

# FOSTER PARENT HANDBOOK

**Division of Safety and Permanence**

**Out-of-Home Care Section**

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# WELCOME TO FOSTER PARENTING IN WISCONSIN

This handbook is intended to give basic information about foster care in Wisconsin to newly licensed foster parents and to serve as a refresher for experienced foster parents. In it, foster parents will find an overview of the foster care program, information about what is expected of foster parents, a discussion about the care of children in foster care, an explanation of the critical need to work cooperatively with birth families, and an emphasis on the importance of foster family self-care. This handbook also provides additional tools and resource lists if foster parents want to learn more about a specific topic.

It is important to understand that this handbook is **not** intended to replace Wisconsin foster parent licensing requirements included in state statutes, [Wis. Admin Code ch. DCF 56](#), "Foster Home Care for Children." Foster families should always consult the State of Wisconsin's licensing rules for specific information about licensing standards.

Also, it is important to know that each licensing agency has the authority to create policies that outline additional requirements beyond the State's minimum standards. In addition, tribes have the authority to establish tribe-specific standards for licensing foster homes. Because licensing agencies have this flexibility, foster care services might look a little different from agency to agency, tribe to tribe, or county to county. It is always a good idea for foster parents to first check with their licensing agency if they have a question about something.

# CHAPTER 1:

## Foster Care Overview

# CHAPTER 1: FOSTER CARE OVERVIEW

Chapter 1 of this handbook explains basic information about the foster care system in Wisconsin to help foster parents understand how children come into foster care, why they are there, and the rules that have been created to protect children in out-of-home care. It also explains permanency planning and describes the different people connected to the child welfare and court systems who may work with a child, his or her family, and the foster family. It is also important to note is that the term “foster parent” is used throughout this handbook and includes licensed relative/kinship and like-kin caregivers.

This chapter provides general information about foster care in Wisconsin. Since local agencies have some flexibility in operating their foster care programs, there may be differences from agency to agency or county to county. If foster parents have any questions about policies or procedures for their agency, county, or tribe, they should ask their licensor.

## THE PURPOSE OF FOSTER CARE

Foster care is home-like care provided by licensed foster parents for children who cannot live with their parents because they are unsafe, have special care or treatment needs that their parents are unable to manage, or other circumstances resulting in their parents or family being unable to care for them.

Children are placed in foster care for various reasons. Some examples include: a child who has been neglected, a child who has been abused, a child whose parent is incarcerated or hospitalized and has no one to care for them during their parents’ absence, a child who has committed a delinquent act, or a child who has significant medical or mental health needs.

Generally, placement in foster care is temporary and intended to give families time to make necessary changes so that the child can live safely in his or her home and community. Most children in foster care return home to their families, which is called reunification. When children cannot return home, they find permanence through adoption, guardianship, or other means.

## RULES THAT GOVERN FOSTER CARE

Sometimes foster parents might wonder why agencies make certain decisions. There may be times when foster parents may not understand why they have to do certain things. This section describes some of the regulations that agencies and foster parents are required to follow, and the meaning behind those regulations.

The Wisconsin Division of Safety and Permanence (DSP) within the state Department of Children and Families, creates statewide policies and requirements that local agencies have some flexibility applying. All agencies, at both the state and local levels, must follow requirements established in state and federal laws.

Child welfare agencies have many levels of requirements that must be followed. Appendix 1 includes descriptions of important federal and state regulations.

In addition to state and federal laws and policies, each licensing agency establishes its own policies to address its specific practice needs. If foster parents have questions about the agency’s policies, they should ask their licensor or the child’s child welfare professional.

It is also important to know that Indian tribes are sovereign nations, which means that they have the authority to create their own laws and regulations for certain programs or services. While some tribes use state licensing requirements with their foster homes, others have their own specific standards and policies. Foster parents licensed by or working with a tribe should seek more information from the specific tribal agency to learn about the tribe’s policies.

## HOW CHILDREN ENTER FOSTER CARE IN WISCONSIN

The Wisconsin child welfare system resembles a tree that splits into two main branches: the children in need of protective services branch and the youth justice branch. Families enter the child welfare system at the base of the trunk when the family seeks assistance, or someone reports a concern to an agency in either the Child Protective Services section or the Youth Justice section. Then the agency determines the types of services and interventions that will best address the child's and family's needs.

Each system has its own laws, guidelines, resources, and services that form the network of smaller limbs or paths that grow off of it. Because each family is different, the paths each family follows will be chosen based on their needs. Sometimes the paths will overlap or touch, such as when a family is being served by both the youth justice and child protection services branches. A family may be involved with both branches of the child welfare system, multiple service providers, and many community resources.

In both, there are often parenting factors that influence the child's behaviors and functioning at home and in the community. A parent's inability to provide adequate supervision, incarceration of a caregiver, mental health issues, alcohol or drug abuse issues, and other issues in the home, along with the challenging behaviors of the youth, are common factors that lead to a child being placed outside of his or her home.

As explained on the following pages, the reasons that a child may enter and exit foster care placement are different for each system.

### Child Protective Services

A subset of the group of children who are in need of protection or services is children who have been maltreated (abused or neglected). Most children enter the foster care system because the county child welfare agency has determined that they are not safe in their home. There are also times when children are placed in foster care on a voluntary basis or when their parent(s) signs a petition requesting court jurisdiction to assist in meeting the specific special needs of the child. This section describes the general process that takes place for an agency to determine if a child needs to be removed from his or her home because he or she is unsafe or due to allegations of abuse or neglect.

#### **Step 1: A report is made to the agency.**

The process of determining if a child is safe or unsafe in his or her home starts with a report to Child Protective Services (CPS) Access or law enforcement concerning a child who may have been maltreated. A report can be made by anyone who has a reason to believe that a child has been maltreated or who has information that a child has been threatened with abuse or neglect.

Some professionals are mandated reporters pursuant to [Wis. Stat. s. 48.981\(2\)](#). If they see a child in the course of their professional work who they believe has been abused or neglected, threatened with abuse or neglect, or that such abuse or neglect is likely, these individuals are required to make a report to a child welfare agency or local law enforcement. Mandated reporters include social workers, teachers, physicians, professional counselors, police and law enforcement personnel, nurses, court-appointed special advocates (CASAs), clergy (in certain situations), and many other professionals. Under state law, foster parents are not mandated reporters. Foster parents are, however, required to report in certain instances under the state foster care licensing rule. More information about the requirement for foster parents to report abuse or neglect is addressed in the Emergencies and Special Circumstances section in Chapter 2 of this handbook.

## Step 2: The agency makes a decision about the report.

The child welfare agency then makes a decision about whether the report will lead to an initial assessment to determine if a child is unsafe or has been maltreated. The functions of CPS Access are to:

1. Receive and document reports of alleged maltreatment,
2. Identify families to whom the CPS system must respond,
3. Determine the urgency of a response time, and
4. Initiate an assessment of child safety and family strengths.

This process of screening a report “in” or “out” is the process of determining which families will receive further intervention from child protective services. If the report is screened out, the agency has determined that the information reported does not meet criteria found in state standards or statutes to be accepted for further intervention by child protective services. If the report is screened in, the agency has decided that additional information needs to be gathered to make a formal determination of whether a child is safe and if maltreatment has occurred.

The “CPS Access and Initial Assessment Standards” require agencies to take specific steps to make a decision about whether to screen a report in or out. These Standards can be found online at:

<https://dcf.wisconsin.gov/files/cwportal/policy/pdf/access-ia-standards.pdf>.

## Step 3: The agency conducts an initial assessment.

When the agency screens in a report, an initial assessment is completed. This is a comprehensive assessment of individual and family conditions, functioning, and dynamics in order to:

1. Assess and analyze threats to child safety;
2. Take action, when necessary, to control threats to child safety (an in-home safety plan or an out-of-home placement);
3. Determine the need for CPS ongoing services (court ordered or voluntary);
4. Determine whether maltreatment occurred; and
5. Assist families in identifying community resources.

Within 60 days after receiving a report of alleged child maltreatment, the CPS agency makes a maltreatment determination based upon the comprehensive assessment of the family.

### Maltreatment Findings in the Initial Assessment

**Substantiated** is used when there is a preponderance of evidence that the child was maltreated. This means it is more likely or probable that maltreatment occurred than not.

- A maltreater has the opportunity to request an agency review a substantiation determination before it becomes a Final Determination, which could affect employment or licensure.

**Unsubstantiated** is used when there is not a preponderance of evidence to demonstrate that a child was maltreated or unsafe **or** the evidence indicates that the harm suffered does not meet the statutory definition of abuse or neglect.

**Unsubstantiated/Critical Sources of Information are Not Available** is used only when critical sources of information, such as observation of or interviews with the child and parent, necessary to complete the initial assessment cannot be obtained.

The “CPS Access and Initial Assessment Standard” also establishes specific requirements for agencies to follow when assessing reports of child maltreatment and in making a maltreatment or maltreater determination. The “CPS Safety Intervention Standards” outlines procedures and responsibilities for child protective service professionals in managing child safety. These Standards can be found at:

<https://dcf.wisconsin.gov/files/cwportal/policy/pdf/safety-intervention-standards.pdf>.



#### **Step 4: Services are provided to the family.**

When a child is unsafe, child protective service professionals first attempt to control threats to child safety by implementing a safety plan in the child's home.

When an in-home safety plan cannot assure a child's safety, CPS professionals develop an out-of-home safety plan and, through a court order, places the child in out-of-home care. Agency professionals will then provide services to the parents in an effort to return the child home with an in-home safety plan.

Some agencies provide services to families whose children are not removed but where some safety concerns may exist. Sometimes children are removed from their homes after an agency has begun providing services to their families or if the situation changes and the agency makes a determination that the child cannot remain safely in the home. Child welfare professionals continually assess child safety in that child's living situation, whether at home with his or her family or in out-of-home care.

A visual overview of the Child Protective services (CPS) Process can be found at <https://dcf.wisconsin.gov/files/cps/pdf/2022-cps-process.pdf>.

## **Youth Justice System**

The placement of a youth pursuant to [Wis. Stat. ch. 938](#), (the Juvenile Justice Code), is typically done to assure the safety of the community and to meet the needs of the child. Families in both the child welfare and youth justice systems share similarities and can be involved with both systems at the same time. Youth may be supervised by the youth justice system either for breaking the law when they are the age of 10 or older (delinquency) or under a juvenile in need of protection or services order (JIPS). JIPS orders are due to behaviors that a youth exhibited prior to turning age 18 (e.g., runaway, truancy, dropping out of school, uncontrollability, committing a delinquent act before age 10, or not responsible for a delinquent act due to mental disease or defect).

#### **Step 1: A report comes into the agency.**

The process for a youth becoming involved with the youth justice system generally starts with a report from the community of a law violation or from a parent or school about uncontrollable or truant behavior.

#### **Step 2: The agency conducts an intake to make a decision about the needs of the youth and the safety of the community.**

The agency evaluates the behavior of the youth and makes a decision about whether the community is safe or the child requires services.

#### **Step 3: The agency makes a decision about custody and placement of the youth.**

If the youth's behaviors are determined to cause a continued risk to the safety of the public or community, the youth may be placed under a temporary non-secure order at a shelter care facility or in a community placement. If a youth's behaviors are determined to cause a substantial risk of physical harm or a substantial risk of running away, the youth may be held in temporary secure custody in a detention center, county jail, or similar facility. Out-of-home care placements may also occur if a child is already under a delinquency order. This could occur if the child is not in compliance with the rules of supervision, commits another criminal act, runs away, the parents or guardians are unable to provide adequate care and supervision, or there is significant conflict in the home that requires assistance.

Foster care placement for youth in the youth justice system does not generally occur on an emergency basis, as most youth initially remain in their parents' homes. When placement is necessary, youth are often placed under temporary custody orders in a shelter care facility or a detention center. There are circumstances under which the youth justice system may contact foster parents to provide temporary placements, especially if the child is already living in a home. This may happen if a youth placed in a foster home commits a new law violation, but the offense does not necessitate a higher level of care. Placements may also be made into foster homes if the agency does not have shelter care resources in the community or the agency determines that placement in a foster home can assure the safety of the community.

**Step 4: Services are provided to the youth or family.**

When determined to be appropriate, the youth may be released back into the community to parents, relatives, responsible adults, themselves if they are 15 years or older, or placed in out-of-home care. Like the child protection branch, some youth are served in their own homes, while others initially receive placement and services in their homes and may end up needing placement after it is determined that the child's needs and community safety cannot be managed. Child welfare professionals will meet regularly with the youth and their caregivers to ensure that the safety of both the youth and the community are being adequately planned for whether the youth is living at home or in out-of-home care.

## **Child Welfare System Summary**

Some families may be involved with both of the CPS and youth justice branches described above at the same time. Sometimes a youth under a delinquency order may become or has been a victim of abuse or neglect, leading both branches to work together for a period of time. In some agencies, the same child welfare professional will handle both child protection and delinquency cases; in other agencies, there will be different professionals assigned. Children under court orders for child abuse or neglect may also commit delinquent acts or be a youth in need of protection or services. The actual reason that the youth is living in out-of-home care may be due to child protective reasons or involvement in delinquent activities. It is essential that the foster parent know the reasons that a child or youth is being placed in the foster home in order to effectively meet his or her needs and the needs of the community.

## PERMANENCE FOR CHILDREN

Three federal laws, the [Adoption Assistance and Child Welfare Act of 1980](#), the [Adoption and Safe Families Act of 1997](#), and the [Fostering Connections to Success and Increasing Adoptions Act of 2008](#), place a priority on the achievement of permanence and safety for children who are removed from their parents. Permanence means safe and nurturing legal relationships that can be expected to last for the child's lifetime. These laws were created because there were many children living in foster care without ever finding permanent connections or relationships, either with their families or others and their outcomes were poor.

When a child is placed outside of his or her home, the child welfare agency must work with the child's family to either improve the home environment so the child can return home safely or find another permanent living arrangement for the child. In most cases, the permanence goal for a child is to return to his or her family. Since this is not always possible, the agency must identify another permanence goal for the child, such as permanent placement with a fit and willing relative, guardianship, adoption, or another living situation.

The child's permanency plan identifies the permanence goal for the child and must be submitted to the court. It also identifies what activities or changes people involved with the case must do in order to achieve the permanence goal, the services that will be provided to the child and family, and when permanence is expected to be achieved. The permanency plan is reviewed every six months and updated as necessary. Permanency planning is the process that the child welfare professional, the family, the team, and the court go through to develop the permanency plan.

From a child's perspective, permanence means feeling connected to important people in his or her life, people the child feels are dependable, supportive, and able to meet his or her needs. It is critical for a child's future to consider many permanence options and to determine – with the child – what the most permanent living situation would look like and who would be a part of creating permanence for his or her lifetime.

### Concurrent Planning

**Concurrent planning** is a process in which the child welfare professional, in conjunction with the court, identifies two permanence goals and actively works on achieving both goals at the same time. Concurrent plans are identified so that, if the permanence goal is not possible, the child will quickly find another permanent living arrangement. For example, a child's permanence goal might be reunification with their birth parents as well as a concurrent goal of adoption, guardianship, or permanent placement with a fit and willing relative in case a return home cannot happen.

Concurrent planning can be difficult for foster parents. A foster parent may be required to partner with the family, to notify the family of appointments, and to help transport a child to family visits, while, at the same time, be asked to consider being the permanent placement for the child if the parents are not able to change the conditions necessary to have their child returned to them.

There may be a circumstance, for example, when all parties involved in the permanency planning process initially identify a permanence goal of termination of parental rights and adoption by the foster parents. Then, unexpectedly, a relative comes forward who requests placement of the child. The foster parent may then be asked to work with the relative, help the relative learn about the needs of the child, and eventually transition the child to the relative's home.

In other cases, the foster parents are prepared to care for a child as a long-term foster care placement. However, the child's concurrent goal is adoption and the agency and the court have decided it is time to move forward with the adoption goal. If the foster parents are unable to adopt the child, they must help prepare the child to be adopted by another family.

These can be very emotional and difficult situations resulting in foster parents feeling confused, upset, sad, and disappointed with the decisions that are made. It is important for the foster parent to talk with the child's child welfare professional whenever they have questions about the permanency planning process or a child's permanence goal. It is also helpful to talk about the challenges of concurrent planning with other foster and adoptive parents.

## PERMANENCE GOALS AND OPTIONS

Ideally, children in foster care achieve permanence through reunification, placement with relatives, guardianship, or adoption. This section provides more information about the possible permanence goals for a child and what they mean.

### Reunification

The most common permanence goal for children in foster care is reunification; that is, return to their families or the home from which they were removed when their families or previous caregivers can safely care for them. Most families develop the skills necessary to safely care for their children with the support of their child welfare professional, the foster parents, and other formal and informal resources.

When working toward the goal of reunification, early and regular contact between children in foster care and their parents, siblings, and extended family is essential. Agencies are required to develop a Family Interaction Plan that outlines how and when children will have contact with their families, including any siblings who are not placed in the same foster home.

It is critical for successful reunification that the adults in the child's life work together to achieve positive family interactions. This includes foster parents, the child's parents, attorneys, judges, child welfare professionals, and therapists.

Even if foster parents do not agree with a particular agency decision, they are required to follow the agency's plan for the child. If foster parents have serious concerns about the child's parents' ability to safely care for the child, they should make the agency aware of those concerns. Foster parents also have the right under state law to provide information to the court about the child, the child's progress, and any concerns they may have about the child.

**For more information about a foster parent's responsibility to cooperate with the licensing agency, see [Wis. Admin Code s. DCF 56.05\(1\)\(c\)1.c.](#), the foster home licensing requirements.**

### Placement with a Fit and Willing Relative

Another permanence option for a child is placement with a fit and willing relative. A fit and willing relative is a relative who has expressed a willingness to provide care for a child until the child is 18 years of age, has the capacity to provide for the child until the child's 18th birthday, has the willingness and capacity to protect the child from maltreatment, and has successfully completed a criminal background check. The definition of relative for this purpose is defined under [Wis. Stat. s. 48.02\(15\)](#). Agencies are required to make efforts to locate, engage, and consider relatives as placement options for children entering foster care.

Foster parents may be asked to work with relatives to achieve permanence for children or help children maintain connections to their parents, relatives and other individuals the child or family has an existing relationship with (like-kin).

## Adoption

When reunification of a child with his or her parents or relatives is not possible, a child's permanence goal may be adoption. The process for making a child available for adoption involves legally ending a parent's rights to their child, a termination of parental rights (TPR). This may be done voluntarily (filed or agreed upon by the parent) or involuntarily (filed by the agency). Termination of rights occurs only by an order of the court. This process needs to meet very specific legal requirements and be in the best interest of the child.

In situations where reunification efforts do not seem likely, county agencies will explore the concurrent goals with the family. Agencies may hold staff meetings and reviews of families' cases and help the family and agency determine what permanency options may be best for a particular child. Agency staff at DCF in the out-of-home care section can help evaluate a child's needs and, when necessary, make a referral to a private adoption agency contracted with the State of Wisconsin, who can also help recruit or identify adoptive families.

When a TPR occurs, custody and guardianship of the child is transferred to the State Public Adoption Program. The Public Adoption Program contracts with private agencies to conduct adoption home studies and provide services and support for children in the state's guardianship and custody. It is important for foster parents to know that the county agency will no longer be responsible for payment or services for the child and that all services and custody decisions will be made by the Public Adoption Program and contract agency staff.

In general, if a foster family expresses a desire to adopt a foster child, especially a child already placed in their home, that foster family will be considered for adoptive placement. However, the decision about who the adoptive family will be is ultimately recommended by the Public Adoption Program professionals and approved by the court. If the foster family is going through the adoption process, they may not be able to accept new foster care placements until the adoption is finalized. Although there is no specific prohibition against new children being placed with potential adoptive foster parents, the foster parents, licensing agency, Public Adoption Program professional should work together to determine whether new placements would be difficult for the child or foster family during this transition to permanence.

If a foster family wishes to adopt a foster child who is available for adoption, the contracted adoption agency professional will complete an assessment of the family to determine if they are able to provide lifetime connections and support for children and are the best match for that specific child. Some factors that will be considered in the selection of the adoptive home include: the child's relationship with the foster family, the family's ability to meet the child's current and future needs, the child's need to be placed with relatives or siblings, and the child's need to be close to the area where biological relatives reside. This assessment and approval for adoption is in addition to the study that the county or private agency completed when the initial foster home license was issued.

**For more information about the Public Adoption Process, go to the Wisconsin Department of Children and Families web site's Adoption Section at <https://dcf.wisconsin.gov/adoption> or contact the Wisconsin Family Connection Center at <https://wifamilyconnectionscenter.org>.**

**Note:** The adoption procedures described above relate to children who are not American Indian. For information about the permanence options for American Indian children, please refer to the Indian Child Welfare Act description in Appendix 1 in Section 6 of this Handbook.

## Guardianship

Guardianships and subsidized guardianships offer a permanent living arrangement in cases where reunification or adoption may not be appropriate or desired. Guardianship provides a caregiver with more authority than a foster parent (physical custodian) or legal custodian to make day-to-day and major decisions about and for the child but does not necessarily require permanently terminating a parent's rights to his or her child. In some cases, a guardianship may occur both before and after a termination of parental rights.

Some families may choose guardianship over adoption to avoid permanently changing established family roles—for example, to prevent a grandmother from legally becoming a child's mother. Some children may not want to permanently terminate their legal relationships with their parents. If parents are disabled or ill and have difficulty caring for their children, guardianship may be preferred over termination of parental rights (TPR) since a TPR legally and permanently ends a parent's rights to his or her child. There may also be cultural considerations that make termination of parental rights a less preferred permanence goal. Relative guardianships can also keep children connected to their family and cultural roots.

