match has been identified, the Foster Parent will have the opportunity to review pertinent information pertaining to the child as well as to discuss the child with the designated program staff. (In the event of an emergency placement, this opportunity may not be available). Foster parents are encouraged to consider all referrals; however, in the event that the family does not feel that they can adequately serve a child based on their needs, a placement may be declined.

Each prospective Foster Parent is expected to fully participate in the screening and pre-placement activity connected with the placement of a child in their home. **Emergency placements may not afford an opportunity for pre-placement review and visits.**
Client-Related Responsibilities

FOSTER CARE SERVICES

Foster Parents are responsible for the provision of basic, foster care services. These responsibilities include (but are not limited to) healthy food, clothing, shelter, physical care, nurturance, acceptance of the child and his/her family, supervision, transportation, and compliance with all state, federal and agency regulations concerning foster parents.

Nutritional Services

Foster Parents are responsible for providing clients in their care with adequate and appropriate nutrition, including a minimum of three regular meals per day either in the home or in the community. Foster Parents are encouraged to involve the child in planning and preparing the family menu.

Children should be given daily between-meal snacks, except in the case of an authorized medical reason.

Foster Parents must have alternative food choices for children on a special diet or for those who cannot eat particular foods due to specific religious beliefs. This does not mean the Foster Parent must prepare a different meal for the child if he/she "doesn't like" the prepared meal, although a fair approach to this problem is expected.

Foster Parents must make available adequate food to children who miss a meal.

All food stored, prepared or served must be free from spoilage, clean and fit for human consumption.

Foster Parents may not exclude a child from family meals or snack time as a disciplinary or punitive measure.
Clothing

Foster Parents are expected to take reasonable steps to ensure that each child has a supply of adequate, well-fitting clean clothing that is both age and gender appropriate. Foster Parents will receive an annual clothing allowance from the Community Based Care Agency.

Client Personal Hygiene

- Foster Parents are expected to provide their child with articles necessary for personal grooming and hygiene.
- Each child shall have the opportunity for a daily shower or bath.
- For children unable to provide for their own personal care and hygiene, the Foster Parents should provide assistance appropriate to the capability level of the child, including providing training to children in personal care, hygiene and grooming habits.
- Personal hygiene articles or personal hygiene practices shall not be withheld or prohibited as a disciplinary measure.

Physical/Dental Examinations

Children entering foster care are required to have a physical exam completed within 72 hours of placement. Dental exams need to be scheduled within 30 days of placement. The caseworker or Devereux program can assist in scheduling these appointments. The foster parent is expected to transport to all medical appointments.

For treatment programs, the child will need a physical exam scheduled within 7 days of placement and completed within 30 days.

Children must receive a complete physical examination on an annual basis, or more frequently, as indicated. Children must receive a dental examination every six months thereafter, or more frequently, as indicated. All documentation of these appointments needs to be provided to the
Client Religious & Cultural Beliefs

The Devereux Foster Care Program, as part of its admission and/or employment criteria, does not discriminate against any employee applicant, Foster Parent, or prospective client on the basis of his/her religious beliefs.

No Foster Parents may attempt to force their religious beliefs on a child, including (but not limited to) requiring a child to attend religious services not of the child’s choosing, or involving a child in a religious activity without prior approval of the therapist. Foster Parents are expected to make every reasonable effort to allow their child to attend religious services or holiday parties of his/her choice. Foster parents may not arrange for their Foster child’s baptism or church membership without the written consent of their parents or legal, guardian. The foster parents will ensure that children participate in the decoration of their rooms and will assist them in development of their own ethnocultural environment.
Normalcy Activities for Foster Children

Foster Parents are expected to provide supervision, structure and daily activities designed to promote the individual physical, social, intellectual, spiritual and emotional development of the children in their home according to each child’s age and developmental level. Foster parents will assist the children in performing tasks and offering opportunities that promote independence and normalcy. The Foster parents should work to provide ongoing, age-appropriate recreational opportunities for their child, including involvement in school extracurricular activities, team sports, etc.