## Other Planned Permanent Living Arrangement (OPPLA)

There is one additional alternative permanence option listed in Wisconsin statutes that agencies can choose for children in foster care who are age 16 or older. This option, used much less frequently than those explained above, includes Other Planned Permanent Living Arrangement (OPPLA). While this is an acceptable permanence goal for youth that are 16 years of age or older, it lacks the life-long connectedness aspects of the options discussed previously and does not provide legal permanence for a child. Other Planned Permanent Living Arrangement allows the child to stay in foster care until he or she turns 18 or completes high school (as long as it is before the child's 19<sup>th</sup> birthday). State law requires continued efforts be made to achieve one of the legal permanent options, unless a court determines those efforts no longer need to be made.

## Reaching the Age of Majority, or Aging Out

If children are unable to obtain permanence while in foster care, they reach the Age of Majority, also called aging out. Most children reach the Age of Majority at age 18. However, a child may remain in foster care until age 19 if they are enrolled in high school or a vocational or technical equivalent and are expected to graduate. Additionally, some children may be eligible for the Extension of Out-of-Home Care, which allows a child to remain foster care until their 21st birthday, if they are enrolled in high school or a vocational or technical equivalent full-time and are under an Individualized Education Program or IEP.

## ROLES OF PEOPLE INVOLVED WITH CHILDREN IN FOSTER CARE

This section explains the basic roles of the different people and agencies who may work with a child and family when they are involved with the child welfare system. When a child is placed in foster care, the agencies and individuals involved typically include the child welfare agency, the child's parents, the child's tribe (if he or she is an American Indian child), agencies providing services, the courts, and the child's foster parents. There may be other people involved with the child and family as well, including relatives, therapists, various private agencies, and Guardians ad Litem. All of these people and agencies have important roles in the child's life; only through cooperative efforts by all parties can the safety, well-being, and permanence of the child be met.

Some of the roles are shared by all people involved with the child, but there are also responsibilities that are unique to each person or agency. Ultimately, all people working with the child should be focused on the child's safety, permanence, and well-being. Foster parents provide a nurturing environment; the child welfare agency provides services necessary to the child, the child's parents, and foster parents; and the parents participate in services outlined in the permanency plan and provide support for the child.

### Role of Foster Parents

Foster parents play a critical role for children, families, and agencies. Although the foster parent's primary task is to temporarily care for a child until the child's permanence goal is achieved, the foster parent's role is unique and involves much more.

Foster parents are expected to comply with agency requirements, meet foster home licensing standards, and communicate any important information about the child to the child welfare professional and the court. Foster parenting also means working in partnership with the family, the agency, and, as applicable, the child's tribe to support the child during placement. Foster parents are responsible for assuring that the child's basic needs are met and for including the family in as much of the child's life as possible. As the child's family's case progresses, foster parenting also means preparing the child for return to his or her parents or attaining another permanence goal.

Foster parents have the opportunity to contribute valuable information about the child to the child welfare professional and the court; participate in meetings about the child, including court hearings; and communicate with the parents. Since they are living with and caring for the child on a full-time basis, foster parents are often the main source of information about how a child is adjusting to separation from home, interacting with other children, and performing in school.

Foster parents may be asked by the court or by an administrative review panel to share information prior to or during court proceedings or permanency plan reviews. Foster parents, in order to provide information effectively, must be prepared. Below are some suggestions for communicating with the court.

#### Tips for Providing Written Information to the Court

- Report only the facts or information you have directly observed.
- Avoid opinions.
- Balance information with both positive and negatives—there is always something that has improved, even if only a small amount.
- Ask the child welfare professional for help, if needed.
- Remember that what you are writing will become part of the child's **permanent record and part of the court record** and all parties to the case, including both the child and his or her family, will have access to the information.

## Tips for Providing Verbal Information to the Court

- Expect to be nervous.
- Bring records or documentation with you to refer to, if necessary.
- If an attorney or the judge asks you a question, answer only that specific question.
- Don't guess - it is OK to say that you don't know or do not remember.
- If you do not understand a question, ask the judge to have it repeated or explained.
- Be descriptive and factual when testifying to help the judge get a clear understanding of what is happening with the case.
- Report only what you have observed.

**NOTE:** It is important to know that foster parents have the right to receive notice of court proceedings related to the child in their care. Foster parents also have the right to be heard by the court. Foster parents can make a statement in court or can submit written information to the court about the foster child in their care.

Foster parents are not considered a “party” to the child and family’s case. Being a “party” to a case means that a person has a specific legal standing as his or her own rights are directly impacted by the outcome of the court proceeding. Another way to think of a party is as either the person who is the subject of the legal proceedings or the agency or individual requesting or pursuing legal action.

Refer to [Wis. Admin. Code s. 56.05\(1\)\(c\)](#), for more information about licensing requirements that outline the roles of foster parents.

## Role of Parents and Family

Parents have the responsibility to meet the goals established in the permanency plan and court-ordered conditions, and to demonstrate they can safely and adequately care for their child.

Many parents work with the child welfare agency and tribe (if applicable) during the process of the child’s removal from their home so they can get their children back home with them. While they are working to change whatever situation led to the child being removed or voluntarily placed outside of their home, parents are encouraged to maintain regular contact with the agency child welfare professional and Indian Child Welfare professional (if applicable) and meet the requirements of the court order and permanency plan.

Parents also continue to have the right to make major decisions regarding their child’s care, such as decisions about the doctors the child will see, services the child will receive at school, and what religion, if any, the child will practice. Parental interaction with their child in foster care is essential in helping to relieve the child’s fears, anger, and guilt about separation. If foster parents have questions about what decisions they can make and what decisions parents have the right to make, they should ask their licensor or the child’s child welfare professional.

## Role of the Child’s Child Welfare Professional

The child welfare professional has the responsibility for gathering information, making decisions concerning the child and family, working with the family, connecting the family with services, coordinating the activities of any service or treatment team, and presenting information to the court about the child and family. The child welfare professional has the duty to plan for the child during the child’s foster care placement and for the duration of agency involvement with the family. The agency child welfare professional functions as a facilitator in meeting the needs of the child and family.



The agency has specific responsibilities to the parents of the child in placement. Because a foster parent's role is to care for the child, foster parents are often an active participant in helping the agency meet these responsibilities. The box below includes the key responsibilities of a child welfare professional.

### **Key Responsibilities of Child Welfare Professionals**

- Preserving and strengthening the parent-child relationship during the time a child is in foster care consistent with the child's permanence goal or goals.
- Helping the parents develop the skills to safely and appropriately fulfill their parental role both during the time the child is in foster care and when the child is returned to them.
- Connecting the child and family with necessary services to meet the permanency plan goals.
- Meeting statutory and court requirements for permanency planning.
- Finding a permanent and safe living arrangement for the child.
- Working with a child's tribe as outlined by the federal Indian Child Welfare Act.

## **Role of the Tribal Child Welfare Professional**

The Indian Child Welfare Act gives each tribe discretion regarding when and how they will be involved in child custody proceedings and placement of children who are members of their tribe or who are eligible for membership in the tribe. The role of the tribal child welfare professional is the same as any child welfare professional and, in addition, is to ensure that the child is receiving services that are reflective of the customs, beliefs, and traditions of the tribe, and that the child remains connected to the tribe.

It is important to understand the critical role that a tribe plays in the lives of its members, especially their children, and the importance of the children to the future of the tribe. Some tribes may license, certify, or approve their own foster families or work with a foster family licensed by the county or private agency. Most tribal child welfare professionals work directly with county or private agency child welfare professionals to provide the best services available to the child, through either county, state, or tribal services. In some instances, when a county agency and tribal agency agree to placement of an Indian child in a county foster home, a tribe might be the sole provider of services to the child and will be more involved with the foster family, visiting on a regular basis while the child is in the foster home. The role of a county or tribal child welfare professional may differ depending on what role the tribe has decided to take with that case.

If foster parents have questions about services to an Indian child or involvement of the child's tribe, they should ask the tribal child welfare professional or the child's county child welfare professional. For information about tribes in Wisconsin and the Indian Child Welfare Act, refer to Appendix 1 in Section 6 of this Handbook.

## **Role of the Foster Care Coordinator or Foster Home Licenser**

Foster care licensers have the primary responsibility of working most directly with the foster homes licensed by their agency. The box below contains some of the key responsibilities and roles foster care coordinators may have.

## Typical Foster Care Licensor Roles

- Recruiting new foster parents.
- Licensing foster homes.
- Matching children who need placement with an appropriate foster family or other program.
- Training foster parents and agency child welfare professionals.
- Supporting foster parents and agency child welfare professionals.

It is the responsibility of the foster care licensor to ensure that foster families comply with the rules and policies that govern the foster care program. Licensors work with foster families to address concerns or possible violations of the licensing code and agency policies. They also manage complaints or concerns brought to the agency's attention by children in foster care, a child's family, or other individuals regarding the care children are receiving while in a particular foster home.

Foster care licensor's responsibilities may also include coordinating a system of handling emergency placements, utilizing receiving homes, or maintaining a list of foster parents who would take a child immediately and at all hours. Some licensors develop a respite care system for foster families and children's families. In addition, some coordinators develop treatment and independent living plans to meet the unique needs of children in foster care. Finally, foster care licensors work with other out-of-home care providers, including treatment foster care, group care, and residential care, to locate placements for children who cannot be placed safely or appropriately in family foster care.

The role of the foster care licensor can be different for each agency. Some licensors have the primary responsibility of managing their agency's foster care program, others may manage the program as part of their job, while other agencies may contract foster care services out to private agencies. In general, foster care licensors are the professionals in an agency who work most directly with the foster parents to make sure they are following the requirements of their licensure and providing safe environments for children in their homes.

## Role of Court Professionals

This section provides an overview of the different professionals foster parents may interact with when they attend court hearings or work with staff of the legal system.

### Judge

The judge presides over the court and makes decisions regarding the child's case according to the facts of the case and the law (statutes). In some counties, and for certain court activities, a circuit court commissioner may take the place of the judge.

### Circuit Court Commissioner

A circuit court commissioner is a court official appointed by the judge to preside over certain court processes and to make decisions in certain cases according to the facts of the case and the law (statutes).

### Guardian ad litem

A child's guardian ad litem (GAL) is an attorney appointed by the court to represent the best interests of a child under 12 years old who is involved in a court proceeding. The guardian ad litem makes independent recommendations to the court and is required to be an advocate for the best interest of the child.

### Adversary Counsel

An adversary counsel is an attorney, either appointed by the court or privately hired, for a child 12 years of age or older to represent the wishes of the child related to the court proceedings. This is often a State Public Defender.

## **Corporation Counsel**

The corporation counsel is an attorney employed by the county who may represent the county in certain cases involving children. In some counties, the district attorney's office may handle child abuse or neglect and termination of parental rights proceedings rather than the corporation counsel.

## **District Attorney**

The district attorney is an attorney employed by the state, but elected by county residents, who represents the public's interest in certain cases involving children, including delinquency cases. In some counties, the district attorney's office may handle child abuse or neglect and termination of parental rights proceedings rather than the corporation counsel.

## **Parents' Attorney**

A child's parents may have an attorney appointed by the court or hired privately to represent their legal interests.

## **Court-Appointed Special Advocate**

Court-appointed special advocates (CASA) are trained volunteer community members appointed by a judge to advocate, on a one-to-one basis, for a child in foster care.

## **Role of Mental Health and Support Workers**

Each agency will work with mental health or supportive professionals in different ways. Here are some of the professionals who may also work with the family or child.

### **Psychiatrist**

A psychiatrist is a medical doctor with specialty training in addressing mental health concerns. Psychiatrists typically meet with children in foster care and significant caregivers when a specific assessment is required regarding a mental health diagnosis of a child and to determine if the child needs medication to manage his or her behaviors. If medication is needed, a psychiatrist will prescribe the appropriate medications and ask to see children for follow-up appointments to monitor the child's response to medications. These appointments are typically brief and intended to discuss how the medications are affecting behavior or possible side effects.

### **Psychotherapist or Counselor**

A psychotherapist is a professional who has a Master's or Doctoral degree in social work, psychology, professional counseling, or marriage and family therapy. Psychotherapists work with the foster child, siblings, and significant caregivers (both the child's parents and foster parents) to address emotional, behavioral, and other presenting mental health needs the child may have. Psychotherapy appointments are typically just under an hour long and may involve the foster child and significant caregivers. Sometimes, however, the appointment may include time for the child or caregivers to talk with the psychotherapist alone.

### **Parent Aide or Home Consultant**

A parent aide (also called home consultants) is typically assigned to work with the child's parents on the issues or conditions that led to the removal of their children. Parent aides might be involved during times of family interaction to help guide the parent around parenting choices and decisions.

### **Mentor**

The role of a mentor is to provide the child with opportunities to explore recreational or other positive social outlets that the child can build on as he or she grows and to develop a positive adult relationship with the child.

## KEY CONCEPTS: CHAPTER 1

- Placement in foster care is intended to be temporary while families are provided with time and supportive services to make necessary changes so a child can safely return to his or her home.
- Out-of-home placement typically occurs for one of two reasons: a child is in need of protection or services or a youth is involved in delinquent behaviors. A child may also be placed in foster care voluntarily due to his or her specific care or treatment needs.
- Permanency planning is the process that the child welfare professional and other people involved with the family go through to ensure that children are in safe and nurturing permanent relationships that can be expected to last a lifetime.
- Concurrent planning involves establishing and working towards two permanence goals at the same time; this is one of the most effective strategies for ensuring children in foster care achieve timely permanence.
- Most children in foster care achieve permanence in one of the following ways: reunification, placement with a fit and willing relative, guardianship, or adoption.
- The best long-term plan for children is to return to their families, when their families can safely and adequately care for them.
- While each person working with a child and family has a unique role, everyone should be focused on the child's safety, permanence, and well-being.
- Foster care coordinators are the professionals who work most closely with the foster parents to make sure they are meeting all of the requirements of their foster home license.
- Each Indian tribe is a sovereign nation, and, therefore, may establish its own unique foster home licensing policies.

# CHAPTER 2:

## Expectations of Foster Parents

## CHAPTER 2: EXPECTATIONS OF FOSTER PARENTS

This chapter is designed to give an overview of what is generally expected of foster parents and of situations that they may encounter. Information discussed in this chapter does not replace the expectations set forth in licensing standards or policies established by the licensing agency. In some instances, the licensing agency may have very specific policies related to topics discussed in this chapter. Foster parents should always consult with their foster home licensor or a child's child welfare professional if they have a question or if something seems unclear.

As you read through this section, remember that we value foster parent's willingness to take on the challenge of fostering, their contribution to the success of children and their families, and their impact on our communities.

### COMMUNICATION

Open and ongoing communication among foster parents, child welfare professionals, parents, and other professionals is key to achieving positive outcomes for families and children. That doesn't mean that everyone will always agree; however, in order for all of us to be successful, everyone needs to understand what is going on and, within the bounds of confidentiality, why things are happening the way they are.

#### Information to be Communicated to Foster Parents

In order to be able to meet a child's needs, a foster parent must know the child's history, why the child was removed from his or her parent's care, who the medical providers are, if the child has any allergies, and other critical information. Child welfare professionals are required by state statute and administrative rule to give foster parents as much information as they know about a foster child on the "Information for Out-of-Home Care Providers" forms (Parts A and B). The box below explains some of the information that will be provided on these forms.

It is important to know, however, that child welfare professionals will not have all of the information about a child. In fact, as the daily caregiver for a child, foster parents may learn information about the child before the child welfare professional. In these situations, foster parents can and should use the "Information for Out-of-Home Care Providers" form, particularly Part B, to record ongoing information learned about the child. These forms will also provide considerations for making reasonable and prudent parenting decisions, which will be discussed later in this chapter. The forms can be obtained from the foster home licensor or on the Department of Children and Families website at:

Information for Out-of-Home Care Providers, Part A (CFS-872A):

<https://dcf.wisconsin.gov/files/forms/doc/0872a.docx>

Information for Out-of-Home Care Providers, Part B (CFS-872B):

<https://dcf.wisconsin.gov/files/forms/doc/0872b.docx>

#### **General Information Foster Parents Can Expect to Receive**

- The child's background.
- The probable length of stay in the foster home.
- The plan for the child's future.
- Child specific considerations for reasonable and prudent parenting decisions.
- Expectations of you as a foster parent.

There is also a form called “*All About Me*” included in this handbook as Appendix 5. This form was created by the Casey Foundation with input from youth who were formerly in foster care. It is a tool foster parents can use with children placed in their homes to find out more information about who they are, what they like, and information about their family.

## Things Foster Parents Need to Communicate to the Agency

Since foster parents are with the child every day, they have important information that the child welfare professional and family will probably want or need to know. There is also information that the licensing agency needs to keep updated about any changes in the foster home.

The box on the next page contains a list of possible items or updates that foster parents may be required to provide and people who are working with the foster parents and the child may want to know.

### Information the Child’s Child Welfare Professional Wants to Know

- The child’s progress in addressing treatment needs or goals.
- Observations of the child’s daily functioning, interactions with his or her family (including siblings) and friends, and any other important or relevant information.
- Positive information about the child, such as report card grades or a child’s achievement in sports or school activities.
- Activities the child is involved in or would like to be involved in (*explained later in this chapter*).
- Health information, including medical and dental care received while placed in your home.

### Information Licensors and Foster Care Coordinators Want to Know

- Any changes in your family, such as a person moving into or leaving the home.
- Any change in residence from the location for which you are licensed.
- Changes in your marital status.
- The child’s or your family’s potential community resource needs.
- Respite care needs.
- Errors in foster care payments.
- Plans to take the child on a trip or vacation out-of-town.
- Major physical damage to the foster home.
- Changes in your work schedule.
- Criminal activity by any resident in the foster home, including arrests or charges.
- Emergencies or special circumstances (*explained later in this chapter*).

## Staying in Touch

Because of busy work schedules, it may be easier to reach the child’s child welfare professional at certain times more than others. This can be an area of stress between child welfare professionals and foster parents. Below are some suggestions for how to communicate with child welfare professionals.

### Tips for Communicating with Child Welfare Professionals

- Ask about when the best time to make contact is, where, and how (e-mail, phone, text message).
- Write down questions or issues as they occur and have them ready to discuss when you connect with the child welfare professional.
- Write the questions, information, or issues in the child’s foster home record that you keep in your home.

If foster parents have questions about the child or what is going on with the child’s case plan or permanence goals, the best thing to do is ask. The child’s child welfare professional may not be able to answer all of the questions, but he or she may be able to provide enough information to give the foster parent a better understanding of what is happening.

**Remember:** All communication regarding the child and the child’s family must be kept CONFIDENTIAL. \*\*

## CONFIDENTIALITY

Almost everyone has information they share within their families that they would not want other people to know about. When children and families become part of the child welfare system, an overwhelming amount of their private family information becomes known to people outside their family. There are laws that protect a family’s private information so that it may be shared only with those who need to know the information and have authorization to have access to it. This is the essence of what confidentiality means – keeping information private.

Foster parents must respect the confidentiality of children in foster care and their families. Confidential information about a child placed in the foster home or that child’s family CANNOT be discussed with friends, neighbors, relatives, professionals, on social media, or with others who are not specifically authorized to receive the information. Anyone receiving or sharing information must do so according to a signed consent to release information.

Confidential information includes sensitive information and documents provided by the court, tribe, child welfare agency, the child, the child’s family, and the foster parents. It may be about the family’s background, the child’s and family’s medical history or diagnoses, services being provided to the child or family, and many other things. Some reasons why it is important to keep information confidential are listed in the box below.

### Reasons to Respect Confidentiality

- Federal law, state law, and foster home licensing standards require that foster parents and others keep information about children and their families confidential.
- Respecting confidentiality helps build relationships with the child and the child’s family.
- Keeping the child and family’s information confidential shows respect for the family and their history.

Agencies must have written consent from the legal guardian in order to allow foster parents to release information about or related to the child. Typically, the child’s legal guardian is the child’s parent, but, in some cases, it may be a different person. The child’s child welfare professional is generally the person responsible for obtaining and maintaining current consents or authorizations.



When asked about the child’s background, foster parents should reply that they cannot discuss it with others. Foster parents may also choose to introduce the child to other people by first name only. It is important to remind all of the foster family’s members that they cannot talk about confidential information about children in foster care or their families.

The box below includes some key points to remember about sharing information about the foster child.

### **Key Points Regarding Confidentiality**

- Foster parents can allow foster children to be photographed or interviewed by newspaper, radio, or television reporters. However, the foster parent should be sure confidential information about the child is not discussed.
- Foster parents cannot talk to any media person about the child placed in their home. If someone wants information about the child and is not sure of their authority to have that information, do not provide any information. Instead, direct the person to the child’s child welfare professional.
- The Reasonable and Prudent Parent Standard does not supersede confidentiality requirements.

**Since federal law, state law, and foster home licensing standards require that foster parents and other people in the home keep information about the child and the child’s family confidential, the illegal sharing of a child’s confidential information by a foster parent could result in revocation of a foster home license and other penalties.**

For more information about confidentiality requirements in foster home licensing standards, see [Wis. Admin. Code s. DCF 56.09\(12\)](#).

## **MAINTAINING AND KEEPING RECORDS**

Foster care licensing rules require that foster parents keep a record for each child placed in the foster home. Keeping a record ensures that child welfare professionals and the child’s parents have easy access to important information about how the child is doing, and it provides quick access to critical information in case of an emergency. Clear and accurate records also help keep the child welfare professional and family up to date about the child, clarify misunderstandings or miscommunications, and keep track of appointments or services such as counseling, evaluations, and family interaction plans. By documenting these events, foster parents create a history of how they have handled various situations, and which techniques or interventions worked well or did not. This information can also be helpful in determining supplemental and exceptional reimbursement rates.

The box below contains information that a foster parent should include in a record about foster children placed in their home. This information can be documented in a separate record or, when appropriate, on the “Information for Out-of-Home Care Providers” forms mentioned earlier in this Handbook.

### **Information to Include in a Foster Parent’s Record for a Child**

- The child’s name, nickname(s), or other name he or she is called.
- The date the child came to and left the foster home.

- The child’s birth date.
- Emergency contact information for significant people in the child’s life, including the child’s doctor, dentist, and child welfare professional.
- Medical information, particularly about allergies, recent medical treatment, or serious medical conditions.
- The school the child attends and his or her grades.

### **Other Documentation**

- School reports and pictures.
- Appointments or meetings.
- Activities the child is involved in.
- Progress notes or weekly summaries.

Much of this information will be provided to foster parents when a child is placed. If a child is placed on an emergency basis or with little preparation, the agency may only have and provide a foster parent limited information about the child. This basic information is designed to help foster parents provide appropriate care for the child and will be included on the “Information for Out-of-Home Care Providers” form Part A ([DCF-F-CFS872A](#)), which is given at the time a child is placed.

Agencies are also required to provide more in-depth information about a child on the “Information for Out-of-Home Care Providers” form Part B ([DCF-F-CFS872B](#)). This part of the form is much longer and contains a list of questions about the people who can visit the child, the child’s siblings, the child’s behaviors, any health conditions the child has, and much more information to help a foster parent get to know and care for the child. The agency is required to provide information about a child to the foster parent as soon as the information is known. If the agency does not have information at the time the child is placed, the agency must provide that additional information to the foster parent within 7 working days after the agency receives it, or, if the information is of critical importance to the care of the child, the agency must provide the information to the foster parent within 3 working days after it is received by the agency.

As noted previously, a foster parent may be the first person to gain information about a child, such as medical information learned from a child’s doctor. The form should be filled in as information is learned, whether by the child welfare professional or the foster parent.

Foster parents may receive a copy of the child’s plan, permanency plan, or other reports, such as the child’s Child and Adolescent Needs and Strengths assessment (which is discussed later in this chapter). All records on the child need to be kept together in the same secure place, along with notes about the child’s progress, as well as any other important information on the child. “Secure place” means a file cabinet, drawer, or other location that can be locked or is otherwise not accessible to the child or anyone else in the home that is not authorized to have that information.

During the time the child is in the foster home, foster parents should record factual and specific information and descriptions about the child and activities the child is involved in. Try to keep from including opinions or judgments about things that may have happened.

When the child leaves the foster home, foster parents must give the complete record to the child welfare professional supervising the child’s placement. Agency staff may also request the child’s record for inspection or review at any time.

For more information about case record documentation requirements in foster home licensing standards, see [Wis. Admin. Code s. 56.09\(11\)](#).

# REASONABLE AND PRUDENT PARENT STANDARD

## Purpose of the Standard

The Reasonable and Prudent Parent Standard (RPPS) is intended to increase normalcy for children placed in foster care. Normalcy is the ability to easily have opportunities for normal growth and development that promotes a child's well-being. Every child has a right to normalcy, which should not be prevented by a child's placement in foster care.

All foster parents must apply the RPPS when they make decisions about children placed in their home to allow them to participate in age and developmentally appropriate activities. This standard is not used for children who are with a foster parent for respite.

Foster parents will use this standard on a *child specific* basis to allow children placed in their home to participate in activities that encourage normalcy and emotional and developmental growth. Reasonable and prudent parenting decisions must maintain the health, safety, best interest, and cultural, religious, and tribal values of the child.

### **Purpose of the Reasonable and Prudent Parent Standard**

- Create and promote normalcy by allowing children to participate in normal activities without barriers.
- Build relationships between the child and their peers by encouraging social interaction.
- Improve relationships between the child and the foster parents by promoting trust.
- Enhance relationships between the child and their siblings and other household members.
- Promote personal growth and improve well-being.
- Allow children to build and develop life skills.
- Allow children to explore and try different interests and activities.
- Encourage children to be involved in their own planning.

## Required Training

Foster parents must be trained in the use of the RPPS in order to make decisions for a child placed in their home. Foster parents should consult with their licensor about the RPPS training and requirements. The RPPS training will provide further explanation of how to apply the RPPS and provide examples of situations foster parents may encounter. You will learn more about RPPS in Pre-Placement training and Foster Parent Training.

## Making Reasonable and Prudent Parenting Decisions

When a child is placed, the child's child welfare professional will give child specific information to the foster parent(s) to consider when making decisions for the child. The child welfare professional will give this information to the foster parent(s) after talking with the child and the child's parent(s)/guardian(s), when it is possible and appropriate.

### **How Foster Parents Should Expect to Receive Child Specific Information to Consider for Reasonable and Prudent Parent Standard Decisions:**

- Information for Out-of-Home Care Providers Part A and Part B
- Child and Adolescent Needs and Strengths (CANS) Tool
- Updates throughout the life of the case, including updated permanency plans.

If a foster parent does not have enough information about the child in order to make a reasonable and prudent parenting decision, they should contact the child's child welfare professional or their licensor for additional information about the child. The child welfare professional and/or licensor can help the foster parent understand how to apply the RPPS but cannot make the decision for the foster parent. Agencies cannot require a foster parent to obtain prior consent for RPPS decisions. If an agency requires a foster parent to get approval to make these decisions, the Department or the court should be informed.

The fear of liability should not prevent normalcy for a child. Foster parents are not liable for harm caused to the child, others, or property, as long as the decision was reasonable and prudent.

Foster parents are encouraged, but not required, to consult with the child's parent(s)/guardian(s) when possible and appropriate to make reasonable and prudent parenting decisions. The child's parent(s)/guardian(s) may have valuable insight about the child that may help foster parents make decisions and allows them to remain an active part of the child's life, when appropriate.

## Factors to Consider When Making Decisions

### **Factors to Consider When Making Reasonable and Prudent Parenting Decisions**

- The age, maturity, and developmental level of the child.
- The potential risk factors of the situation.
- If the activity is in best interests of the child.
- If the activity provides an opportunity for growth.
- If the activity promotes a family-like living experience for the child.
- The child's behavioral history.
- Any court orders or legal considerations that prevent the use of the RPPS.
- The cultural, religious, and tribal values of the child and the child's family.

In order to allow a child to participate in an activity, the foster parent must make sure the child has taken any required training for participation in that activity, and any safety equipment is provided to the child.

Reasonable and Prudent Parent Standard decisions cannot conflict with court orders, other laws, or other services that are part of the child’s treatment plan. If a foster parent is uncertain if a decision conflicts with any of the below, they should contact the child’s child welfare professional or their licensor for more information.

### **Considerations that Prevent the Use of the Reasonable and Prudent Parent Standard**

- Court-ordered visitation.
- Medical approvals/other medical laws.
- Medication authorizations or approvals.
- Disciplinary policies.
- Confidentiality policies.
- Educational-related decisions.

## **Disagreements: How They Are Typically Handled**

The use of the RPPS may lead to disagreements about the foster parent’s use of the standard. In situations where there is a disagreement about how a foster parent has applied the RPPS, the agency that has placement and care responsibility of the child is ultimately responsible for the decisions about the care of the child.

## **PAYMENTS AND REIMBURSEMENT**

### **Uniform Foster Care Rate**

The Uniform Foster Care Rate provides foster parents with non-taxable payments that are intended to reimburse them for the cost of caring for a child placed in their home.

There are four parts of the Uniform Foster Care Rate which include:

The **Basic Maintenance Rate** is a set amount of reimbursement that is based upon the age of the foster child and should be used to reimburse foster parents for the basic expenses of caring for a foster child (including food, clothing, shelter, and personal care).

The **Supplemental Rate** is an additional monthly payment that is based upon the needs of the child in the foster home that exceed normal child development and expectations. The Supplemental Rate is determined on a case-by-case basis by completing an assessment, called the Child and Adolescent Needs and Strengths tool (usually just called the CANS) for each child. The CANS looks at the strengths of a child and their family, as well as the needs for the child in a lot of different areas of their lives, such as school, development, behavior, and trauma. The CANS is completed by a child’s team on a regular basis. Foster parents should talk with their licensor or the child’s child welfare professional to get more information about the CANS.

The **Exceptional Rate** is an additional monthly payment to support the care of a child whose level of needs may be so significant that the reimbursements described above will not provide enough resources for foster parents to adequately care for the child. Foster parents who receive an Exceptional Rate payment are individuals providing care for children who are at risk of placement in higher level out-of-home care settings.

Foster parents may also receive an **Initial Clothing Allowance** when a child enters foster care to help pay for clothing needs a child may have. The Initial Clothing Allowance is a one-time reimbursement and is a set amount based upon the child’s age.

Only foster parents certified as a level 2 or higher are eligible for supplemental and exceptional payments.

A representative from the agency, either the child's child welfare professional or a foster home licenser, will meet with the foster parents to discuss the needs of the child and recommend whether or not the foster child qualifies for a Supplemental or Exceptional Rate and the amount of that additional reimbursement. This recommendation should be made within 30 days after the child's placement in the foster home and no less than every 6 months after. Foster parents may request a redetermination of the rate at any time. Specific information – such as a description of the child's needs or condition, explanation of request for additional reimbursement, and the recommended additional amount – must be submitted to the agency for approval. A rate setter within the agency will determine the final reimbursement amount. Foster care payments are made on a retrospective basis, which means that payments are made to the foster parent after the end of the month that a child was in care.

Foster parents have a right to appeal the reimbursement rate if they disagree with the result of the rate determination. The procedures for requesting a fair hearing are outlined pursuant to [Wis. Admin Code s. DCF 56.10](#), and under the Grievances and Appeals section later in this Chapter.

The foster care licensing agency will provide foster parents with a copy of a brochure that explains the Uniform Foster Care Rate, reimbursement amounts, clothing allowances, and how to appeal the foster care rate.

For more information about the Uniform Foster Care Rate, contact the foster care coordinator in your agency or visit the Department of Children and Families web site at <https://dcf.wisconsin.gov/fostercare/parent>.

## Child Care Assistance

Foster parents qualify for childcare assistance to support the cost of foster children in their homes attending childcare as long as the foster parent is in an activity that qualifies under the Wisconsin Shares Program, including employment or education courses. Foster parents should contact their foster care licenser or the child's child welfare professional to find out specific information about how to enroll in the Wisconsin Shares program. The child welfare professional or an Economic Support Specialist will be able to provide information about the childcare providers in their area that are eligible to receive reimbursement from the Wisconsin Shares Program and any co-pays that may apply to a specific childcare provider.

Since the Wisconsin Shares Program has established reimbursement rates, it is important for foster parents to fully understand any co-pay requirements that may apply to a specific childcare provider. Foster parents should always compare their childcare provider's rates with the Wisconsin Shares county maximum rate and reimbursement rate because the Wisconsin Shares Program cannot reimburse providers above the established maximum rate. More information about the Wisconsin Shares Program and reimbursement rates can be found at the following web site: <https://dcf.wisconsin.gov/wishares>.

Reimbursement is provided for regulated childcare providers (i.e. YoungStar providers) only.

## LEVEL OF CARE CERTIFICATION

When foster parents apply for foster home licensure, they are given a Level of Care certification in relation to their foster home license. Each Level of Care has different requirements that must be met in order to be certified at that level.

## Level of Care Certification Requirements

All foster parents licensed in the state of Wisconsin will be assigned a Level of Care certification during the foster care licensing process based on meeting specific requirements in each of the following categories:

- Qualifications
- Training
- Caregiver references
- Caregiver experience

There are five Levels of Care. Each of the five Levels of Care certifications has been assigned a specific number of training hours, personal references, and experience requirements.

A child's child welfare professional will decide which placements are most appropriate for a child based on the child's level of need, which is determined by the Child and Adolescent Needs and Strength (CANS) tool assessment. A foster home's level of care certification will also help the child welfare professional to decide which children will be most appropriate in which foster homes. A level of care certification does not necessarily need to match a child's level of need; for information about this, foster parents should talk with their licensor.

Foster parents should be involved in deciding which Level of Care Certification to pursue. Additional information regarding the certification levels can be found in s. 56.13 in Ch. DCF 56, Adm. Code.

## Level of Care Certification Descriptions

### Level 1

Level 1 certification is reserved for *child-specific foster home licenses only*. To be child-specific the foster parent must be a relative of the child or must have a prior relationship (like-kin) with the child or the child's family, such as the child's teacher or coach. While Level 1 is reserved solely for child-specific licenses, you may have a child-specific license at any level. There are no prior experience requirements or references required for Level 1 foster parents.

### Level 2

Level 2 foster care is referred to as basic foster care. These foster parents are required to provide 3 favorable references from non-related individuals and are required to complete training discussed later in this chapter.

### Level 3

Level 3 certification is considered moderate treatment level foster care, which is foster care that can provide additional supervision and care to children with higher needs than those in basic foster care. Level 3 foster parents care for children who have higher treatment needs than children in level 2 homes. These foster parents may care for children who have more significant mental, behavioral, physical, or medical needs, and can also care for specific populations of children, such as youth who have children of their own or youth who are sexual offenders. Level 3 foster parents must submit three favorable references from non-related individuals and one favorable reference from a relative, preferably an adult child. Level 3 foster parents are also required to meet prior experience requirements. Level 3 foster parents must also complete more training requirements than level 1 and level 2 foster parents.

### Level 4

Level 4 is considered specialized treatment level foster care, which is structured to meet the higher needs of children and often addresses specific population needs, such as teen parents or youth with sexually aggressive behaviors. Level 4 foster parents must submit three favorable references from non-related individuals and one favorable reference from a relative, preferably an adult child. Level 4 foster parents must also have additional experience and qualification requirements. Level 4 foster parents must also complete more training requirements.

## Level 5

Level 5 is considered exceptional treatment level foster care and is also sometimes referred to as “shift-staffed” foster care. These foster homes have staff members who work in rotating shifts to care for the children. Level 5 foster homes are generally created to meet the needs of specific children who need care into adulthood and the home becomes the adult resource for the child. All Level 5 foster homes must receive prior approval from the DCF Exceptions Panel before they are pursued and during the licensing and re-licensing process.

For more information about foster parent training requirements in foster home licensing standards pursuant to [Wis. Admin Code. s. DCF 56.13](#).

## TRAINING AND CONTINUED LEARNING

Foster parents must complete specific training requirements depending on their Level of Care certification each year and each licensing period. Training is necessary to prepare foster parents and help them to continue to develop as a foster parent.

In Wisconsin, each foster parent is required to complete pre-placement training, initial licensing training, and ongoing training required for their foster home’s Level of Care Certification. Being a successful foster parent means continuing to learn through classes and other training methods, reading books or magazines, talking with other foster parents, and continually developing new skills.

### Level of Care Certification: Training Requirements

- **Level 1:** 6 hours of pre-placement training. This training may be completed after initial placement, but must be completed within 6 months of the placement.
- **Level 2:** 6 hours of pre-placement training, 30 hours of initial licensing training, and 10 hours of ongoing training in each 12-month licensing period.
- **Level 3:** 36 hours of pre-placement training, 24 hours of initial licensing training, and 18 hours of ongoing training in each 12-month licensing period.
- **Level 4:** 40 hours of pre-placement training (4 of which must be child-specific), 30 hours of initial licensing training (6 of which must be child-specific), and 24 hours of ongoing training in each 12-month licensing period.

Pre-placement training is meant to be completed prior to having any children placed in a foster home. This training provides an overview of the child welfare system and the foster care program.

Initial licensing training is the next step in foster parent training and is meant to provide a solid foundation of education on issues relevant to foster care and the children involved in the child welfare system. Initial licensing training digs deeper into issues that are introduced in the pre-placement training, such as permanence, culture, child development, family connections, abuse and neglect, attachment, discipline, and the effects of fostering on the foster family.



Ongoing training is offered on a continual basis to provide education topics relevant to the specific children placed in a foster home. Ongoing training is an opportunity to explore areas of interest and to learn more about how to meet the needs of children placed in a foster home. Ongoing training can be completed in various ways, and foster parents should talk with their licensor about how to fulfill this training requirement.

While foster parents may have chosen to begin fostering because they successfully raised their own children, foster children have lived under different sets of rules, have had different experiences, and may respond very differently to parenting styles that worked with other children. Foster parents may feel helpless, frustrated, and ineffective at times with both themselves and the foster child for not following directions. These reactions are normal.

It is important for foster parents to take time to identify their personal strengths and, at the same time, acknowledge areas of their parenting skills that may need improvement. Taking classes and connecting with other foster parents can help foster parents gain the knowledge and skills to work better with the children in their care, to minimize miscommunications, and to help the children in their home succeed.

There are many opportunities both locally, statewide, and virtually for continued learning and growth as a foster parent. Additional training or advice, coupled with practical experience and observation, will benefit both parents and children alike. Foster parents should talk to their licensor to learn about their training requirements and opportunities for ongoing training.

For more information about various books, videos, and other trainings available, check with the foster care licensor or the Wisconsin Family Connections Center website at <https://wifamilyconnectionscenter.org>.

For more information about foster parent training requirements in foster home licensing standards, see [Wis. Admin Code. s. DCF 56.14](#).

## **EMERGENCIES AND SPECIAL CIRCUMSTANCES**

An emergency is a situation that occurs outside the normal day-to-day routine of foster parenting and demands immediate intervention or assistance. When a child is placed in foster care, the foster parent should discuss with the child welfare professional how emergencies – both during business hours and after hours – should be handled. Foster home licensing requirements list situations in which a foster parent must immediately, or within a certain period of time, contact the agency. Those situations are explained in more detail below.

### **Serious Injury or Illness**

If the child placed in the foster home is seriously injured or becomes seriously ill and requires medical care, foster parents must contact the child welfare professional as soon as possible. In the event of a medical emergency, the foster parent should take the child to the hospital emergency room first (take the child's medical consent form) and then notify the child welfare professional, agency supervisor, or the on-call (after hours) child welfare professional as soon as possible.

If a child requires surgery, consent must be provided by the child's legal guardian. In most cases, that will be the child's parents. As mentioned before, the child welfare professional is responsible for getting any consents or releases regarding the child's care and giving copies to the foster parent.

More information about licensing requirements regarding the reporting of serious injury or illness is outlined pursuant to [Wis. Admin. Code s. DCF 56.06](#).

## Concerns about Child Maltreatment

If a foster parent notices that a child has suspicious marks, injuries, or bruises, or indicates that she or he has been harmed in any way, it is critical to call the child welfare professional or on-call child welfare professional immediately to report that information. Foster parents are required by licensing standards to notify the supervising agency if they believe a child in foster care has been abused or neglected, has been threatened with abuse or neglect, or have reason to believe that the child will be abused or neglected. This includes any child in foster care, not just children placed in their foster home.

A child may also disclose past or current abuse. On the next page are some tips to keep in mind if a child discloses abuse or neglect.

### What to Do When Children Disclose Abuse or Neglect

- Find a safe, quiet place to talk; be at the same eye level as the child.
- Do not interrogate the child.
- Choose words carefully, listen without judgment, and let the child tell the story in his or her own words.
- Be honest with the child about your responsibility to report the information he or she is sharing.
- Be calm; try not to show reactions, especially disgust, fear, or anger.
- Believe the child and be supportive—say that you are glad he or she told.
- Confirm the child’s feelings and let the child know he or she is safe.
- Make it clear that you care for the child—some children fear that you will not like them anymore or they will blame themselves.
- Tell the child it is not his or her fault.
- Tell the child what steps you will take and that you will be talking with someone who can help.

## Children Missing from the Foster Home

Foster parents are required to report when a child is missing from their home or if a child has been missing for up to 8 hours or for a period of time that cannot be reasonably explained by the child’s age, maturity or mental capacity. For young children and children with disabilities or special needs, missing for any period of time may be cause for immediate action.

If the child leaves, is taken away, or is kept away without permission, follow the licensing agency’s policy. This typically involves contacting the child’s child welfare professional or the on-call child welfare professional. The child welfare professional from the agency will work with the foster parent to determine what the next steps should be. With some children who have a history of running away, there may be a plan in place to follow already possibly included on the Information for Out-of-Home Care Providers form, Part B.

The agency’s on-call or after-hours phone number should be included in Part A of the Information for Out-of-Home Care Providers form.

## Other Situations

This Handbook has given three examples of situations in which foster parents should notify the agency, but there may be other unique and complicated situations that may also require foster parents to notify the agency immediately. Foster parents must also report any similar crisis related to the health, safety, or well-being of a foster child. The box below includes some of those additional examples. Remember, if foster parents have concerns about any situation, they should consult the agency as soon as possible.

### Other Situations Requiring Immediate Attention

- The death of a foster child.
- A fire in the foster home or its property, which requires the assistance of the fire department.
- A child has problems with law enforcement—either arrest or criminal behavior in the community.
- There are problems associated with a Family Interaction Plan.
- A child is expelled or suspended from school.
- A child threatens to harm him or herself or others.
- An error in administering medication to a foster child.
- A condition or situation which requires the removal of a child from the foster home.
- The use of physical restraint as required pursuant to [Wis. Admin Code s. DCF 56.09\(1g\)\(e\)](#).
- Another situation specific to the child or identified by the agency that qualifies as an emergency or special circumstance.