Educational Services
Unless there is a special situation, children in the Devereux Foster Care Program attend public school in the county of residence of the Foster Parents. All children must be enrolled in school within 72 hours of admission. The Foster Parents should enroll the child in the appropriate educational program as soon as possible following placement. The Foster Parents should work with the school staff on behalf of the child and to immediately advise the DEVEREUX staff of significant problems or changes in status. The Foster Parent is also responsible for reviewing grade reports and other information from school authorities and advising the DEVEREUX staff on a regular basis of the child’s educational performance.

FOSTER PARENTS MUST PROVIDE COPIES OF THE CHILD’S REPORT CARD FOR INCLUSION IN THE CHILD’S FILE.

To the best of their abilities, the Foster Parent should provide supervision and tutoring for the child, as appropriate. Foster Parents cannot choose to home school the child. The child should be provided with a quiet, well-lighted space in which to study, and there should be regularly established times for homework.
MEDICATION PROCEDURES

FOSTER PARENTS MAY NOT SIGN FOR CONSENT TO ADMINISTER PSYCHOTROPIC MEDICATIONS TO CLIENTS.

THIS MUST BE COMPLETED BY THE CHILD'S PARENTS OR CASEWORKER.

Storage of Medications

All medications, both prescription and nonprescription, must be kept in their original containers. All medication must be stored in a locked cabinet. When medication must be refrigerated, it must be kept in a locked box in the refrigerator. The Foster Parent is responsible for ensuring that children do not have access to medications.

Administration of Medications
The Foster Parent will maintain and sign a daily medication log. Each dosage of medication must be clearly documented. The child's Foster Parent is to ensure that medications are provided to respite providers, and provided to school staff; respite parents must complete the medication administration logs.

A. The prescription label on the medication container may serve as written instruction by the physician if it contains the following information:
   - Name of Client
   - Name of medication (brand or generic)
   - Dosage to be given per administration
   - Number and times of administration per day
   - Ending date of administration, if applicable
   - Special instructions, including specific warnings
   - Name of prescribing physician

   FOSTER PARENTS MUST BRING ALL MEDICATIONS TO THE CHILD'S PSYCHIATRIC APPOINTMENTS FOR REVIEW BY THE PHYSICIAN.

B. When appropriate, the physician should be requested to provide written and signed instructions regarding possible side effects of the medication and instructions in the event of a serious medication reaction. The Foster Parent should ask for this information upon filling a prescription, if it has not already been provided.

C. If a child is at risk of running out of medication before the next scheduled medication appointment, it is the responsibility of the foster parent to notify the office one week in advance. This will allow for the medical record staff to secure scripts. The foster parent would be responsible for obtaining the new script.
   Foster Parents must personally observe and closely supervise the self-administration of medication.

The Medication Log is turned in to the Medical Records Staff each month and placed in the Client Record.
Medication Errors and Adverse Drug Reactions

All medication errors and adverse drug reactions, whether prescription or nonprescription, must be reported immediately (utilizing the Emergency On-call system, if after hours) in accordance with the following:

1. If the child appears or is assessed to be in any imminent danger, "911" should be called.
2. The Therapist will be immediately contacted.
3. The child should be kept under close observation until a physician rules the danger has passed.
4. Changes in condition should be immediately reported to the child's Therapist.

CLIENT EMERGENCY PROCEDURES

There are several potential Client emergency situations for which Foster Parents should be prepared, including (but not necessarily limited to) the following:

Any injury to a child in the Devereux Foster Care Program should be immediately reported by calling the office or after hour's on-call number. If the child appears to need emergency care, the Foster Parent should first seek the necessary care and then secondly contact the Devereux Foster Care Program to report the incident.