IF AT ANY TIME FOSTER PARENTS THINK A CHILD IN FOSTER CARE OR ANYONE ELSE IN THE HOME MAY CAUSE PHYSICAL VIOLENCE OR HARM, THEY SHOULD CONTACT LAW ENFORCEMENT (911) **IMMEDIATELY**.

For more information about when foster parents are required to report information to the agency, refer to [Wis. Admin. Code. s. DCF 56.06\(1\)\(a\) to \(j\)](#).

## ALLEGATIONS OF ABUSE AND NEGLECT

Foster parents should be prepared to experience allegations, or reports, of abuse or neglect against themselves or someone in their home. Foster parents are reported for allegations of child abuse and neglect at higher rates than the general public. The substantiation rate of those allegations, however, is much lower than the general public.

Foster parents have an obligation to ensure the safety of the children in their home. It is the responsibility of the agency or tribe to make sure foster parents are providing a safe environment for children. The agency and, when applicable, the agency in consultation with a tribe, has a duty to assess allegations of maltreatment of the children living in the foster home. If the agency determines an assessment is not necessary, the situation may be addressed in the same way as a general concern or licensing violation (discussed later in this chapter).

As a precaution, foster parents should talk to their licensing agency to learn about the steps it will take if someone in the foster home becomes the subject of an allegation. The agency should also provide foster parents with information about their appeal rights if a caregiver in the foster home is substantiated for child abuse or neglect.

## **Safeguards to Put in Place**

While there is no guaranteed way to avoid an allegation of child abuse or neglect, there are ways to minimize the risk of allegations. The suggestions on the next page from the National Foster Parent Association give foster parents tips for minimizing the risk of an allegation of abuse or neglect.

### **Suggestions for Minimizing the Risk of an Allegation:**

- Find out as much information as possible before deciding whether to take placement of a child, including the child's abuse or neglect history both at home and in out-of-home placements.
- Ask whether a child has a history of making allegations against caregivers. Such a history does not mean the child is lying but could indicate a need for more involved treatment and more precautions that need to be put in place in the foster home.
- Do not accept placement of any child you do not feel confident you can adequately parent.
- Work with the agency and tribe to ensure that the child's needs are identified and met.
- Understand and follow all laws and regulations related to foster care.
- Develop family rules and expectations and ensure that all family members follow them. Rules might include:
  - Always being clothed in common areas of the home.
  - Restricting the foster parents' bedroom to foster parents only.
- Do not leave a child who has been sexually abused alone with anyone unknown or unfamiliar to the child. Be mindful of who is caring for the child and possible triggers related to gender and the offender.
- Provide a HIGH level of supervision for a foster child who demonstrates or has a prior history of sexualized behaviors.
- Keep a daily log and record, especially with any unusual events, behaviors, comments, or reactions before or after interaction with family members; school issues; medical, dental, or therapy appointments; and all discussions with other professionals about the child's progress and needs (including social workers, attorneys, mental health professionals, etc.) with specific details about the person, event, and any important details.

- Promptly report any unusual incident or injury to the child's child welfare professional or tribal child welfare professional.
- Maintain a professional working relationship with the child's parents, child welfare professional, and other professionals involved with the child.
- Participate in training for foster and adoptive parents about caring for children who have been abused or neglected.

## Coping with Maltreatment Allegations

Going through an allegation and assessment of child abuse or neglect is a very difficult, emotional, and challenging experience. Having access to other foster parents who have experienced allegations and have successfully managed situations is invaluable to foster parents during the allegation assessment process. The box below contains some suggestions on how to work through an allegation and assessment.

### What to Do During an Allegation Assessment

- Maintain a professional attitude.
- Stay focused on understanding and following the procedures in place to assess the maltreatment report.
- Maintain or start a log of every conversation or activity related to the assessment, including the name of the person calling and the agency for which he or she works.
- Ask for copies of all documents, such as the complaint or report of abuse or neglect and the safety plan established for the child.
- Read documents carefully and ask questions about anything you do not understand.
- Keep track of timelines for the assessment.
- Provide information and documentation to the agency about the event that caused the report to be made.
- Reach out to local foster care support groups and associations and ask for support and assistance.
- Request that the child welfare agency provide at least one contact person in the agency to provide ongoing basic information about the assessment process.
- Maintain your family's routine; do not isolate yourself from friends and family.

## OTHER CONCERNS THAT MAY BE RAISED

Foster parenting is demanding and complicated, and it is not unusual for challenges to arise. Foster parents need to be prepared for concerns or complaints that may come to the attention of the agency or tribe. There are various ways an agency or tribe may handle concerns or complaints about a foster family, depending on the information provided and the particular procedures of the agency or tribe. The following provides a general guideline to help foster parents understand how various concerns are handled.

### General Concerns: How They Are Typically Handled

There may be times when someone within or outside of the licensing agency or tribe may have concerns about a particular incident, behavior, or decision a foster parent has made. The information provided or observed may not be something that would rise to the level of abuse or neglect or a licensing violation, but it may be something that the agency or tribe needs to clarify and address.

Some examples may be that the child is not appropriately dressed for school or that a foster parent made a comment that someone in the community perceived to be inappropriate. It may also be that a foster parent is having challenges with following through with appointments or returning phone calls or paperwork.

When a general concern is raised, the child welfare professional for the child will usually talk with the foster parent in person or by phone to let him or her know if something needs to be corrected. The child welfare professional may provide suggestions, recommend training, or connect the foster parent with another experienced foster parent in the area.

Addressing concerns with one another is part of building a relationship between the foster parent and the child welfare professional. It is also a way for foster parents to gain insight and build the skills needed to care for children. It is important for foster parents to be willing to listen to the concern, provide clarification, and accept the child welfare professional's recommendation if something needs to be changed.

### Licensing Concerns: How They Are Typically Handled

Investigations of potential licensing violations may occur in response to complaints or concerns about the foster home. It may have to do with the physical requirements of the home, sleeping arrangements, general care of children, or other requirements. Alleged licensing violations are generally addressed by the foster home licensor, who may observe the violation during a home visit or who may come to the home to specifically address the alleged licensing violation.

The box below contains some possible consequences for foster parents who violate licensing requirements and ways to make sure you understand licensing requirements.

#### Possible Consequences of Licensing Violations

- The agency may determine that the foster parent can maintain his or her license if the foster parent brings the home into compliance or corrects the violation. The violation and corrective actions should be documented in the foster home file and a copy should be provided to the foster parents.
- Verbally or in writing, the foster home licensor will provide instructions to a foster parent about how to correct the violation.
- The agency may determine that, due to the severity of the violation, number or frequency of violations, or inability or unwillingness to correct the violation, a foster

parent's license will be revoked. If a revocation occurs, the foster parent will be provided written information about the basis for revocation and the appeal process pursuant to [Wis. Admin Code. s. DCF 56.10](#).

### **Tips for Understanding Licensing Requirements**

- Keep a current copy of the foster care licensing laws and regulations on hand and become familiar with them.
- Request information in writing about agency procedures and how licensing violations are handled.
- Work with the agency or tribe to resolve any licensing concerns.
- Immediately comply with any corrective action plan to resolve problems.
- Provide the agency or tribe with documentation in writing that the violation has been corrected.

## **GRIEVANCES AND APPEALS**

### **Filing a Grievance**

Agencies are required to have policies that outline how anyone involved with child welfare services – including foster parents – can address concerns, complaints, or grievances with the agency. Typically, agency grievance procedures require individuals to first address their concerns with the child welfare professional or staff person directly. If talking with the child welfare professional or supervisor doesn't address the person's concerns, the next step is usually to send information in writing to the agency. Foster parents can get a copy of the agency's grievance procedure from administrative staff, the foster home licenser, the child's child welfare professional, or other agency staff.

A person expressing a concern or filing a grievance with the agency should be specific about what he or she sees as the problem that occurred. The agency can best address a concern when it has specific information about what happened and why someone thinks it is a problem. Also, a person filing or expressing a complaint should consider what outcome or solution they want to fix the situation.

### **Appealing a Decision**

Foster parents can appeal decisions about their license, foster care rates, decisions related to the child in their home, and anything that affects them as foster parents. Agencies should notify a foster parent of his or her ability to appeal decisions at the time the agency sends notice of its decision or action. For example, if an agency revokes a foster home license, the agency should send the foster parent a letter stating why the foster home license is revoked, the date the revocation is effective, how a foster parent can appeal the decision, and the time period the foster parent has to appeal the decision.

To appeal a decision, foster parents should follow the written instructions provided by the agency, paying close attention to any time limit given for the appeal. To file an appeal, send a written request to the following agency: A request for a hearing may be mailed to:

Division of Hearings and Appeals  
P.O. Box 7875  
Madison, WI 53707-7875

There is also a form created by the Division of Hearings and Appeals that foster parents can use to request hearings, which is located on the DHA web site listed below:

<https://doa.wi.gov/Pages/LicensesHearings/DHAAdministrativeHearingProcess.aspx>

This appeal process is for decisions made about a foster parent's license and decisions that are made about children in the care of foster parents. The process for appealing a substantiation of child abuse or neglect is a separate procedure. A foster parent who is substantiated for child abuse or neglect will receive specific instructions about how to appeal that decision.

Appeals regarding removal of a child from the foster home are explained in the next section.

A foster parent cannot appeal a denial for an exception made by the Department of Children and Families Exception Panel nor can they appeal a denial on a foster parent insurance claim.

For more information about what decisions a foster parent has the ability to appeal and the procedures for requesting an appeal pursuant to [Wis. Admin Code. s. DCF 56.10](#).

## REQUESTS FOR REMOVAL OF A CHILD

There may be situations in which either a foster parent, the agency, or the tribe makes a decision that a child needs to be moved from the foster home. This section explains how agencies and foster parents should proceed if a decision is made to move a child to another placement. This process is commonly called "giving notice."

### The Foster Family's Responsibility

Foster families are required to provide an agency with a 30-day notice when requesting that a child be removed from their home. This is very important so that a new plan can be made and that plan explained to the child before the child moves. Foster parents need to help with these preparations to ease any anxiety or confusion the child may have. A foster parent may request that the agency move the child before 30 days if the situation is very difficult, but the agency may not always be able to find an appropriate home in less than 30 days. In many cases, the agency may wish to remove the child as quickly as possible to avoid any additional issues such as those that led the foster parents to request the child's removal.

### The Agency's Responsibility

If the agency plans to remove the child, the agency is required by law to give a 30-day written notice prior to removing the child when the child has been in the foster home for more than 6 months. This requirement does not apply if the child has been in a foster home for less than 6 months or in situations when the agency has determined that the child is not safe or other emergency conditions exist.

A foster parent may appeal the agency's decision if a foster child has been in his or her home for more than 6 months. When the agency notifies a foster parent of its intent to move the child, the notice should include information about how to appeal that decision.

If the safety of the child is not in jeopardy and a foster parent has filed an appeal regarding the agency's decision to remove the child, removal cannot be carried out until a fair hearing is held and a ruling is made.

These rights apply only when the decision to remove the child is made by the agency. The county circuit court may order such removal without 30-day notice and with no recourse for a foster parent to appeal this action.



## FOSTER PARENT INSURANCE PROGRAM

As required pursuant to [Wis. Admin Code. s. DCF 56.04\(4\)\(a\)9.b.](#), licensing agencies must provide all foster parent applicants with a brochure that explains the Foster Parent Insurance Program. Foster parents are required to have homeowner's or renter's insurance pursuant to [Wis. Admin. Code s. DCF 56.05\(4\)\(a\)](#); however, sometimes homeowner's insurance may not cover damage done by foster children. The Foster Parent Insurance Program has been established to help reimburse a foster family for damage or loss caused by foster children that is not covered by private insurance ([Wis. Stats. s. 48.627](#)).

The program was created to assure that foster parents are reimbursed for damages or loss they might experience that are caused by county or state foster children placed in their care and that are not covered by their private insurance policies. Any foster parent licensed in the State of Wisconsin is eligible to file a claim under this program when the child is in custody of the county or state and placed in their care. However, this program is the "insurer of last resort" and should be used only when a private insurer will not cover any damages or loss.

A claim for damage suffered by foster parents must be filed within 90 days after the damage or loss occurs or is discovered. Regardless of any other circumstances (e.g., waiting to hear from private insurers, the child going to court for a possible restitution order), the foster parents should file a claim with the social worker as soon as possible after the damage or loss occurs or is discovered.

There are specific forms needed to file a claim, and the agency's foster home licensor can provide those forms. The more documentation foster parents have, the better. It is recommended that foster parents photograph or videotape their home and contents both when they are initially licensed and at regular times after they are licensed. When damage or loss occurs, they can then photograph the damage and submit all of the photographs for comparison. Foster parents must submit written estimates on printed business forms or letterhead for repairs or replacement costs, receipts for replacement items, written insurance company estimates of damages, police reports, fire reports, or other documentation that indicates what happened, what item is damaged or lost and what the value of the damages or loss is. If possible, foster parents should keep any damaged items until their claim has been approved. The Department cannot pay claims if there is not documentation regarding the loss or damage.

Foster parents will need to submit proof that their private insurance will not cover any of the damages or loss by sending a current copy of a letter from their insurance agent. In addition, the Department may only reimburse foster parents for parts or section of a set of items. For example, if a couch is damaged beyond repair and it is part of a sectional or matching set, only the couch that is damaged can be reimbursed.

The Department is required to deduct \$100 for all claims submitted within the same State Fiscal Year (July 1 through June 30). If a foster parent's private insurer pays part of the claim and charges a deductible, \$100 will be subtracted from that deductible. If a claim is for less than \$100, foster parents should file it with their licensor in case they have another claim within the same fiscal year. For example, if a foster parent has a claim in August for \$50 and another in January for \$150, the \$100 would be deducted from the total of both claims.

Unlike other insurance programs, claims with the state insurance program are reviewed quarterly in January, April, July, and October. It takes approximately six weeks from the time a claim is approved for a foster parent to receive a claim check after the end of each quarter. If the claim is incomplete or does not include adequate documentation, the processing time will be increased.

The insurance program may also, in some cases, be accessed if the foster family is sued because of injury or harm to a foster child. The State Foster Parent Insurance does not cover third party claims, unless the foster parent is sued by the third party. All insurance claim decisions are final and cannot be appealed.

The Foster Parent Insurance program brochure explains further details of the program. Contact your licensor to obtain a copy of the brochure or access a copy online at the link listed: <https://dcf.wisconsin.gov/files/publications/pdf/2010.pdf>.

## KEY CONCEPTS: CHAPTER 2

- Foster parents are required to follow the rules of confidentiality regarding information about children in foster care and their families.
- Open and ongoing communication between the foster parent, the child's child welfare professional, the child's parents, and other professionals involved with children placed in their home is important to the success of the child and his or her family.
- The Reasonable and Prudent Parent Standard allows foster parents to make decisions about a child's participation in age and developmentally appropriate activities and requires that foster parents provide opportunities for children to have normal childhood experiences.
- Foster parents are required to keep a record for each child placed in their home.
- Refer to the Uniform Foster Care Rate Brochure and the agency's foster care coordinator regarding questions about foster care reimbursement rates.
- Foster homes are licensed at one of five Levels of Care. Each Level of Care must meet specific requirements to be certified at that level, including training requirements.
- Talk with the child's child welfare professional and the foster home licensor about how emergencies, both during business hours and after hours, should be handled.
- For a variety of reasons, foster parents are reported for allegations of child abuse or neglect at higher rates than the general public. Foster parents should be prepared for allegations even though the substantiation rate of those allegations is much lower than the general public.
- Concerns or complaints about foster homes may come to the attention of the agency or tribe and need to be addressed.
- Agencies are required to have policies that outline how people can address their concerns, complaints, or grievances with the agency.
- Foster parents have the ability to appeal administrative decisions that affect their license and decisions related to the child in their home.
- Foster parents are required to provide an agency with a 30-day notice if they request a child be removed from their home.
- Wisconsin has a Foster Parent Insurance Program. Consult your licensor for more information regarding the program and to obtain a copy of the state-issued brochure.

# CHAPTER 3:

## Caring for Children in Foster Care

## CHAPTER 3: CARING FOR CHILDREN IN FOSTER CARE

This chapter describes what is involved in caring for a child in foster care from the first step of considering a child for placement in the foster home to helping a child find permanence. Parenting children placed in foster care is very demanding and incredibly rewarding. In Chapter 2, a foster parent shared about what fostering was like for her.

### VOICES FROM FOSTER YOUTH

Foster youth have provided feedback to DCF through different panels, their advice to all foster parents. The following highlights common themes youth for advice:

- Always be open-minded
- Make sure you can always be there for the children in your care.
- Be sincere.
- Make sure you will be able to meet the needs of the child placed in your home.
- Make sure you make time for your foster children because they need you.
- Always make yourself available to talk with the children in your home.
- Be patient.

### My Experience in Foster Care

By Miranda

My life was rough growing up. I had an alcoholic father and a manic-depressive mother. I had to grow up at a young age and never really got to be a kid. So, when I was 15, I started skipping school with my friends, or so I thought they were at the time. Were they really my friends? No. I had gotten into the wrong crowd and made a lot of bad choices.

Then my parents had to go to court because I was missing so much school. They decided it would be best if I went to a foster home. When the day came, I didn't want to go. I just really didn't want to leave home and be away from my parents. That is the day my whole life changed. I met my foster parents, Ed and Cathy. I didn't know what to think at first. I moved from a house where I could come and go as I pleased and do whatever I wanted to a house where everything was very structured and there were a lot of rules. "What is that?" I said to myself because I had never had structure or rules in my life.

In school, I had only been doing what I had to do to get by and pass. I never really applied myself to my schoolwork. That is, until I had someone to keep me on track and make sure I was doing it. I started doing my schoolwork every day and tried really hard to do well. I don't remember how many nights I sat at the kitchen table from the time I got home from school until I had to go to bed, just so I could do well in school. I started to enjoy my schoolwork and worked hard to get good grades. The end of the first semester came and I couldn't believe it, I had gone from all F's to B's and C's. I was so proud of myself. I knew if I worked harder at it I could make the honor roll the next semester. I never thought I could do it, but I did! That next semester I made the honor roll. This is something that would have never happened at home. It was because I was in a structured environment, and I had people around me who cared. What helped most was having someone who made me believe in myself, who helped me believe that I could do anything as long as I put my mind to it. Someone I could talk to when I was having a bad day, someone to put a smile on my face when I was sad, someone to point me in the right direction if I was going in the wrong direction.

I am so happy that there are families that open their hearts and homes to children in need, who are willing to offer a place for children to feel safe and cared for. I give my thanks to all foster parents for making the choice to make a difference in the life of a child.

## WHEN A CHILD ENTERS FOSTER CARE

Children are placed in foster care for a variety of reasons. Most children enter foster care because they are not safe in their homes due to abuse, neglect, or abandonment. Others enter care because of a caregiver's imprisonment, illness, hospitalization, death or due to special needs their parents are unable to meet. Youth entering foster care under a delinquency or juvenile court order may be placed, not only for their own protection, but to protect the community as well.

Foster parents and the children placed in their homes should know the reasons for the child's placement because this information will determine which foster family is best able to meet that child's needs. Foster families need to be prepared to provide appropriate care and supervision to address the impact of abuse or neglect on the child and assure a safe environment for all family members.

In addition, the child may have questions about why he or she is in a foster home, and foster parents must be prepared to provide sensitive and truthful answers appropriate to the child's age and understanding.

### Placement Considerations

No foster parent is a perfect match for every child. It is important for foster families to think seriously about what kinds of children they feel comfortable and capable of caring for. Among the many characteristics to consider are: age, gender, race, religion, disabilities or conditions, emotional or physical problems, and the impact the placement may have on their own children. During the home study or assessment process, foster parents should give honest answers to questions about the children they have the most skill and feel most comfortable caring for in their home.

Foster parents and other family members should not feel bad about acknowledging any lack of experience or concerns about caring for children with specific characteristics or needs. Having that information is the best way for child welfare professionals to make appropriate placements of children and provide additional training and support to foster parents so children can receive the best care to meet their needs.

The child welfare professional will provide foster parents with as much information as available about a child to allow foster parents the opportunity to ask questions or decline placement of a child. Sometimes it isn't possible to have complete information about the child prior to or even at the time of placement, but the child welfare professional will discuss what information is available and when foster parents can expect to receive more information.

The foster family has the final say about which children they are willing to care for. Ideally, there would be time for foster families to gather more information, have family discussions, and thoughtfully consider whether they can meet the needs of the child being considered for placement, but sometimes children need placement immediately.

Foster parents who are relatives most often feel pressure to take placement of a child with short notice because child welfare professionals will turn to relatives as the first choice for a child who needs placement outside of the home. It is important for foster parents who care for relatives to be honest about their capacity to provide a safe and nurturing environment and to know it is okay to say "no". Even if a relative is not able to take primary placement of a child, relatives can play many other important roles in helping children when out-of-home placement is required.

Since the decision to accept or decline placement of a child may be difficult, the box below contains information about reasons a family may decide to decline placement of a child in their home.

## Reasons to Decline a Placement

- A foster family did not feel they could meet the needs of the child being referred.
- Placement of another child may mean their own or other foster children must share bedrooms, and the family may not be comfortable with certain children sharing a bedroom.
- Another child in the home is having difficulties, and the foster family does not have the time and resources needed to care for an additional child.
- Another child is not quite settled in and needs additional time and attention.
- The foster family is experiencing stress unrelated to parenting that would impact their ability to provide good care.

**It is okay to decline a placement. Foster parents should not accept a placement they do not feel comfortable taking, even if the child needing placement is a relative. Children in foster care require parents who are ready and able to care for their unique needs for as long as they are in care.**

If foster parents have questions about placement matches, they should talk with their licensor.

## FOSTERING CHILDREN IMPACTED BY SEXUAL ABUSE

Many children do not disclose sexual abuse, even when asked about it directly. It is possible that no one, including the child welfare professional, has knowledge that a child was sexually abused. After a child has been in placement for a while and feels more comfortable, they might disclose that information to a foster parent. Below are some strategies or ideas that work with all children in foster care but especially for those who have been sexually abused.

### Strategies for Working with Children Who Have Been Sexually Abused

- ANY child entering your home may have experienced sexual abuse. Be prepared to recognize and deal with the issues related to sexual abuse.
- Foster parents must be able to discuss sex and sexual abuse. Children need to know that they can talk about what has happened to them without upsetting you.
- Be patient: children need time to develop trust, to feel comfortable disclosing the circumstances of prior sexual abuse, and to learn ways of working through their experiences.
- Remember that flexibility is essential – different children need different things at different phases in their recovery.
- You may need to alter your own behaviors and develop or modify house rules to provide a safe and comfortable home environment for the child.
- Be willing and able to provide HIGH LEVELS OF SUPERVISION. Some children who have been sexually abused develop overly sexualized behaviors. Work with the child's child welfare professional, therapist, and other professionals to develop a safety plan.
- Be open to seeking assistance from external sources, such as therapists and other professionals working with the child.

- Be willing to work with the child’s family in a respectful and empathetic way. This may be particularly challenging when you think the child’s parents may have contributed to the sexual abuse of the child.
- You need to understand your feelings about the situation in order to be able to effectively help the child. It may be helpful to discuss your feelings with other foster parents. Any conversations should focus on your feelings or reactions and respect the confidentiality of the child and his or her family.

## Pre-Placement Information

A **pre-placement visit** is one or several visits between a child and a new foster family that occurs once the decision has been made to move the child to the foster home. These visits may be as short as an hour or as long as a weekend and are intended to help the child and family learn more about each other. It can also ease concerns the child may have about the transition. Not every tribe or agency does pre-placement visits, so foster parents should speak with their licenser or the child’s child welfare professional to find out more about how their agency or tribe works.

It is important to include the child’s parents in a pre-placement visit whenever possible to help establish positive relationships between foster parents and the child’s family. Even if foster parents and the child’s family can’t meet right away, foster parents need to remember the critical role and important responsibilities that the parents have to their children. For the child’s sake, foster parents should strive to create a positive working relationship with the child’s family as soon as possible before or after placement.

The level of anxiety produced by placement in foster care can be decreased when both children and their families can receive as much information as possible about the foster family, too. Some foster parents create a foster family book or info sheet to share with children who may be placed in their home. These books usually include pictures of the family, home, pets, and neighborhood, and gives information about things the family likes to do together. This helps children become more familiar with the home and family before they are placed. A form labeled **Resource Family Profile** is included in Appendix 6 in this handbook. This tool can be used by foster parents to share information about themselves with children who may be placed in their home with the children’s families.

## HOW PLACEMENT AFFECTS CHILDREN

Children feel an incredible sense of loss and confusion when they are separated from their families. They have lost the most important people in their lives – their parents, sometimes their siblings, other relatives, and individuals close to their family. They have lost their familiar pattern of living. They have lost their homes, pets, and the places and things that make up their world. Perhaps they even changed schools, uprooting them from their friends and neighborhood. They have lost the little things that comfort them, such as certain smells, maybe a favorite toy or stuffed animal, a special place in their home, the way their parent made a sandwich, or the way the world sounded when they were falling asleep. No matter how nice a foster home is, in the beginning, it will feel strange and uncomfortable to a child.

School changes, which often go hand-in-hand with placement in foster care, can be particularly difficult for children. School is where children learn to make friends and see people from their neighborhood. Moving to a new school increases the risk of losing their connections from their neighborhood or school. This is especially true for teenagers, for whom placement often means separation not only from family and peer groups but from after-school activities and jobs.

In addition to changes where they live and play, children placed in foster care must often learn what “normal” behavior is in their new foster home. Even though it may have been unsafe, children often see their family’s behavior as normal. Many children in foster care find their family’s behavior reassuring simply because it is familiar. Sometimes children think that it is **their** fault they are placed in foster care.

It is critical for foster parents to understand that children will experience many complex emotions that they will not understand. They will not typically welcome the idea of being placed in a new home with strange people, noises, rules, and smells. The home of foster parents who are relatives may have some advantages of being familiar to children who are placed with them, however, in these circumstances the changes in roles is what children and caregivers will need time to adjust to. The more patient and understanding foster families can be, the more likely it will be that the child will slowly adjust to his or her placement in the foster home.

In addition to patience and understanding, foster parents also need information. To help, this section of the handbook provides information about the following factors that affect the adjustment and well-being of children in foster care: attachment, abuse and neglect, family interaction (visits), multiple moves, and culture.

## Attachment

Attachment is the emotional connection that infants and children develop with their parents and other people who care for them. It is through a child's attachment to those around them that children begin to develop a sense of security, individuality, and their place in the world.

Attachment develops over time as a person's needs are met by significant adults, typically one's parents. The more consistently a child's needs are met over time by trusted people, the stronger the attachment becomes. If a child's needs are met inconsistently, a child may learn that he or she can't depend upon the adults in his or her life. For children in foster care, attachment may not only be disrupted by patterns of abuse and neglect but also by the removal from their homes and placement into a foster home. Impaired attachment can significantly affect a child's ability to sustain relationships, become independent, achieve a positive sense of self-esteem, develop consciousness of how one's actions impact others, and develop self-discipline.

Attachment development and attachment disorders are very complex. Many agencies and organizations sponsor trainings on these topics. **For more information, contact The Wisconsin Family Connections Center website at <https://wifamilyconnectionscenter.org>.**

## HELPING CHILDREN ADJUST TO PLACEMENT

It is often difficult for children to adjust to a new home with new people and new rules. This section includes information about how to make a child's adjustment to the foster home a little easier.

If there has not been a pre-placement visit, foster parents will need to show the child around, including where the child will put his or her belongings, sleep, and be a part of family events. The child should also be given an opportunity to have time alone. Foster parents need to explain the household routine and let the child know the family rules and expectations; children need to know what the rules are in order to be able to follow them. Keep in mind the child's age and developmental abilities; this will also help foster parents ensure that their expectations for the child are realistic.

Another thing foster parents may do when a child arrives in their home is to talk to the child about his or her likes and dislikes and plan how to make introductions to new people. It may reassure the child to let him or her know that the reasons for his or her placement are private and that no one else needs to know unless the child wants to tell them. Foster parents can help the child come up with truthful and appropriate ways to answer the most common questions asked of children in foster care. For example, the child could tell others, "I am staying with this family for a while."



When children are placed with foster parents who are relatives that they have had a previous relationship with there are some advantages, such as the home and routine being familiar. What will not be familiar is the change in roles as grandma, grandpa, aunt, uncle or cousin now takes on the role of “mom” and “dad”. This change in roles can be very confusing. It will be important to work through these changes in roles to maintain positive relationships and help children adjust.

Foster parents should not throw away toys or clothes that a child has brought along, even if they are in very poor condition, unless the items are unsafe or contaminated. These items are familiar and may help the child feel more comfortable in the new environment. Also, it is important for the child’s family to see their child with toys and clothes they have sent. Sometimes it is better not to wash the children’s items right away, as they are used to the smells of their family and home. If a foster parent must get rid of a child’s things, he or she should tell the child beforehand and try to help the child understand why his or her things need to be thrown away.

Foster children are allowed, according to licensing regulations, to have their own personal items, including clothing, written and recorded materials, and other items that are appropriate to the child’s age and understanding. While foster parents may not particularly like a child or youth’s choice in clothes or music, it is important that the child or youth have the opportunity to express him or herself in an appropriate manner. Those items may be restricted under certain circumstances but should not be permanently taken away from the foster child without specific consent of the child’s child welfare professional. If foster parents have concerns about a child’s choice of music, clothing, or other recreational or personal items, they should discuss the situation with the child’s child welfare professional.

The first few weeks of placement will be a period of adjustment for everyone. The most important thing foster parents can offer during this time is a stable and consistent family life. Because children who come to foster care have a variety of backgrounds and experiences, every child’s adjustment will be different. Foster parents can help a child through this time by being patient, flexible, and understanding. It is also important that foster parents pay close attention to the adjustment of other children in the home during the transition of a new child into the home.

Some foster parents have routines that they share with every child who comes to live with them. One foster parent said she takes every child to the grocery store – just the two of them – on the child’s first day in the home to buy food that the child likes and to have some time with the child. It may be helpful to talk with other experienced foster parents to find out if there are ways they have learned to help children feel a little more comfortable in their new home.

## **The Process of Adjustment and Grieving**

Children entering foster care typically react to separation from their families and express their feelings through behavior, not with words.

Children react to being placed in foster care in a variety of ways. Some create problems or act out while others withdraw from the people around them. Still other children react by being model children. Although these outward behaviors are very different, children feel many of the same things when they are placed in a foster home. They may feel confused about why they have been separated from their families and upset about what happened to them. Some children feel angry, fearful, and powerless.

Many children eventually respond to patience and consistent parenting and adjust well to their placement. Each child works through the process of grieving the separation from their family at their own pace. This process may seem to move forward but then stall; it may take days, weeks, or even years.

The following section describes the stages, or phases, of grief that children in foster care often go through, ways children may act in these stages, and some tips for helping children work through their feelings.

## Stages of Grief and Loss

This section discusses the different ways and stages that children process grief and loss in their lives. All children in foster care experience significant loss and grief when they are separated from their families, even when they are placed with relatives. Some of the children in foster care have experienced even more loss prior to being placed in foster care. This section has suggestions for helping children work through their struggles of grief and loss.

**It is important to note that children in foster care often move from one stage of grief and then back again or even appear to experience two stages at one time. There may be a spiraling effect, and children's situations, duration in care, and emotional development will affect how they handle their grief. The stages are not simply a "checklist" that children go through. They may be experienced for a variety of reasons and for varying periods of time.**

### Stage 1: Shock and Denial

When a child is first placed, he or she may be very eager to please, cooperative, and generally enjoyable to be around. Experienced foster families recognize these behaviors as the part of the shock and denial of grief. Other children in the shock and denial stage may have difficulty eating or sleeping or may revert to the behaviors of a much younger child.

#### Working Through the Shock and Denial Stage

- Receive the child calmly. Settle into to a regular routine as quickly as possible.
- Explain and discuss the reasons for placement in a way that the child can understand and in a soothing and reassuring tone. Repeat this information as often as needed.
- Give factual information about the placement and the location of the child's parents and siblings.
- Respect the child's feelings about what has occurred. Let the child know that you are available if he or she wants to talk.
- Respect the child's family and the child's loyalty to them.
- Help and support interaction with the child's family to the greatest extent possible.
- Let the child have his or her favorite things and provide a place to keep them.
- Focus on good behavior.
- Avoid threats. Warnings of "I'll tell your child welfare professional" or "I will give my 30-day notice" leave painful impressions and make a child feel insecure. The child has already lost one or more homes and may feel threatened by losing another. In the long run, this undermines the child's sense of attachment and security and is extremely hurtful.
- Give the child responsibilities in line with his or her age and ability: not too many and not too few.

### Stage 2: Anger

This stage is necessary to continue processing the pain and continuing to heal. Most children have difficulty expressing their feelings, so they act them out. Some may come to a foster home in the anger stage. They may refuse to follow house rules, break things, attempt to run away, or try to hurt themselves. The anger stage is typically the most difficult for foster families because it is hard to cope with the behavior, understand what the child is feeling, and find ways to support the child through this process. Foster families may need to discuss how the agency can provide additional support through respite or other resources during this stage.

### **Working Through the Anger Stage**

- Tell the child that it's okay and normal to be angry.
- Teach the child acceptable ways to express anger.
- Remind the child of the rules and be consistent with consequences if the rules are broken.
- Find a safe place for the child to be angry.
- Help children understand that they are not to blame for their placement in foster care.
- If the child tells exaggerated stories, don't argue.
- Think of the challenging behaviors as messages of unmet needs: "I'm lonely," "I'm bored," "I have no power," "I don't feel safe," "You don't value me," or "I don't know how to tell you what I need."
- Work with the child's therapist, child welfare professional, tribe (if applicable), parents, and other professionals to determine the best intervention strategies to help the child adjust to placement and his or her situation.
- Give the child time and space.
- Find supportive resources for both the child and your family.

### **Stage 3: Bargaining**

Children in this stage will do everything they can think of to go back home. Many believe that if they are good, they will go home. For example, a child may ask if he or she can go home if he or she does well in school and gets good grades. Or he or she may decide to be "bad" so the foster family will want to send him or her home, to another foster home, or to another placement.

### **Working Through the Bargaining Stage**

- Explain and discuss the reasons for placement again, but do not argue with a child who does not accept the reasons. Allow the child time and space to process what is occurring.
- Continue to help and support interaction with the child's family.
- Communicate the child's beliefs to his or her parents and other people involved with the case; when possible, develop a collaborative plan for helping the child work through this process.
- Continue to reinforce and practice tips given in the shock and denial stage.

### **Stage 4: Depression**

Eventually, reality sets in. The child may have a variety of reactions as he or she starts to understand and accept what is happening. Foster parents should pay attention to changing behaviors of the child, including loss of appetite or sleep, not wanting to be around the foster family or any other people, dangerous or risky behaviors, or other new or unusual actions.

### **Working Through the Depression Stage**

- Encourage the child to talk about his or her feelings but also respect the child's choice to not talk or to talk about things at his or her own pace.
- Use dolls and pictures to help younger children act out feelings through play.
- Help older children express hurt and worry in their own ways.
- Get the child interested in creating a life book (discussed later in this chapter).

- Show respect for the child’s feelings and provide reassurance through supportive gestures – for example, hugs or extra time and attention.
- Work with the child’s child welfare professional, tribe (if applicable) therapist, parents, and other professionals to develop the best plan for support. Regularly update everyone about the child’s behaviors.

### **Stage 5: Acceptance and Managing Loss**

At this stage, children may begin to develop new friendships and accept the foster parents’ role in their lives. They may be able to move into new situations more easily and experience less frustration.

- Provide the child with opportunities to develop new relationships.
- Continue to assist with reunification efforts or, if reunification is not the plan, support the permanence goal for the child.
- Allow the child to continue to remember and talk about his or her family.
- Continue to work on the life book with the child.

## **Other Ways to Help with the Adjustment Process**

### **Understand Normal Behavioral Development**

Even experienced parents may forget the normal developmental stages and patterns of child behavior. Children in foster care may have behavioral or developmental challenges unlike other children their age. It can be helpful to recognize that many challenging behaviors are “normal” and that not all difficult behaviors are related to placement. Also, keep in mind that many foster children may function at a level more typical of a younger or older child. For example, a 7-year-old may have the social skills of a 3-year-old. Foster parents will have to work with the child on a 3-year-old level until the child’s social skills increase.

### **Understand the Child’s History**

Foster parents should refer to the Information for Foster Parents form provided by the child welfare professional and ask questions about the information provided. Understanding the child’s experiences with his or her parents and other foster families may provide insight into the child’s behaviors.

### **Provide a Supportive Home Environment**

A safe, nurturing, and predictable home can help a child work through feelings of fear, anxiety, loss, grief, and other emotions. Being predictable and consistent can also help a child who may have difficulty transitioning from one thing or one place to the next, and it can help foster parents develop an understanding of the cause and effect of his or her behaviors.

### **Try to Understand Behavioral Concerns**

Foster parents should try not to take a child’s behavioral needs personally. Children often do not consciously know what they are doing at the time they are doing it. There are many reasons children behave the way they do. It may be that, in the past, acting out was the only way to get the attention of a parent or caregiver. It may be that the child thinks certain behaviors will get a response from their caregiver. It may also be that something triggered “fear” or a trauma response, and they are acting out because they feel a need to protect themselves from something unknown or unfamiliar even if it was something positive. When a caregiver does not take a child’s behaviors personally and remains calm, it is easier to think more objectively about how to respond.

## Identify Triggers

When a child displays problematic behavior, foster parents should think about what happened before the behavior took place or the “trigger” for the child’s behavior. Sometimes the child’s behavior is an immediate response to the trigger. Other times the trigger may have occurred the day or week before the behavior. It can be hard to discover what events trigger a child’s behavior, but foster parents should look for patterns. Working closely with the child’s child welfare professional, therapist, school staff, parents, and other professionals may help foster parents and the child’s team to understand what triggers a child’s behaviors and how to address those behaviors.

## Bring Triggers to the Child’s Attention

Not every trigger is observable. Once a child has calmed down, it is good to ask them what they think led up to the behavior. Questions such as, “What happened right before you threw the toy?” and “How did that make you feel?” may allow the child to connect feelings to behavior and give foster parents information about what triggered a behavior.

Foster parents need to address the situation with the child when the child is calm so that both the foster parent and the child can work together to find a solution. For example, a foster parent might say: “I’ve noticed that when I say that it’s your bedtime, you usually seem to have a hard time getting your pajamas on. Is there anything we can do together to help you when it is time for bed?”

By bringing these observations to children’s attention, foster parents will help children understand the cause and effect of their behavior and give them ideas about how to react differently.

## Try Not to Label a Child’s Behavior

It is easy to slip into a habit of using labels. For example, a foster parent may observe a child acting “depressed” and communicate that to the therapist or child welfare professional. “Depressed” has different meanings to different people. Giving descriptions based on the behaviors observed is much more helpful to everyone. For example: “John stays in his room for most of the day and doesn’t eat very much. He doesn’t laugh or smile at all and doesn’t want to play with other kids” is more helpful than saying “John is depressed.”

## Document Behaviors to Help You Understand and Respond

Writing down observations and being specific can help identify what triggers the problem. Foster parents should write down what led up to the child’s behavior, what behaviors or actions the child engaged in, and how the situation was addressed.

A record of the behaviors also helps measure the child’s progress. It allows the child’s child welfare professional, therapist, parents, and the child to see how positive change has occurred over time, no matter how small the change may be.

The chart on the next page is an example of how to document a child’s behaviors to try to determine what triggered the event and how to address those triggers and the child’s response.

## A Sample Chart for Documenting a Child’s Behaviors.

Date	Time	What happened	What happened before	What happened after	Duration of incident	Who was present

## When Challenging or Difficult Behaviors May Be Signs of Emotional Disturbance

Sometimes it is difficult to separate behaviors and concerns associated with foster care placement from those associated with a more serious emotional disturbance or mental health concern. Signs of emotional disturbance typically are behaviors and reactions that last too long, are exaggerated, or are consistently inappropriate for the situation or the child's stage of development. If a child in your care displays unusual behaviors that you have not seen before, talk with the child's child welfare professional.

## Suicide Risk

Suicidal thoughts, also called suicidal ideation, must be taken very seriously. If a child placed in a foster home tells the foster parents that they have had thoughts about hurting or killing themselves, foster parents must act **immediately**. Foster parents must report this information to the child's child welfare professional or the agency immediately. If foster parents cannot reach the child's child welfare professional, they should report this information to another child welfare professional at the agency. Foster parents should talk with the child's child welfare professional at the time of placement to create a crisis response plan and to identify who to contact in the event the child welfare professional cannot be reached.

It is important for foster parents to be able to discuss these thoughts with children placed in their care. These can be difficult conversations. Foster parents should talk with their licensor about how to handle these conversations, and about attending additional training on suicide if necessary.

Foster parents should be aware of any changes in mood or behavior of children placed in their home, as these could be signs of suicide risk.

### Signs of Suicide Risk

- Sudden changes in personality
- Giving away their belongings
- Significant weight gain or loss.
- Changes in sleeping patterns
- Depression
- Extreme boredom
- Talking about wanting to die or be dead
- Neglecting personal appearance
- Running away from home or truancy
- Family trauma
- Withdrawal
- Recklessness
- Trying to be perfect

In addition to these warning signs, other risk factors to look for include: unexpected pregnancy; breaking up with a boyfriend or girlfriend; stressful family situations or the loss of a loved one; failing in school; problems with the law or in school; serious illness or injury; and previous history of suicide attempt or intent.

If a foster parent see these behaviors or risk factors, it does not necessarily mean that the child or youth is suicidal, but these are things to watch for. If foster parents have any concerns about the safety or well-being of a child or youth placed in their home, they should discuss them with the child's child welfare professional **immediately**.

**FOSTER PARENTS SHOULD ALWAYS ASK QUESTIONS OR SEEK HELP IF A CHILD'S BEHAVIOR IS UNUSUAL OR SOMETHING THEY HAVE NEVER SEEN BEFORE.**

## CHILD DEVELOPMENT

A child's development is affected by being abused or neglected and by being placed into foster care.

### Toddlers (12-36 months)

A toddler with typical development is learning to physically separate from their parents; they often alternate between clinging to parents and pushing away. Toddlers also have a need to be successful at expressing their feelings, but they also need reassurance of their limits in this area.

#### Toddlers: Child Development "Red Flags"

- No two-word phrases by 24 months.
- Loss of speech or babbling social skills.
- Not walking by 18 months.
- Not following simple directions by 24 months.
- Frequent falling and difficulty with stairs.
- Unable to communicate with short phrases.
- Not participating in "pretend play".
- Little interest in other children.
- Extreme difficulty separating from their parents, especially their mother.