Whenever possible, children needing emergency or immediate care should be taken to the nearest emergency room. However, if ambulance service is indicated, the Foster Parent should call 911 immediately.
The Foster Parent should bring information to the emergency treatment location that shall include the following:

- Client Name
- Name, address, phone of Foster Parent
- Parent or legal guardian contact number
- Allergy information
- Past medical problems/current complaint
- Florida Medicaid Information
- "Child's Blue Book"

**AUTHORIZATION FOR EMERGENCY OR INVASIVE MEDICAL TREATMENT CONSENT MUST BE OBTAINED FROM THE ON-CALL LEAD AGENCY STAFF. FOSTER PARENTS MAY NOT CONSENT OR SIGN FOR CONSENT FOR ANY INVASIVE MEDICAL OR DENTAL PROCEDURE.**

**Client Psychiatric Emergency**

In the event of a psychiatric emergency, the Foster Parent should contact a Devereux staff member for assistance, utilizing the emergency on-call system, if after hours. If, following verbal or face-to-face intervention, the child continues to present a psychiatric emergency (risk of harm to self or others), 911 must be called.

Foster Parents should exercise caution in transporting a Client who is presenting psychiatric difficulty. In the event that a Client appears to be too potentially dangerous to self and/or others for safe transport, the Foster Parent should call 911 first and then contact the Devereux staff.

**Client Runaway Emergency Procedures**

In the event of a Client runaway, the Foster Parent should initiate the following procedures if the child is age 13 or younger:

1. Initiate reasonable efforts to locate the child. Such efforts should include a search of the home, yard and neighborhood, and telephone contact with individuals who may know of the child's whereabouts.
2. If the child does not return home or is not otherwise located, the Foster Parent should notify the Devereux staff of the absence. The following exceptions to the one-hour time frame shall be observed: If the child is believed to be out of the zone of safety for their age and development, mentally incapacitated, in a life threatening situation, in the company of others who could endanger their welfare or is absent under circumstance inconsistent with established behaviors.
The Foster Parent should immediately do the following, as applicable, and document their attempts upon discovering a child under their care is missing:

A. Call local law enforcement as soon as the determination is made that the child is missing and ask the officer to:
   1. Make a report of the missing child, write down what the child was wearing, obtain a recent photo.
   2. Assign a case number and provide the number back to the caregiver or person reporting the child missing.
   3. Provide a copy of the law enforcement case report, when it is available.

B. The foster parent will notify the child's case manager or emergency on-call staff and share all pertinent information listed above with emphasis on providing the law enforcement agency name, case number and if available a copy of the law enforcement report.

C. The foster parent will notify the Devereux emergency on-call staff and share all pertinent information listed above with emphasis on providing the law enforcement agency name and case number if available.

If at any time the child returns to the caregiver home, all law enforcement agencies and other agencies notified that the child was missing must be contacted immediately. If at any time new information is obtained on the child's location, all law enforcement agencies and other agencies notified that the child was missing must be contacted immediately and appropriate efforts taken to return the child to the home.
CLIENT DISCIPLINE

All Foster Parents are expected to provide discipline and behavior management procedures, which preserve the rights, dignity and self-respect of the child and are appropriate to the child's age and functional level, under the following guidelines:

1. Disciplinary methods shall emphasize praise, encouragement and positive reinforcement for desired behavior.

2. All rules and expectations set forth by the Foster Parent should be explained to the child in a manner appropriate to the child's age and level of functioning. This explanation shall be made during the child's orientation to the home, and prior to any disciplinary action for violations of such rules.

3. A written list of basic rules and expectations shall be provided to the child by the foster parent on or before the day of admission.

4. Children should not be disciplined for actions over which they have no control.

5. Only the foster parent shall take disciplinary action with children in the home. BIOLOGICAL CHILDREN, OTHER FOSTER CHILDREN, NEIGHBORS, RELATIVES, ETC. MAY NOT DISCIPLINE A CHILD.