### Preschool Years

Play is especially important for children at this stage of development. Through play, children learn to think versus acting on impulses. This is a very self-centered stage. Children in this stage believe they are the most important person in the room.

#### Preschool Years: Child Development "Red Flags"

- Loss of speech or social skills.
- Developing asthma.
- Difficulty paying attention to activities that interested other children their age.
- Difficulty following simple instructions.
- Acting in impulsive, potentially dangerous ways without considering the consequences.
- Seeming to always be in a hurry.
- Sudden emotional outbursts that seem inappropriate.
- Persistent misbehavior after being told "no" multiple times.

### School Age

School age children are learning self-control, to accept delayed gratification, and how to plan ahead. Fairness is important to children in this stage and they have a very rigid sense of right and wrong. School-age children need to have time with their peers and being "liked" is very important to them.

### School Age: Child Development “Red Flags”

- Loss of speech or social skills.
- Difficulty with learning and memory.
- Difficulty interacting with other children.
- The following are typical for most children learning to read, but if the child is doing any of the following after age 7, talk with their doctor:
  - Confusing the order of letters in words.
  - Guessing words from seeing the first letter.
  - Losing their place on the page; struggling with each word.
  - Reading very slowly and tiring easily from reading.

## Adolescents

Early adolescence is a time of discovery and exploring self-identity. Foster parents will notice that the moods of an adolescent child can be intense and unstable. Children in this stage of development will seek to please peers and want to resist their parents. Late adolescence is focused on gaining the skills necessary for independence. Children in late adolescence may also be exceedingly idealistic and may turn away from their parent’s values.

### Adolescents: Child Development “Red Flags”

- Loss of speech or social skills.
- Headaches or migraines.
- Sleep problems.
- Suicidal thoughts.
- Depression.
- Alcohol and drug use.

Other red flags may be associated with things other than developmental delays, such as drug and alcohol addiction. These are not only problems for teens and older youth, as younger children are also exposed to drugs and alcohol. If foster parents see any of the following, they should talk with the child’s child welfare professional: Loss of interest in activities they once enjoyed; change in school achievement; unpredictable mood swings; withdrawing from friends; lying about activities; lack of personal hygiene; sudden weight loss; bloodshot eyes; or smelling like substances, such as alcohol or drugs.

This is not a comprehensive list of “red flags” to development or developmental concerns. Foster parents should discuss any concerns they may have about the development of a child placed in their home, with the child’s child welfare professional. Foster parents should also speak to their licensor if they would like additional training on child development.

## MANAGING CHILD BEHAVIORS

Appropriate discipline focuses on helping children understand what they have done wrong and then teaches them new ways to work through their emotions or problems. Discipline in foster homes cannot involve physical punishment and should be approached as a method of **teaching** rather than a method of **punishment**. Discipline should also be appropriate to the action and not excessive.



## Prohibited Forms of Discipline

[Wisconsin Admin Code ch. DCF 56](#), includes information about discipline by a foster parent. More specifically, pursuant to [Wis. Admin Code s. DCF 56.09\(5\)](#) **prohibits** the following forms of discipline:

- Physical punishment of any type.
- Verbal abuse, profanity, derogatory remarks about the child or his or her family, or threats to expel the child from the home.
- Allowing another child or adult other than the licensed foster parents to discipline a foster child.
- Withholding meals, mail, or family interaction.
- Punishment or ridicule for bedwetting or other lapses in toilet training.
- Mechanical restraint or locking a foster child in ANY enclosed area.
- Restricting foster children to unlocked spaces beyond what is specifically outlined pursuant to [Wis. Admin. code ch. DCF 56](#) for the purposes of a time-out (this is discussed in the next section).

It is important to keep in mind that many children in foster care have been neglected and abused. Due to their past experiences, these children may respond very differently to being disciplined than other children. As previously discussed, children may be reacting to placement or stages of grief. They may have experienced little or no discipline, severe punishment, or inconsistent discipline.

### Discipline Techniques

There is no one magic way of managing children's behaviors. Things that work with one child may not work with another child. It is important to constantly seek out additional information and training to meet the changing needs of the children. Below are some techniques and ideas from experienced foster parents regarding discipline.

### Discussion

Communicate needs and expectations to children. Anticipate a potential problem and discuss what the consequences will be. Clearly state, "If this happens, we will do this...." or, "When you are not ready in the morning, we are all late...." Hold family meetings and allow for open communication.

### Modeling

Demonstrate and model the behavior that the child should be doing in the home. Have other children in the home help model behavior; actions speak louder than words.

### Reinforce Good Behavior

Try to point out something the child does well every day. Encourage efforts as well as accomplishments. Let the child know when he or she has controlled his or her behavior well. Chart progress, and reinforce, reinforce, reinforce. Rewards can take the form of small treats, smiles, extra attention, or special privileges.

### Natural or Logical Consequences

Unless it is too dangerous or costly, let the child learn the consequences of his or her actions. If a child breaks one of his or her toys, then he or she will not have it later. If a teen is cruel or rude to others, he or she will not have many friends.

Logical consequences are tied directly to the misbehavior or action. If a child writes on a wall, the consequence is that he or she cleans that wall. If a teen fails to get up for school in the morning, he or she will receive a detention, suspension, or other consequences from the school.

## Planned Ignoring

Sometimes the best response is no response. This should only be used when the behaviors do not pose a safety threat. Some children only received attention in the past when they acted out, so try to reinforce positive behavior. Foster parents should also be aware of a child's history when using this intervention. If a child's parent ignored their needs, ignoring a child may make the situation worse.

## Have House Rules

Foster parents should explain the house and family rules to all new children, with the rules also written down and possibly posted somewhere in the home. Remember that it takes time for children to adjust to a new home and fully understand and remember the rules.

## Loss of Privileges

Effective discipline may include taking away privileges such as television time, computer access, video games, and time with friends. When using this form of discipline, it is important to explain why the privilege was taken away and how the child can react differently or make a better choice next time.

The loss of a privilege must also be appropriate to the child's level of understanding and needs. If a child has problems making friends and breaks a rule before he or she is about to go to a movie with a friend, an alternative might be that the child has his or her friend over to the home but not out to the movies instead of taking away the child's time with his or her friend completely.

## Time-Out

The main goal of a time-out is to help a child gain self-control. It is important to plan ahead with a child where time-outs will occur. Time-outs should occur in a quiet place where the child will not get the attention of others or be distracted. Time-outs are most effective with younger children, especially when the child can be moved away from the item, situation, or person that he or she is reacting to.

**Wisconsin Admin. Code s. [DCF 56.09\(5\)\(j\)](#), gives general guidelines for the maximum allowable "time-out" by age. Depending on the developmental age of the child, time frames may be shorter.** As is true with all forms of discipline, time-outs should be used only when they are determined to be the most appropriate approach given the situation and the child's needs and ability to understand.

- Children under 6 years of age may not be placed in a time-out for longer than 10 minutes at a time.
- Children 6 to 10 years of age may not be placed in a time-out for longer than 30 minutes at a time.
- Children over 10 years may not be placed in a time-out for longer than 60 minutes at a time.

During this time, the room or area the child is in must remain unlocked, and the child must be allowed to use the toilet if necessary. The child must also be within hearing of a responsible caretaker.

## DAILY CARE NEEDS OF CHILDREN IN FOSTER CARE

### Education

Foster parents have a very important role in the education of the children in their care. Foster parents are expected to make sure the children in their home attend school and keep up with their schoolwork and activities. It is the child welfare professional's responsibility to receive the necessary signatures and consents from the child's parents (such as special education classes).

In most situations, the child's parent retains his or her parental rights to approve the child's individualized education plans and generally make important decisions about the child's educational life.

Early childhood education can help young children both academically and socially. By introducing educational programming early in a child's life, any developmental and social concerns can be addressed and help catch a child up to his or her peers. Children from birth to 3 years old who have been substantiated as abused or neglected must be referred to the local Birth to 3 Program to assess their developmental needs. If the child in the foster home hasn't been screened by the Birth to 3 Program yet, the child's child welfare professional will arrange for the screening.

All foster children 3-5 years old qualify for Head Start educational programming, and, in some communities, younger children will qualify for Early Head Start programs. Speak with the child's child welfare professional to see how Head Start or Early Head Start could benefit the foster child.

Sometimes children have behavioral and academic needs. Children with educational needs often have a special plan called an Individualized Educational Plan (IEP) to address those needs. Some teens placed in foster care attend alternative educational programming at a location other than the local public school. Foster parents may need to provide additional support for children with educational needs. Foster parents are expected to work with school personnel to help the child.

## **Health and Medical**

### **Medical Assistance**

Each child in foster care has medical coverage, either through Wisconsin's Medical Assistance program (MA) or their parent's health insurance. The child's parent or guardian typically signs a form authorizing medical care for the child. The child's parent should remain involved in medical decisions for their child. This form should be provided to the foster parent when a child is placed or soon after. If a foster parent does not receive the child's medical authorization form or if the child's parent or guardian fails to authorize medical care for the child, it is the agency's responsibility to assure that the child gets all required health services.

If the child is covered under the parent's policy, the insurance provider may need to be contacted prior to appointments to verify coverage or confirm that a provider is approved to provide services. If the child is covered by MA, the foster parent will receive a medical assistance card for the child which must be presented each time the child has an appointment for services covered by Medical Assistance.

### **Health Check**

According to foster home licensing standards, foster parents are also responsible for meeting the health and dental needs of the foster children in their home. Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) requirements – also known in Wisconsin as HealthCheck – require that a child covered by Medical Assistance have a specific number of physical and dental screens every year, depending upon the child's age.

Foster parents must arrange a HealthCheck screen within 30 days after a child's placement in their home. The actual medical appointment may take place later than 30 days depending upon when an appointment is available and when the child's next regular check-up should be. If a child had a medical appointment within the past couple of months, he or she may not need another appointment until the next recommended HealthCheck appointment unless the child has a medical condition needing attention.

When a child has a medical or dental appointment, foster parents need to give the health care provider the appropriate forms. Many of these forms are specific to the individual agency. The foster home licensor or child's child welfare professional should explain the agency's forms, those documents and items that must be taken to the appointment, and the documents that must be returned to the child welfare professional.

## Immunization

Wisconsin has an immunization law which requires children in daycare centers and students through grade 12 to be immunized against certain diseases. Waivers are available for reasons of religion, medical history, or personal conviction. Foster parents should talk with the child's child welfare professional to find out what immunizations the child may need, if any, and get the child vaccinated as soon as possible.

## Emergency Medical Care

When a child is placed in foster care, the child welfare professional requests that the child's parents sign an "Authorization to Consent to Medical Treatment" form. If signed, this allows foster parents to authorize emergency medical care only when the parents cannot be contacted. If the child's parent is able, he or she should authorize medical care. In situations when the child's parents refuse, the court can appoint a limited guardian who can authorize the necessary medical care for the child.

Refer to [Wisconsin Admin. Code s. DCF 56.09\(4\)](#), for more information about licensing requirements regarding the health care of children in foster care.

## Specialized Hair and Skin Care

It is essential to a child's sense of identity and self-esteem that they are cared for and well-groomed. Children notice the views or reactions of other people, and those reactions can impact how the child sees him or herself.

When foster parents are caring for foster children of a different ethnicity, the child's hair and skin care practices may be completely unfamiliar. For example, to cut the hair of an Indian child is considered a sign of disrespect to the child, his or her family and tribe. Additionally, children of color have hair types and textures that may require different products or care. Using hair care products that are inappropriate or washing hair daily can damage a child's hair which will impact not only the child's appearance but also the child's self-esteem.

It is essential for foster parents to develop the knowledge and skills needed to care for the child's hair and skin. The best way to gain this knowledge is for foster parents to talk with the child and the child's family to gather their suggestions or thoughts about how to care for the child's skin and hair. This will give a foster parent specific information regarding the child placed in his or her home and is also a mechanism for building a relationship with the child's family.

If consulting with the child's family is not possible, foster parents should contact a beautician that specializes in hair and skin care specific to the child's background for advice and recommendations. For Indian children, foster parents should consult with a member of the child's identified tribe. **The Wisconsin Family Connections Center website at <https://wifamilyconnectionscenter.org>**, also has several books and other resources about caring for the skin and hair for children of color.

## Safety

In addition to providing safe care and supervision of children, foster parents must child-proof their home according to the requirements in licensing standards and educate children about safety in their home. While the foster parent's children have grown up with their rules to help keep them safe, a foster child may not know these rules. The chart on the next page highlights some safety requirements foster homes must follow.

### Safety Issues of Special Note

**Firearms:** Make sure firearms are always unloaded and kept in a locked cabinet, inaccessible to curious children. Ammunition **MUST** be locked up and stored separately from the firearms.

**Cleaning Supplies and Medications:** Keep all medications, poisons, matches, cigarette lighters, household cleaning supplies, nail polish remover, pesticides, and painting supplies in places where children cannot access them.

**Fire Safety:** Go over the evacuation routes in your home with your foster child within the first several days of placement. Review these routes with the whole family every three months so that everyone knows how to get out of each room. Check smoke detectors every month and keep them in working order. Evacuation plans should be posted in the home and a place for everyone to meet if evacuation is necessary must be identified (e.g., a neighbor's porch).

**Child Safety and Automobile Requirements:** By law, infants under 1 year or less than 20 pounds must be in a rear-facing safety seat in the back seat. Children 1 to 4 years old or less than 40 lbs. must be in a forward-facing child seat in the back seat. Children from ages 4 to 8 and between 40 – 80 pounds must be buckled into booster seats. After age 8 or if children weigh more than 80 pounds, they must wear a seat belt at all times.

Never buy a used child safety seat or booster seat. Child safety seats expire or are recalled at times, so buying a used car seat may be unsafe. Some agencies provide infant seats to foster parents or may know of a service group, hospital, or public health nursing service which can provide a seat. Check with your agency for assistance in locating an appropriate child safety seat.

**Other Safety Considerations:** Always provide good supervision around swimming pools, rivers, lakes, or other water activities. Check with the agency for policies regarding safety and supervision for other more “hazardous” recreational activities, such as trampolines, horseback riding, recreational vehicles, boating, and waterskiing or tubing.

For more details about the recent changes to the child safety seat requirements, visit the Wisconsin Department of Transportation web site at:

<http://wisconsindot.gov/Pages/safety/education/child-safety/default.aspx>.

Another potential safety hazard for children is recalled or unsafe toys. The U.S. Consumer Product Safety Commission posts lists of recalled toys on a monthly basis on their web site at:

[https://www.cpsc.gov/Recalls?combine=toys&=Apply&field\\_rc\\_date%5Bdate%5D=&field\\_rc\\_date\\_1%5Bdate%5D=](https://www.cpsc.gov/Recalls?combine=toys&=Apply&field_rc_date%5Bdate%5D=&field_rc_date_1%5Bdate%5D=).

For more information about safety requirements in foster homes, refer [Wis. Admin. Code s. DCF 56.08 in Ch. DCF 56](#).

## Life Skills Training

Foster parents are encouraged to teach life skills appropriate to the developmental level of children throughout their lives. With constant guidance and support, children are better prepared to live independently when they move out on their own.

Life skills include personal skills such as exploring one's values, making good decisions, working through problems, setting goals, communicating with others, managing time, dealing with anger, and developing self-esteem. Other skills include cooking, shopping, doing laundry, cleaning, being on time, and managing money.

Many daily tasks and things foster parents or other children seem to “just know” may be tasks or skills that a child in foster care needs to learn. Foster parents should work with the children in the foster home to help figure out what skills they already know and what skills you can work on together.

## Religious Education

Foster parents may want to have children involved in religious practices or experiences; however, the child's parents maintain the right to determine the religious or spiritual activities for their child. The child also has the ability to choose what religious activities he or she participates in. If there is no religious tradition in the child's background, foster parents may want to invite the child to participate in their family's religious activities and organizations. However, the child's wishes and the preferences of his or her parents must be respected.

If foster parents have questions about what religious activities a child can participate in, or if there is a difference between what the child wants and what the child's parents want, they should contact the child's child welfare professional.

For more information about requirements regarding religious activities for children in foster care, refer to [Wis. Admin. Code s. DCF 56.09\(1\)\(g\)](#).

## Recreation

Children should be encouraged to participate in activities with other groups and with the family. Participating in activities outside of the home allows the child to make friends and have new experiences. Foster parents should talk with the children in their home about what they like to do and activities that members of the family like to do. Families should include all children in the activities or hobbies they do together.

For requirements about allowing foster children to participate in community activities, refer to [Wis. Admin. Code s. DCF 56.09\(1\)\(f\)](#).

## Life Books

A **life book** is an account of a child's life in words, pictures, or other significant items, such as certificates or awards, similar to a scrapbook. The purpose of a life book is to connect a child's previous experiences to the child's life at the present. Working with children to record their past in a life book gives them a sense of who they are, where they came from, and what they have been through. When significant events take place, help or ask children if they want to record them in their life books. These events may be important to them when they leave foster care.

The box below gives some examples of information and items that are often included in a child's life book.

### Life Books Often Contain:

- Snapshots of the child, relatives, friends, and pets.
- Pictures of places that were or are meaningful.
- Growth charts.
- School records and achievements.
- Descriptions of likes and dislikes.
- Origin of the child's name.
- Special stories from the child's past and present.
- Family tree.
- Explanations and descriptions of previous placements.

## FOSTERING TEENS

The most important developmental task of adolescence is becoming independent. Just like other teens, teens placed in foster care have a need to work toward this developmental task. However, they may need a much more structured and consistent environment to achieve this independence.

The box below includes some factors unique to the experiences of teens in foster care that may impact their ability to achieve independence.

### Factors Affecting Foster Teens' Ability to Achieve Independence

- The impact of abuse or neglect on the formation of self-image, values, and trust in others.
- Delayed knowledge and skills due to family chaos, abuse and neglect, or multiple placements.
- Lack of understanding of personal and family history due to limited or inaccurate information.
- Lack of a consistent peer group due to placement or multiple moves.
- Lack of feelings of security and self-worth due to lack of permanent connections or permanence.
- Inability to identify or express emotions appropriately due to personal and family history.
- Negative self-concept due to rejection by family, separation and loss, too much responsibility at a young age, placement disruption, being "different" from peers, and abuse and neglect.

Given these factors, it is important that all parties involved with a teenager work together to develop a plan that will help him or her learn skills to be successful as an adult. Many of those skills are described in the next section.

Additional information and training about fostering teens and building skills teens need for a successful transition to adulthood, can be found in the online foster parent training, called "Building the Path to Independence". The training is available on the Wisconsin Child Welfare Professional Development System Website: <http://wcpds.wisc.edu/Independent-Living.htm>

## Independent Living Skills

Because foster parents are a consistent presence in a teenager's life, they are available on a daily basis to model behavior and provide the guidance, coaching, and feedback teenagers need to become successful adults. Teenagers in foster care who are 14 years of age or older are required to have an Independent Living Plan and Assessment. If foster parents aren't aware of a teenager's Independent Living Plan or Assessment, they should contact the child's child welfare professional.

Independent living preparation does not begin or end at a specific age. It is a process that begins when children are very young and advances over time. When children are not taught the skills they need for a successful transition to adulthood, they are more likely to experience unemployment, homelessness, imprisonment, or victimization. Some children in foster care may need extra help to learn what it means to be independent and what skills they need to be successful on their own.

Below are some recommendations for working with teenagers to help develop their independent living skills.

## Tips for Helping Teens Learn Independent Living Skills

- Work with the teenager to plan a sample budget.
- Help the teenager identify sources of assistance in the community, such as the local job center, food pantry, and health clinic.
- Take the teenager to view apartments for rent in the area. Teach him or her about security issues and how to communicate with a landlord.
- Have the teenager help the foster parent make meals or ask the teen to plan a meal for the family.
- Help the teenager understand the difference between wanting something (e.g., a new outfit) and needing something (e.g., to pay the electric bill).
- Show the teenager how to complete a job application.
- Help the teenager set up a savings account.
- In general, look for or create teachable moments for the teenager that will help him or her learn about being responsible and independent.

### Teenage Drivers

Getting a driver's license is a major milestone in the life of a teenager. The decision for a teenager in foster care to pursue his or her driver's license should be discussed with the teenager, the teenager's parents, child welfare professional, foster parent, and any other professionals who may have important information about his or her ability to meet the requirements of having a driver's license.

Specific questions regarding teenage drivers and the law can be answered by the Department of Transportation at the following web site: <http://wisconsin.gov/Pages/dmv/teen-driver/teen-sfty/index.aspx>.

### Jobs

Many teenagers in foster care have part-time jobs, and some may have full-time jobs. The earnings of a teenager in care will not affect the monthly rate paid to a foster parent for meeting the needs of the child. The only exception that exists is when a child is receiving Social Security Income (SSI). If a foster child earns over \$200 per month, half of the amount over \$200 goes back to SSI.

For a teenager in foster care to be able to work, he or she must receive a work permit, which requires a signature from his or her parents, guardian, or foster parent. The child welfare professional should obtain the necessary signatures for the work permit.

## Teens and Sexuality

One of the most challenging parts of parenting teenagers is helping and supporting them as they struggle with questions and challenges regarding sex and sexuality. Teenagers in foster care bring additional dynamics to this issue based on their personal and family histories. It is critical for foster parents to be able to talk about sex and sexuality with teenagers in their homes to assure that the foster children know how to make educated choices and protect themselves.



State foster parent licensing regulations provide some direction when it comes to children in foster care related to sex and sexuality. [Wisconsin Admin. Code s. DCF 56.09\(1\)\(d\)](#), states that a foster parent cannot deny a foster child access to confidential family planning services. While this requirement does not require foster parents to actively teach children about birth control, it does require foster parents to give teens placed in their home access to these services and information.

If foster parents have concerns about the dating or sexual behaviors of a teenager placed in their home, they should talk with the teenager's child welfare professional and family. It might be helpful for everyone involved to talk sensitively with the teenager and help him or her understand the consequences of dating and sexual contact so he or she can make an educated decision whether to engage in or abstain from sexual activity.

For more information about teenagers and sexuality, visit *The Teens and Kids Open Directory* website, which contains more resources for talking with teenagers about sexual activity from abstinence to contraception. You can find it at: [http://odp.org/Kids\\_and\\_Teens/](http://odp.org/Kids_and_Teens/) on the Kids and Teens link under Teen Life and then Sexuality.

**Also, contact the Wisconsin Family Connections Center website at <https://wifamilyconnectionscenter.org> to research and find more information for you regarding this topic area.**

## **Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ+) Youth**

Talking with and supporting foster youth as they deal with issues surrounding sex and sexuality can be complicated and uncomfortable for some parents. For youth dealing with same-sex attractions or facing questions about gender identity, the topic of sex may become more complex and emotionally charged.

Foster parents may have specific views regarding sexuality, including homosexuality. Earlier in this chapter, we discussed how important it is for foster parents to talk openly with their licensing agency about the kinds of children they can comfortably care for. This is crucial when considering fostering youth, since there is a good probability that if you foster, eventually you will care for a youth with questions about their sexual orientation or gender identity.

The next page includes things to think about or do in order to be sensitive to the needs of lesbian, gay, bisexual, transgender, and questioning (also known as LGBTQ+) youth.

### **Working with LGBTQ+ Youth**

- Be aware of and sensitive to the safety concerns for LGBTQ+ youth, which include depression, anxiety, homelessness, victimization from verbal and physical harassment, and higher suicide rates due to societal stigma and isolation. When LGBTQ+ youth are supported, they are more likely to feel secure reducing risk factors and safety concerns.
- Lay ground rules for physical and emotional safety in the home despite personal values – all foster youth deserve unconditional love, acceptance, and respect.
- Help youth find a counselor or therapist trained in and sensitive to LGBTQ+ issues. Participate in counseling with the youth when asked and collaborate with the counselor around recommendations for additional services.
- Advocate for the foster teen with his or her family, child welfare professional, and school personnel.
- Recognize that, in all likelihood, you already know LGBTQ+ individuals, but they may not yet have come out to you.

- Educate yourself and others about LGBTQ+ youth. Become an ally. Help LGBTQ+ youth find resources and support in your area, such as local youth groups that are LGBTQ+-friendly.
- Use gender neutral and inclusive language, such as “partner” and “significant other,” and eliminate LGBTQ+ slurs from your daily conversations.
- Support transgender young people in their gender expression. Refer to them by the names and pronouns they prefer. Support their choice of attire.
- Respect the youth’s desire for confidentiality. Follow their lead with respect to whether he or she is “out.”

For more information about LGBTQ issues and support, visit:

Parents and Friends of Lesbians and Gays (PFLAG) at <http://www.pflag.org/>.

Child Welfare League of America at <http://www.cwla.org/>.

The Wisconsin Family Connections Center website at <https://wifamilyconnectionscenter.org>.

## TRANSITIONS FACED BY CHILDREN IN FOSTER CARE

### Moving to a New Placement

When a foster child is moving to a new placement (new foster home or pre-adoptive placement), it is important to limit the amount of trauma the child experiences. Regardless of the reason for the move, each move is a loss of relationships and connections for the child. The child and the foster family need time to say goodbye. The foster family may want to do something to honor the child’s time with their family (for example, to add something to the child’s life book or have a special meal together with the child’s favorite foods).

### Returning Home

The permanence goal for most foster children is reunification of the child with his or her parents. To meet this goal, most children will have regular interactions with their families throughout their time in foster care. An experienced foster mother suggests that, as the time approaches for the child to move back with his or her birth family, the child should start to take some things home during visits and leave them there as a way to ease the transition. This helps the child understand that he or she is going home.

### Transitioning from Foster Care to Adoption

In Wisconsin, the majority of children adopted from the child welfare system are adopted by the foster parents they have been placed with. While this is ideal because the child has learned the routine of the home and has a relationship with his or her foster family, the change from being a child who is in foster care to an adopted child is significant. There are many things foster parents can do to ease the transition from foster care to adoption.

### **Easing the Transition from Foster Care to Adoption**

- Normalize and allow the child to discuss the conflictual feelings the child may be having about no longer being the birth parents' "legal" child.
- Allow the child to talk about the change and ask questions.
- Make a plan about post-adoption birth family contact, especially contact with siblings and help the child know and understand the plan.
- Prepare the child for the legal court proceedings.
- Seek professional assistance or counseling from a therapist who has experience with and understands the complexities of foster care and adoption.

### **Aging Out of Foster Care**

If the plan for a teenager in foster care is to move out on his or her own after turning age 18 or graduating from high school, the foster parent should work on a transition plan with the child to help prepare the youth for his or her move.

Part of the planning should include helping the teen enroll in BadgerCare Plus, the recent expansion of health care services to teens aging out of foster care. A foster youth must have turned 18 after January 1, 2008, and age out of foster care. There are no costs for a teen to receive benefits, and coverage lasts until they are 26 years of age. Foster parents should ask a teen's child welfare professional for more information about how to get a teen enrolled in this very important program.

### **Tips for Helping Make Transitions to Adulthood**

- Work together to fill in any gaps in his or her life book. These will be important to the teenager later in his or her life.
- Work together to identify supports and people who will be there to help him or her as a young adult.
- Help gather last-minute household and personal items needed in his or her apartment.
- Discuss whether your home can be a place to come back to.

## KEY CONCEPTS: CHAPTER 3

- It is important to understand why a child is in foster care before he or she is placed in your home.
- It is okay to say “no.” Do not take placement of a child you do not feel that you can care for and meet the needs of.
- The changing roles caused by placement can be especially challenging for relative foster parents, as they transition from grandma or grandpa to “mom” or “dad”.
- Children often feel an incredible sense of loss and confusion when they are separated from their families, regardless of the reason for placement.
- Impaired attachment has serious consequences on the individual’s ability to sustain relationships, to become independent, and to develop conscience and self-discipline.
- Abuse, neglect, and separation can have profound effects on children.
- When considering the placement of a child who has had multiple placements, carefully think about the child’s need for extra time, attention, patience, and commitment.
- When children are placed in foster care, the culture of their family or community of origin is often quite different from, or possibly in conflict with, the culture of their foster families.
- Being predictable and consistent is one of the best ways to help a child who is having difficulty adjusting to placement.
- Children entering foster care typically react to separation from their families by expressing their feelings through behavior.
- Interactions, or visits, between the child and his or her family (including any siblings) are required by state policy because they are the best way to maintain critical connections for children.
- Children in foster care often move through the process of grieving by going from one stage and then back again or even appear to display two stages at one time.
- A foster child’s reaction to his or her experience in foster care will vary from child to child.
- Changes in permanency plans or life events may impact a child’s grieving process and adjustment to placement.
- Consider the child’s triggers to problem behavior as well as your own triggers to reacting to the child.
- By bringing observations of their behavior to a child’s attention, foster parents can help them begin to understand the cause and effect of their behavior and give them ideas about how to react differently.
- Signs of emotional disturbance may include behaviors and reactions that last too long, are exaggerated, or are consistently inappropriate for the situation or the child’s stage of development.
- Foster parents must be *willing and able* to provide HIGH LEVELS OF SUPERVISION for children who have been sexually abused or who have histories of acting out sexually.

- The needs of children in foster care are varied and complex, and there is no one “magic” way of managing their behavior.
- You must provide for daily care needs such as education, health, religion, recreational, and special grooming assistance in a culturally appropriate way.
- You must child-proof your home according to the requirements in licensing standards and to educate foster children about safety in your home.
- A life book can give a child in foster care a sense of identity.
- Look for or create teachable moments for your teen that will allow him or her opportunities to learn about being responsible and independent.
- According to Wisconsin law, a foster parent cannot deny a foster child access to confidential family planning services.
- Be aware of and sensitive to the safety concerns of LGBTQ+ youth.
- Transitions are difficult for everyone. Be especially sensitive to children in foster care and make plans to decrease the impact or trauma of the transition.

# CHAPTER 4:

## Medication Management

# CHAPTER 4: MEDICATION MANAGEMENT

Proper medication management is an important piece of caring for children. This chapter will provide information on proper medication administration, including psychotropic medication, safe medication storage, secure medication disposal, and the correct response to medication errors.

In addition to the guidance provided in this chapter, be sure to follow the policies and procedures of your licensing agency.

## THE EIGHT RIGHTS

When preparing to administer any medication to a child, it can be helpful to remember The Eight Rights of Medication Administration. They are:

1. The Right Child
2. The Right Drug
3. The Right Dose
4. The Right Time
5. The Right Route
6. The Right Documentation or Record
7. The Right Reason
8. The Right Response

### The Right Child

Always make sure that you are giving medication to the correct child. One precaution you should take to ensure that the right child receives the correct drug is to give medication to one child at a time. After you have finished giving all required medications to one child, you should then put those medications away before giving medication to the next child.

Carefully read the name on the label each time you give the child medication. You should do this whether this is the first time or the 100th time you have administered the medication to the child.

### The Right Drug

Make sure that you are giving the child the correct medication. Avoid distractions. You should be focusing only on the medication and the child that is receiving it. Do not talk to others and ask others not to talk to you. Do not talk on the phone, text, or watch TV while giving out medication. Do not stop to do something else in the middle of administering medication. You might need to go to a quiet room or find an activity to occupy other children in your home.

Two types of drugs are prescription drugs, that are only available with a valid prescription from a doctor or other qualified healthcare practitioner, and over the counter drugs that do not require a prescription and may be purchased right off the shelves at a pharmacy, drugstore or supermarket. For either type of drug, reading the label is the most important step you can take to ensure that you are giving the correct medication to the child it is prescribed for.

Make sure you know how to read a medication label and understand the directions. If you struggle with literacy, request an alternative label or have someone read you the directions. You should also make sure to have the pharmacist go over the medication label directions with you thoroughly before you leave the pharmacy so that you feel comfortable administering it on your own at home.

Read the label every time. Always double check - once when you take it out of the medicine cabinet and once right before giving it to the child. Give the medication as soon as you prepare it to avoid it becoming contaminated or taken accidentally by someone other than the child for whom the medication is prescribed.

## **The Right Dose**

The right dose is how much of a medication you are to give at one time. This information is located on the medication label. Read the label carefully. For pills and tablets, pay attention to the number of tablets in a dose. Some dosages may even be for half a pill.

If the drug is in a liquid form, use the dosing cup or syringe that came with the medication. Do not use spoons from your kitchen as these can vary in size and are not calibrated measurements.

If more than one child in your home is taking the same medication, pay special attention to the dosage for each child. Children may be prescribed different dosages based on a wide range of factors including weight, age, and medical history.

## **The Right Time**

Always give medication at the required time. Some medications need to be taken at a specific time of day or more than once a day. Other medication may need to be taken around a specific event such as after a meal, prior to a procedure, or apart from other medications. In addition, medications may need to be taken with food or on an empty stomach. Always check the label. If no specific time is listed on the label, ask the prescriber or pharmacist about the best time of day to give the medication.

Finally, if a child is old enough to self-administer a medication, always stay with the child and watch them take the medication. This is to ensure that the correct child takes the medicine at the correct time.

For PRN or medicines that are taken only “as needed,” make sure you are given clear directions from the medication prescriber on the following information:

- How much medicine you can administer in a set period of time. In addition, you should be given information on what steps to take if the medication appears to not be working.
- When to administer the medicine. For example, medication that is needed for pain after surgery should only be administered if the child is feeling pain.
- How to take PRN medication in conjunction with other prescribed medications. Make sure to inform the medication prescriber of all the other medication the child is currently taking. Ask if there are any rules you should follow such as a specific order in which medication should be taken and how long to wait between doses of different medications.

Information from: <https://www.safemedication.com/pharmacist-insights/2021/04/26/using-prn-or-as-needed-medicines-safely>

## **The Right Route**

Be sure the correct route is used. The route is how and where the medication goes into the body. The label will tell you the correct route. The most common route is through the mouth, but medications can be prescribed to enter the body in different ways such as the eye, nose, lungs, and skin.

For drugs that must go in the nose, eyes, and ears, double check the prescription instructions to ensure that it is going into the correct location, such as the right eye, or both nostrils.

Knowing the many forms of medication is helpful in ensuring that you are giving the right drug and using the right route. Some of the most common forms of medication include tablets or caplets, capsules, lozenges, liquid, inhalants, injections and suppositories. Talk to the pharmacist if you have any questions about a specific form of medication and the correct route that it should be given.

## **The Right Documentation**

Each time a medication is administered to the child, it must be documented. Documentation should be done right after giving a medication and always before giving medication to another child.



Documentation is important for many reasons. It provides evidence that the medication was administered. It confirms when you last gave a medication, which is useful in preventing accidental overdoses or missed doses. It also allows you to keep track of the child's response to medication, which is helpful during follow-up visits to the doctor and for catching any adverse effects to medications.

After you have documented your medication administration, you should also check the amount of medication remaining. This will help you to avoid running out before refilling a prescription.

Appendix 8 of this handbook contains a medication tracking sheet you may want to use to record medication administration.

The "**Medication Tracking Sheet**" should be used every time you administer medication to the child.

You should have one sheet for every child taking medication. Do not use the same sheet to track more than one child's medication.

When filling out these documents, it can be helpful to follow the ABC's:

- **Be Accurate** – Complete your documentation immediately after you administer medication, when it is still fresh in your mind. Double-check your documentation. Reread it once you have written it, to catch any mistakes. It also means being honest. If you were a little bit early or late giving a medication, always write down the correct time.
- **Be Brief** - Write clearly and concisely. Only write what you believe is important and related to the administration of that medication. Write legibly so that others will be able to read your documentation.
- **Be Completely Objective** - Don't write your opinions. An example would be writing, "It's not working." This is vague and needs more concrete evidence. Instead, write observations that you can see, hear, feel, and smell. For example, "The left eye is as red as it was when I gave drops yesterday," is a more objective observation.

Information from: <https://dphhs.mt.gov/assets/dsd/DDP/MedicalDirector/TheMARhowtofilloutanduse.pdf>

### **The Right Reason**

Before you administer a new medication to the child, confirm with their child welfare professional and/or doctor the reason for the prescription. While pharmacists have a legal duty to counsel patients when they pick up their medication, some medications can be used for multiple conditions, so it is best to discuss the reason for a medication with the child's doctor.

After the child has been taking the medication for awhile, it is helpful to revisit the reason for the long-term use with a doctor. A child's physical and mental health may change over time as can the effectiveness of a medication.

Information from: <https://www.pharmacytimes.com/view/pharmacists-neglecting-their-duty-to-counsel>

### **The Right Response**

Be sure to monitor that the medication the child is taking is having the desired effect. Read the side effect warnings on the medication label. Common side effects may include rash, upset stomach, constipation, diarrhea, or fatigue.

The prescriber and pharmacist are also useful resources for this information. When completing medication documentation, note typical side effects for the medication and write down any side effects you notice in the child or that are described by the child. These side effects should always be shared with the child's doctor. If a side effect is severe, stop administering the medication and call the child's doctor.

Another type of harmful effect is a drug interaction. Some medications may be harmful when taken together. This is why you should use the same pharmacy to fill all prescriptions. They are trained to know how drugs may interact with one another. It would also be helpful to bring your Medication Log and Tracking Sheets to doctor visits so that the doctor is aware of all the medications the child is taking.

If a medication does not seem to be working, contact that child's doctor.

## DIETARY SUPPLEMENTS

Dietary supplements such as Melatonin, CBD, St. John's Wort, iron supplements, fish oil among many others have become increasingly popular to use and are readily available at pharmacies and online. However, they are different than over-the-counter medications and could have side effects or could interact with another medication that a child is taking whether it is a prescribed medication or an over-the-counter medication. Per the Food and Drug Administration (FDA), you should always check with your doctor before administering any supplement to a child. Also, check with your licensing agency about any policies they may have about providing dietary supplements to a child in out of home care.

Dietary Supplements are regulated differently than prescription and over-the-counter medications, the FDA is not authorized to review dietary supplement products for safety and effectiveness before they are marketed.

Information from: <https://www.fda.gov/consumers/consumer-updates/mixing-medications-and-dietary-supplements-can-endanger-your-health>

<https://www.fda.gov/food/dietary-supplements/information-consumers-using-dietary-supplements>

## PSYCHOTROPIC MEDICATIONS

Psychotropic medications can affect the mind, emotions, and/or behavior of a child and are prescribed for a variety of behavioral health conditions. The various types of psychotropic medications include:

- **Antipsychotics** – used to control psychotic symptoms such as hallucinations, delusions, and mania. They may be used to treat Schizophrenia, Bipolar Disorder, or severe depression or anxiety. Examples include Abilify, Clozaril, Geodon, Risperdal, Seroquel, and Zyprexa.
- **Mood Stabilizers** – used to treat dramatic mood swings and treat mood disorders. They may be used to treat Bipolar Disorder. Examples include Lithium, Lithobid, and Eskalith.
- **Antidepressants** – used to treat symptoms of depression and elevate patient mood. They may be used to treat depression. Examples include Paxil, Prozac, Zoloft, Celexa, and Wellbutrin.
- **Antianxiety Medications** – used to relieve anxiety and nervousness. They may be used to treat generalized anxiety disorder, panic disorder, or PTSD. Examples include Xanax, Klonopin, Valium, Ativan, and Buspar.
- **Stimulants** – used to manage attention span, impulsivity, and hyperactivity. They may be used to treat ADHD or ADD. Examples include Adderall, Ritalin, Concerta, Focalin, and Vyvanse.
- **Hypnotics** – used to induce or support sleep. Examples include Ambien, Lunesta, Sonata, and Unisom.

Documentation is very important when administering psychotropics for three key reasons:

- Like any medication, not all psychotropic medications will work with all individuals. You may need to try two or more medication options before finding the right fit.
- They are often not designed to work instantly. Many require 4-6 weeks before the desired effect becomes apparent.

- Depending on the behavioral issue of the child, these medications can have different types of side effects including possible adverse side effects. You should talk to the prescriber about possible side effects and pay attention to changes in the child’s behavior, activity, and well-being.

Taking accurate and timely notes on the Medication Log and Medication Tracking Sheet you learned about earlier will help you keep track of these issues. Report any changes to the child’s team, including their prescriber.

## MEDICATION STORAGE AND DISPOSAL

[Wisconsin Admin. Code s. DCF 56.08\(1\)](#) requires that medications and other materials that might be hazardous to children be stored in areas not readily accessible to foster children. While storing medication in a high and locked cabinet may be appropriate for younger children, an alternative might be necessary when children reach adolescence. Locking up medication is recommended and considered best practice, especially for opioid and antipsychotic medications. Check with your licensing agency about any policies they may have about medication storage.

### Storage and Small Children

Safe medication storage is incredibly important when you have children living in your home. An estimated 75,000 children visit emergency rooms each year because of unintentional medication poisonings. Those under 5 years old are especially vulnerable. In fact, the younger the child, the more vulnerable they are. Nearly 70% of emergency department visits for unsupervised medication ingestions by young children involve 1- or 2-year-old children.

A few tips for keeping medication away from small children include:

- Store medications in a locked and childproof place that is too high for young children to reach or see.
- Do not leave medications out after using them.
- Never tell children that medicine is candy in order to get them to take it.
- Make sure child-resistant caps are secured each time you finish using a medication.

### Storage and Teens

For older children you will need to take a different approach. Abuse of prescription drugs is the fastest growing drug problem in the United States. A common misperception is that prescription drugs are safer or less harmful to the body than other kinds of drugs. Prescription stimulants, opioids, and depressants are particularly harmful to the developing adolescent brain and body. You can minimize misuse by doing the following:

**Educate teens on the dangers of prescription drug misuse.** The National Institute on Drug Abuse for Teens website has useful information for you and your teens. This website specifically discusses prescription drugs. Go over the information together. <https://nida.nih.gov/research-topics/parents-educators>

**Monitor prescription drug use.** This means following the suggestions given in the Eight Rights of Medication Administration, including watching the child take their medication, documenting medication administration, knowing the reason the child is receiving the medication, and paying attention to potential side effects.

**Safely store and dispose of medication.** Two-thirds of teens who misused pain relievers say that they got them from family and friends, including their home’s medicine cabinets. Best practice is to lock- up prescription stimulants, opioids, and depressants. There are a variety of options on the market. They include locked bags, boxes, and cabinets. You may already have a locked space in your home such as a drawer with a lock or a safe. Those could be used as a safe medication storage space as well.

## Medication Disposal

Properly disposing of unused, unwanted, or old medications helps prevent prescription medication from being taken by others and protects the environment. Follow any disposal instructions that are on the medication label. Never flush medication down the sink or toilet unless you are instructed to do so.

Take advantage of community take-back programs. You can find a location near you using the Wisconsin Dose of Reality website.