6. Foster Parents shall not use any of the following disciplinary actions with a child:
   - Corporal punishment of any form (see section below),
   - Threats of physical violence or threats of removal from the home
   - Requiring or forcing the child to take a painful or uncomfortable physical position, such as squatting, kneeling, etc.
   - The use of physical exercise as a disciplinary measure
   - Verbal abuse, ridicule or humiliation of the child or the child's family, race or ethnic background,
   - Denial of elements of the Treatment Plan
   - Deprivation of meals, sleep, mail, clothing, bedding, verbal communication or family visits, holiday celebrations
   - The use of physical intervention as described below. Foster Parents are not allowed to put hands on foster children for any disciplinary measures.
   - Forced administration of medication
   - Refusal of entry into residence
   - Isolation of the child in a small, confined space or seclusion in a locked room
   - Destruction or unreasonable withholding of the child's personal property
   - Denial of reasonable visiting or communication privileges.

   All foster parents must sign the Discipline Policy

Corporal Punishment

Corporal punishment is defined as slapping, punching, hitting, kicking, hair pulling or any other act which causes physical pain to a child. Other acts which are considered to be corporal punishment include any action which causes physical discomfort or any measure which degrades or humiliates a child, including (but not limited to) those actions/measure listed above. All forms of corporal punishment are expressly forbidden by the DEVEREUX Foster Care Program.

When corporal punishment is reported as having been administrated to a child, it shall be considered an allegation of physical abuse and handled as outlined in the Client Allegations of Abuse Procedures.
CLIENT ALLOWANCE AND MONEY MANAGEMENT

Each Foster Home is required to set aside allowance funds as outlined by the Florida Department of Children and Families. Allowance will be monitored in a fashion that will increase self-esteem and teach money management skills. These funds are included in the stipend rate and are as follows:

Clients ages 0-5 yrs  Total $53.00 per month
  $10.00 for allowance
  $8.00 for incidentals
  $35.00 for clothing

replacement

Clients ages 6-12  Total $55.00 per month
  $10.00 for allowance
  $9.00 for incidentals
  $36.00 for clothing

Clients ages 13 and up  Total $66.00
  $12.00 for allowance
  $11.00 for incidentals
  $43.00 for clothing

- When age and functional ability permit, the Foster Parent should allow and encourage a child to possess and manage his/her own money, providing guidance and assistance as appropriate.

- Money earned or received as a gift or allowance shall be the child's personal property.

The foster parent can contact the child's caseworker to address any restitution claims regarding damages.
Miscellaneous

FOSTER HOME RECORD

The Devereux Foster Care Program maintains a Foster Home Record for each licensed home which contains both initial application forms as well as other documentation related to licensing. This includes (but is not limited to) record checks, medicals, references, agreements, training verification, periodic evaluations, etc.

Foster Home Record Confidentiality and Access

The Foster Home Record is a confidential document and Foster Parents may have access to their Record upon request, although they are not permitted to remove the Record from the Devereux offices. Foster Parents have the right to receive copies of any non-DEVEREUX documents contained in their Record.

The contents of the Foster Home Record may not be disclosed directly or indirectly to other individuals except in the following instances:

1. In accordance with applicable State regulations pertaining to licensing, investigations of alleged abuse, etc.

2. Under court order.

3. Signed release of information by Foster Parents.
REPORTING REQUIREMENTS FOR FOSTER PARENTS

The Foster Parent must notify the Devereux Florida Foster Care Program immediately in the event of any of the following circumstances involving children:

1. An injury, illness or accident involving medical treatment of a child.
2. An emotional, behavioral or assaultive incident involving the child.
3. When a child has been subjected to alleged abuse or neglect, or has been the alleged victim of assault or other physical or sexual abuse.
4. The death of a child.
5. Removal of the child from the Foster Home or school by any person or agency, or any attempts at such removal, when such removal.
6. Any fire or other emergency requiring evacuation of the premises or threat to the premises.
7. Any involvement of the child with law enforcement officials.
8. Runaway of child

In addition, the following changes to household must be reported to Devereux Licensing:

1. Any changes in the household composition.
2. Any serious illness or death in the household, or any other serious incident, such as fire which may impact either the safety or well-being of the child.
3. The permanent or prolonged departure of any member of the foster parent’s household.
4. Any incident with the potential to impact the child’s care or status.
5. The addition of any family member to the household, including short-term house guests.
6. The intent of any houseguest to remain longer than 2 weeks.
7. Divorce or Marriage or any change in household composition
8. Moving to a new residence
9. Adult children moving into the home

The Foster Parent should inform the licensing staff at least four weeks prior to a planned change in residence.
FOSTER PARENT CORRECTIVE ACTION PLANS

If problems occur in a Foster Home, the Devereux staff will facilitate discussions that are solution oriented with the foster family, lead agency licensing staff, Florida Department of Children and Families. An action plan may be presented at this time to be reviewed and signed by all parties. The action plan will be monitored and reviewed by Devereux licensing staff. Foster Parents will retain a copy of the Plan and a copy will be placed in their file.

HOME CLOSURE

Foster home closure is a mechanism to document concerns or performance issues. Performance issues could warrant foster home closure. Issues may include (but are not limited to) the following:

1. Any substantiation of felonious behavior.
2. Any substantiation of emotional, physical or sexual abuse/neglect of a child.
3. Any failure to follow policies and procedures which may potentially endanger a child.
4. Deliberate mismanagement of client funds for personal purposes.

Foster Parents wishing to terminate their foster care license with Devereux must contact the Licensing Staff and provide a written letter requesting closure. Devereux reserves the right to request a revocation of a license.

RESPITE

A respite day is a 24 hour overnight stay at another licensed foster home. Respite is provided to all foster families and must be requested two weeks in advance to secure an appropriate respite care placement. Respite services vary by area so please contact your Devereux program regarding the Respite procedure.
CLIENT ALLEGATIONS OF ABUSE/NEGLECT

Foster Parents should realize that allegations of abuse/neglect are possible. Although it is difficult, Foster Parents should attempt not to take such allegations personally should they occur. The Devereux Foster Care Program is committed to supporting its Foster Parents throughout the investigative process.

A Client in the Devereux Foster Care Program may allege he/she has been the victim of abuse/neglect by their Foster Parents. Under State regulations, the Foster Care Program must take all such allegations very seriously, subject to the following procedures and cooperate fully with the Florida Department of Children and Families:

1. Upon receipt of a report of suspected child abuse and/or neglect by a family member residing in (or having access to) the Foster Home, Florida Department of Children and Families designated staff may temporarily remove the child from the home and place him/her in emergency respite care. Although disruptive, this action is may be determined by DCF.

2. Standards dictate a report of the allegations be filed with both the State of Florida Child Abuse Registry and the Department of Children and Families immediately. New Foster Home Placements will be on-hold pending the outcome of any open abuse reports.

FOSTER PARENT GRIEVANCE PROCESS

Devereux has a Foster Parent Grievance Process. It is advantageous that the Foster Parent adhere to the outlined procedure to ensure his/her grievance is adequately resolved. The formalized steps for grievance resolution are as follows:

1. The Foster Parent should register any complaint by submitting to Devereux staff, a written complaint or written request for review. Devereux will review the grievance with the Program Manager and work with all parties to reach a satisfactory resolution.

2. If the Foster Parent is not satisfied with the decision, they may present the written grievance to the Administrator. The Administrator shall review all relevant information and confer with the Foster Parent before issuing a final decision in writing. The final decision shall be binding upon the Foster Parent, and a written record of the grievance and executive decision shall be maintained in administrative records.

REQUEST FOR REMOVAL OF CLIENT

Foster Parents are encouraged to maintain placement of foster children until the permanency discharge plan has been achieved. From requesting removal of a child from their home until the designated discharge date. However, if a situation should occur and the family cannot keep the child in their home, the Foster Parent will notify Devereux in writing and a 30 day notice meeting will be scheduled to review the circumstances. The Program must be provided 30 day notice of any move.
Important Phone Numbers

Baker Act Receiving Facility: ____________________________

Child Care: ____________________________

Hospital/Emergency Room: ____________________________

Devereux Office: ____________________________

Pediatrician: ____________________________

Caseworker: ____________________________

Dentist: ____________________________

Pharmacy: ____________________________

Caseworker: ____________________________

Therapist: ____________________________

School: ____________________________

Other: ____________________________

Other: ____________________________
RISKS OF PASSIVE SMOKING

What is passive smoking?

Passive smoking is the involuntary breathing of other people's tobacco smoke. Environmental tobacco smoke (ETS) or second-hand smoke is a complex mixture of more than 400 chemical compounds, including at least 60 known carcinogens (cancer-causing agents). Tobacco smoke also contains carbon monoxide, a gas that inhibits the blood's ability to carry oxygen to body tissues including vital organs such as the brain and heart.

About 43 percent of American children ages 2–11 are exposed to secondhand smoke at home. Studies have shown that children (especially infants) of parents who smoke have more lung illnesses, such as bronchitis and pneumonia, and can develop asthma, middle ear infection, cot death, and possibly cardiovascular and neurobiological impairment in children. And because smoking parents are more likely to cough and spread germs, their children are more likely to develop chest illnesses. Exposure to tobacco smoke also increases the risk of heart disease.

Summary of health impacts

Children are particularly susceptible to the effects of passive smoking. Their bronchial tubes are smaller and their immune systems are less developed, making them more likely to develop respiratory and ear infections when exposed to environmental tobacco smoke. Because they have smaller airways, children breathe faster than adults and consequently breathe in more harmful chemicals per pound of their weight than an adult would in the same amount of time.

Asthma is the most common chronic disease of childhood. There is now compelling evidence that passive smoking is a risk factor for the induction of new cases of asthma as well as for increasing the severity of disease among children with established asthma. Another major study has shown that passive smoking has a negative effect on the respiratory systems of children of all ages. Infants of mothers who smoke have almost five times the risk of dying from Sudden Infant Death Syndrome (cot death) compared to those whose mothers do not smoke. Parental smoking is also responsible for a 20%-40% increased risk of middle ear disease in children.

Other disorders have been found to be associated with passive smoking but require further research to confirm the findings. These include a study showing that children living with smokers are at an increased risk of childhood meningitis; the possibility of mental impairment among children exposed to even low levels of tobacco smoke; and a recent study linking fetal exposure to tobacco smoke to the development of autism. Other research has shown that children exposed to environmental tobacco smoke have lower levels of serum vitamin C than those in non-smoking households whilst another study found that passive smoking can reduce children's ability to detect a number of different odors.

Education about passive smoking

Parents who smoke should be aware that their children may become ill as a result of breathing in airborne tobacco smoke. Furthermore, children of smokers are more likely to take up the habit themselves because they copy the behavior of adults and will perceive smoking as the norm if they grow up in a household where adults smoke. Most adult smokers started when they were preteens or teenagers; smoking habits in youth seem to determine lifetime cigarette consumption. There's also evidence that those who begin smoking before they're 20 have the highest incidence and earliest onset of coronary heart disease and high blood pressure. Autopsy studies of smokers have raised questions about the effects of smoking in childhood and adolescence on the development of fatty buildups in arteries in adulthood. Cigarette smoking by children and teenagers in the United States is a major public health problem. If not controlled, later in life it will become a major risk factor for coronary heart disease, which leads to heart attack. Among young men and women — who are otherwise at very low risk of developing coronary heart disease — cigarette smoking may cause as many as 75 percent of the cases of coronary heart disease. The longer a person smokes, the higher the risk of coronary heart disease. More than 40,000 people die each year from coronary heart diseases caused by smoking.

Information taken from: “Passive Smoking: The impact on Children” (Action on Smoking & Health — www.ash.org.uk) and “Cigarette Smoking & Children” American Heart
Foster Parent Receipt of Information

I/we ____________________________(print name) have received a copy of the Foster Parent Handbook. I (we) understand that we are responsible for the information that is included in the handbook.

Foster Parent Signature______________________________ Date________________

Foster Parent Signature______________________________ Date________________