## MEDICATION ERRORS

Medication errors can happen, and it is important to know what to do. Some errors may be minor while others can be life-threatening. Common errors include:

- Missed medication
- Wrong dose of medication
- Accidental ingestion of medication

If you missed a dose of medication, your first action should be to look at the drug information leaflet that comes with the medicine for directions. If there is no information there, call your doctor or pharmacist. Do not double-up on medication if you missed a dose. This can lead to an overdose.

Giving the wrong dose of medication is the most common error people make when giving medication. Documenting when you give medication is the best way to prevent this error. If a wrong dose is given, call Poison control at 1-800-222-1222. If the child collapses, has a seizure, has trouble breathing, or is difficult to wake, this is considered a medical emergency and you should call 911.

If a child accidentally ingests a medication that is not theirs, follow the same suggestions that were given for "wrong dose." Call Poison control at 1-800-222-1222 or use their online tool POISONCONTROL. If the child is having a medical emergency, you should call 911.

You should also notify the child's child welfare professional of any medication errors. DCF 56.06(1)(d) states that foster parents shall immediately notify the supervising agency and, if not the same, the licensing agency of an error in administering medication to a foster child. This is required under serious incident reporting.

## KEY CONCEPTS: CHAPTER 4

When preparing to administer any drug to a child, consider The Eight Rights of Medication Administration. They are:

- The Right Child
- The Right Drug
- The Right Dose
- The Right Time
- The Right Route
- The Right Documentation or Record
- The Right Reason and,
- The Right Response

Psychotropic medications can affect the mind, emotions, and/or behavior of a child and are prescribed for a variety of behavioral health conditions. Caretakers need to be especially vigilant when administering and monitoring these medications.

Store medication safely. For young children this means keeping it in a high and locked place. For teens you need to educate them on prescription drug abuse and keep drugs like opiates locked up.

Never dispose of medication by flushing it. Instead, seek out community take-back programs.

Medication errors can happen. Depending on the severity of the situation, call your doctor, pharmacists, Poison Control, or 911.

# CHAPTER 5:

## Developing and Maintaining Family Connections

## CHAPTER 5: DEVELOPING AND MAINTAINING FAMILY CONNECTIONS

Foster parents play a critical role in maintaining connections between children and their families. The testimonial at the beginning of this chapter illustrates the powerful impact foster parent support and assistance can have on strengthening a family. It is essential for foster parents to work to create an environment that is supportive of the entire family while strengthening the relationship between the child and his or her family. Remember, most children placed in foster care are reunified with their families. When foster parents support the entire family, they have the opportunity to have a positive influence on a family forever.

### BIRTH PARENT TESTIMONIAL

Dear Foster Families,

I am a birth mom who was involved in the child welfare system. I want to share a little about how I felt before, during, and after my son was in foster care.

I was a young single mother who was overwhelmed and frustrated. I was having great difficulty parenting my overactive son. I was trying to support myself and my son by working a lot of hours. I would get home very late and have to go back to work early the next day. I got to a point that I did not have any time for either of us. I began to do things that I still regret. My frustration got the best of me.

One day my child left for daycare and did not come home to me. He had been taken from me because of some things I had done. I was frantic because I did not know where my son was and did not have any contact with him for over 2 weeks. During that time, I felt that a part of me was lost, and I did not know if I would ever get it back. I felt upset and depressed and thought, "What have I done?" I felt I had nothing to live for. I made it through only with the support of friends and the love I had for my son. I knew I wasn't a bad person and that I had made mistakes, but I loved my son and wanted to do what was right. I just needed help.

My son first went to a shelter and then to a foster home. He was not happy, and I did not have good communication from the first family. He then went to another foster family that helped both my son and me. They seemed to care how I was doing as well as meeting my son's needs. We started working together on the relationship between my son and me. At first, I was mistrusting and not sure how things would go, but we were able to have a relationship that still goes on today. I was grateful to be supported, but I still wanted my son back. I worked really hard, and finally, after almost 2 years in foster care, my son came home to me.

I have had my son back for 3 years now, and I met a wonderful man who I have since married. I now have a second child and together we parent both children. I am grateful for the support of my husband, and all of the people who took the time to help me along the way. It wasn't an easy road, and I wish I never had to travel down it, but I am a better person for it.

In closing, the next time you have a foster child placed in your home, please consider the circumstances the parents are going through. I understand that I am a success, and many are not, but it does not mean that birth parents don't feel the same emotions as anyone who loves their child.

Thank you for listening.

A Birth Mom

## IT IS A MATTER OF PERSPECTIVE

Foster parents choose to foster for a variety of reasons, but the main goal for most foster parents is to make a difference in the life of a child. Foster parents struggle at times to understand another parent's choices, style of parenting, and overall way of living. They might have concerns about what will happen if the child that is placed with them goes home. In some circumstances, foster parents might feel that the child's parent is not trying hard enough, and, in extreme cases, does not deserve to raise his or her children.

As shown by the testimonial in the beginning of this chapter, parents are also going through many feelings and fears. Below are some feelings that parents may experience.

### Feelings and Emotions Parents Experience

- Parents may experience a tremendous sense of failure; they may have been doing what they believed was their best, but having their child removed is clearly a sign that their best was not good enough.
- Parents may be angry about the circumstances; whether they show it outwardly or not, they may never agree with the reasons for the removal of their children.
- Parents may be frustrated that they have to follow a "plan" in order to have their children returned home, or they may feel frustrated because the plan keeps changing.
- Parents may feel they cannot trust the system; they may feel they have done all they can, and yet their children are still not being returned home.
- Parents often experience fears about working with you; they might wonder if they will measure up, and they typically feel that you and the child welfare professionals hold all the power.

Foster parents who are relative caregivers, are also experiencing a change in their role in the family. The child's parents may be grateful that the relative foster parent is willing to care for their child in a time of need, but they also may feel resentful about the relative foster parent caring for their child when they were unable to do so. This resentment is to be expected and is something that may be overcome in time. The child's parents will likely feel a sense of loss even though their children are able to live with a family member. Relative foster parents will need to be willing to work with their family members to help them learn to safely care for their children. Relative foster parents may also have a sense of loss, as their future plans, and relationships, role and status in their family may significantly change. Relative foster parents will need to take the time to develop a sense of trust and support with the child and with the child's parents, even though they are already a part of the child's family. Being a family member does not automatically ensure feelings of trust and attachment, and this is something that the family will have to build on.

## BENEFITS OF WORKING TOGETHER: SHARED PARENTING

Reunification happens in a more timely manner when there is ongoing contact between the child and his or her family. In addition, the child's family is more likely to make changes with the support of the foster family. Eventually, with help, respect, and cooperation from the foster family, the child's family may come to view the foster family as a support system instead of a threat.



In situations where reunification is no longer the permanence goal, families who have learned to trust the foster family can often accept the reality that they cannot care for their children. They may be more willing to discuss options for permanence with the agency to avoid having these options decided for them by the courts.

Overall, the person who receives the biggest benefit when everyone works together is the child. Seeing his or her foster parents and parents working together or getting along can help the child realize that he or she doesn't need to pick one family over another, and it shows the child that adults can get through difficult situations by communicating and working together. This is known as shared parenting and has been shown to enhance outcomes for children.

## Changes in Family Roles

For foster parents caring for a relative, not only the foster parent's role will change, but the role and status of the child and their birth parent will also change. This change in roles can create a sense of loss for everyone and may be confusing at times. Additionally, relative foster parents may feel some guilt that now the relative foster child is their priority before their other children or family members, and this is to be expected.

Additionally, relative foster parents may feel embarrassment that their family is involved in the child welfare system and that they will have to disclose some negative information about the child's parent. The feelings associated with the changing roles within the family will be something that the family will need to discuss and work through to assist in the transition. There is support available to relative foster parents and foster parents should speak with their licensor to seek out the assistance that their family needs.

## FAMILY INTERACTION

**Family interaction**, which used to be known as visitation, benefits a child placed in foster care in a number of ways. First, it is a vehicle to reduce the psychological harm done to a child by separation from his or her family. Family interaction reassures the child that his or her parents still exist, helps give meaning to the separation, and provides hope that reunification can occur. This reassurance can help sustain the child's emotional well-being while waiting for permanence to happen. Family interaction is also an opportunity for a child to experience reassurance from his or her parent that he or she is loved and valued. It is a chance for the child to receive permission from the parents to be happy where he or she is until it is possible for the child to return home. Family interaction is also an opportunity for children to experience changes that the parent may have made. As parents relate to their children in a more positive and healthy manner, children will learn to relate to their parents more positively. Feelings of trust and well-being will be enhanced.

In general, family interaction is an opportunity to establish, promote, and maintain relationships between the child and his or her parents, siblings, and other extended family members. In addition, family interaction is an opportunity for parents to evaluate their own parenting capacities and learn new ways to parent their children. For child welfare professionals, family interaction is also a way to address any safety concerns, promote the case plan, and support the child's family as they learn to safely care for their children.

For foster parents who are also relatives to the child, family interaction may be a unique situation. If the entire family spends holidays together, for example, the foster parent will need to coordinate this with the child's child welfare professional in order to respect any court-ordered conditions, such as no-contact orders. The foster parent may be put in awkward situations with family members if family interaction is restricted or prevented by the court. Relative foster parents should talk with their licensor or the child's child welfare professional about how to work through these situations. Relative foster parents will also have the opportunity to strengthen the bonds in the family by helping the child's parents learn new skills and, as a relative, it may be more natural to spend time together.

Wisconsin policy and practice has shifted from thinking of family interaction as a formal visit in an agency office to face-to-face contact in the most natural setting as possible, such as the home of the parent or out-of-home care provider. In addition, practice encourages inclusion of families in day-to-day activities with their children, such as doctor's appointments, school functions, trips to the park, or other events. This allows parents to retain parenting responsibilities and roles while their children are in foster care.

## Frequency of Family Interaction

Parents who have frequent, regular, and meaningful interactions have the best chance of reunification with their children. Therefore, family interaction should occur frequently and in a variety of ways. State policy requires, at a minimum, parents must have face-to-face contacts with their children within 5 working days after the child's placement and on a weekly basis thereafter. Additionally, children shall have other family interactions, such as letters or phone calls, with their parents at least weekly. As a guideline, the frequency of family interaction between parents and their children in foster care should correspond with the child's wishes, age, developmental level, and should be consistent with the child's case plan and permanence goals.

The box below includes some ideas about how to facilitate regular interactions with a child's family and how to include them as a part of the child's day-to-day life in foster care.

### Regular Events in the Child's Life

- Inform and invite family members, including siblings, to school functions, sporting events, and community happenings.
- Encourage parents to attend events without you being present (as appropriate to the child's safety).
- Take the report card to the parent in a sealed envelope—don't look at it before the parent does.
- Invite the child's family members, including siblings, to a fun outing with the foster family.

### Ideas for Promoting Indirect Contact

- Send letters and cards to family members about the child's progress.
- Send copies of report cards, schoolwork, and art projects.
- Encourage the child to make cards or crafts to take as gifts to visits with his or her family.
- Make a recording (audio or video) of parents reading a book to the children and play it each evening.

## Family Interaction with Siblings

Although every effort must be made to place siblings together, sometimes this is not possible. Sibling interactions provide an opportunity for siblings to build or maintain family relationships. Children must also have face-to-face interactions with their siblings at least one time per month when they are not seeing each other as part of the family interaction plan. Additional family interactions between siblings must be encouraged, such as contact by phone, letters, and e-mail during the month.

## Decreasing or Suspending Family Interaction

Family interaction is critical to helping families reconnect; therefore, it can only be suspended or prohibited for specific reasons by the agency or court. It is important to note that a parent's incarceration or institutionalization does not constitute grounds for prohibiting or canceling face-to-face family interaction.

### According to Wisconsin State Policy

- Family interaction can only be prohibited by the agency if a court finds that continued contact is not in the child's best interest.
- Family interaction can be decreased or suspended (under agency supervision) if there is evidence that the contact is contrary to the safety of the child and this information is documented in the case record.
- Family interaction **CANNOT** be used as a punishment, reward, or threat to a child pursuant to [Wis. Admin. Code s. DCF 56.09\(5\)\(f\)](#).
- Foster parents **CANNOT** prohibit family interaction.

## Foster Parent's Role

Foster parents have an essential role in preparing a child for face-to-face family interaction. As appropriate, the child should understand when and where the family interaction will take place, for how long it is scheduled, who they can expect to see, and what will happen. In addition, the child should be reminded that after the family interaction, he or she will return to the foster home.

Children often enjoy the time with their family, and having that time come to an end can be very difficult. Even if the child had a difficult time leaving their family, that connection remains after the child enters foster care. Returning to the foster home is a reminder that they are not able to live at home with their family. Having difficulty returning to the foster home is normal for children and is to be expected. They may go through a range of emotions, including anger and frustration, and they will need foster parents to be understanding and flexible during this transition period.

For children living with relative foster parents, these transitions can be even more difficult. The child may feel guilty for missing their parents or siblings and feel that they are disrespecting their foster parent as another family member by being disappointed to return to their home. It is important for relative foster parents to discuss this with the child and let them know that their disappointment is normal, and it is okay to feel this way.

Below are some situations that may occur with families involved in the foster care program and ideas for how foster parents can work through them to help the child and family have successful family interactions.

### **Failure of a family member to show up for a visit.**

Inform the child's child welfare professional as soon as possible. The child welfare professional can then discuss any problems with the family interaction plan with the child's parents. It is the child welfare professional's responsibility to work with the family surrounding failure to participate in interactions with the child.

**Family members that arrive unannounced.**

The family interaction plan developed by the child welfare professional will outline the frequency and number of family interactions. Foster parents should have information about the family interaction plan from the child welfare professional and information about what to do if members of a child's family are stopping by unannounced to the foster home.

Family members who arrive in a state of tension, anger, or under the influence of drugs or alcohol. Foster parents should have information from the child welfare professional as to what to do if a member of the child's family is intoxicated or threatening. They may need to decide whether to allow the visit. First, assess the threat of danger, potential injury to the child, and their ability to control the situation. Then the situation should be immediately reported to the child's child welfare professional.

**Family members who call frequently.**

Limit calls to a specific time that is both convenient for the foster family and fair to the parents and child. Foster parents can work with the child's child welfare professional to effectively communicate and enforce plans for contacting the child.

To access the statewide requirements for family interactions in Wisconsin, go to <https://dcf.wisconsin.gov/files/cwportal/policy/pdf/ongoing-services-standards.pdf> or ask the child's child welfare professional for a copy of the agency's family interaction policy.

## Sibling Connections

For children in foster care, maintaining and building sibling relationships is as important as having contact with their parents. Siblings who come from homes where abuse and neglect were present often provided care, support, and consistency to each other because their parents were unable to do so for various reasons. Keeping siblings together when they are placed in foster care can help reduce some of the trauma associated with being removed from their parents. Siblings often help each other with the transition to a new home and can assist foster parents to find out how to best meet the needs of their brothers and sisters.

Sibling relationships are the longest lasting relationships many people have. Foster parents have unique opportunities to help children sustain and build these crucial relationships. They can have an important impact by assisting with and facilitating the child's relationships with his or her siblings that will likely outlast the time a child is placed in the foster home.

For various reasons, many children are separated from their siblings when they are placed in foster care. Nationally, about two-thirds of children in foster care also have a sibling in care. Reasons for separating siblings may include:

- Concerns that an older sibling is too involved in the care of his or her sibling and is not able to be a "kid."
- Concerns that the siblings fight too much or don't get along well.
- Concerns regarding the foster family's ability to care for multiple children with various levels of need.
- Capacity or space limits based on foster care licensing or agency policy which may not be able to accommodate the placement of a large sibling group.
- Safety concerns, such as sexualized or extremely aggressive behavior between siblings or other types of victimization.

Regardless of the reason, the impact of separating siblings in care has been found to be as traumatic for children as being separated from their parents. It is critical that everyone involved with children who are separated from siblings do all they can to help maintain and enhance these vital connections.

The box below contains some things foster parents can do to assist with maintaining the relationships among siblings if a child or children in the foster home has been separated from his or her brothers or sisters.

### **Maintaining and Enhancing Sibling Connections**

- Adhere to Wisconsin’s Family Interaction Policy standards regarding sibling interaction.
- Assist children to maintain multiple forms of contact with siblings such as phone calls, e-mails, letters, and cards.
- Advocate for participation in family team meetings so that interactions can be coordinated between parents and foster families.
- Collaborate with the foster families of the siblings of the child in your home to plan joint activities and outings.
- Provide for and arrange respite which allows siblings to spend time together.
- Be available to listen and provide support to children as they manage their feelings and emotions regarding sibling contact and being separated.
- Encourage ongoing contact with siblings.

### **Additional Ways to Support Family Connections**

In addition to keeping family interaction consistent and frequent, there are other things foster parents can do to help children stay connected with their parents, siblings, and extended family.

### **Other Ideas for Supporting Family Connections**

- Try to give the family as much privacy as possible by going on with the family’s normal routine or providing separate space if the interaction occurs in the foster home.
- Have games and toys available for family members to play together.
- Take pictures of the child and send them to family members.
- Maintain phone contact between the child, parents, and siblings.
- Call the parent when the child is sick or not feeling well.
- Praise and recognize positive parenting by the child’s parent.
- Discuss shopping and clothing purchases and invite the child’s family along.
- Keep the parent informed of the development of the children.
- *(Adapted from Ginther, et al.)*

## CHALLENGES ALONG THE WAY

At times, problems may arise during interactions with a child and his or her family. Foster parents should contact the child's child welfare professional as soon as possible if they have a concern or problem. This may include any events, observations, feelings about something that has occurred, or the child's reactions to family interaction. Because every situation is different, the child's child welfare professional is in the best position to advise a foster parent about how to handle various issues and address any concerns with all individuals involved in the family interaction plan.

Relative foster parents may find it difficult to discuss their concerns about the child's interaction with their family members. This may be a challenging conversation to have about other members of the family, but it is important to always have the child's best interest in mind. The child's child welfare professional is a critical support to assist relative foster parents in navigating these challenges.

It can be very difficult to work through the confusion and mixed emotions that some children may have. The best way to address confusing or difficult situations is to answer any questions children have with honesty and respect in an age-appropriate manner. Foster parents may also want to consider connecting with other foster parents if a child's interactions with his or her family are becoming challenging. The child's child welfare professional should be made aware of any concerns related to a child's behavior or reactions to contact with family members.

### Problems That May Arise

Below are some common situations that occur with families involved in the foster care program and ideas for how foster parents can work through them.

#### **Family members and foster parents may not get along with one another.**

There are many differences that can come between children's families and foster families including values, background, culture, parenting styles and beliefs, education, age, socioeconomic level, and skills. It is important to talk to the parents about their family beliefs, practices, and traditions to learn more about them and other members of the child's family. Foster parents may also want to find a positive way to ask the family if there is something that can be done from their point of view that would help the both of you work better together.

#### **Family members are unsure of how to relate to the foster family.**

Try to make the child's family feel welcome in the foster home. Talk to parents about their child since they are the experts on their child. Things to find out might include information about a child's favorite things (e.g., foods, toys, games, etc.) or one of their favorite times with the child.

#### **Family members who may be overwhelmed.**

Praise and recognize the efforts and positive parenting of the family.

#### **Family members who may feel envy and resentment.**

Assure the child's family that they have a very important and irreplaceable role in the child's life.

## KEY CONCEPTS: CHAPTER 5

- You play a critical role in maintaining connections between children and their families.
- Just as you are experiencing many feelings and emotions about children’s families, they are also experiencing many feelings and emotions about their children being placed in your home and having to work with you.
- The person who receives the biggest benefit of foster parents, the child’s parents, and child welfare professionals working together is the **child**.
- Parents and children who have frequent, regular, and meaningful interactions have the best chance of reunification and success in placement.
- Try to give the family as much privacy as possible by going on with your normal routine or providing separate space if the interaction occurs in the foster home.
- Family interaction can only be prohibited by the agency if a court finds that continued contact is not in the child’s best interest.
- You should contact the child’s child welfare professional as soon as possible if you have a concern or problem.
- Assure the child’s family that they have a very important and irreplaceable role in the child’s life.

# CHAPTER 6:

## Caregiver Self-Care



## CHAPTER 6: CAREGIVER SELF-CARE

Foster parenting is rewarding, difficult, and demanding all at the same time. Fostering brings many new experiences and challenges which may affect the child in foster care and the entire foster family. In order to ensure the best possible care for a child, it is important for a foster family to monitor stress levels and let the child welfare professionals know when the family is feeling overwhelmed. This chapter covers the effects of fostering on the family, foster family grief and loss, the importance of coping and taking breaks, and connecting with others for support and information about foster parenting.

### EFFECTS OF FOSTERING ON THE FAMILY

Foster parents need to take care of their needs and the needs of their own children just as they would take care of the needs of a child placed in their home. It takes time to adjust to the arrival of a child and the resulting change in dynamics of the whole family.

A child in foster care often arrives without the preparation that surrounds the birth of a child or sibling. The phone call, the family's decision, and the arrival of the child can all occur within a few hours. The child may be close in age (actual age or developmental level) to the foster family's own children, and children living in the home may have mixed emotions. The entire family needs to incorporate the foster child into family activities to help the child feel cared for and secure.

It is normal to request respite care or a break from fostering, either for an afternoon, a couple of days, or longer times. More information about respite is included later in this chapter. Some families choose to take short "time-outs" between foster care placements in their home to re-group as a family. Families should do what they need in order to continue to provide a stable and supportive home for a child and their family.

Children may worry about what happens to the children in foster care when they leave your home. They may need to be told that it's OK to grieve the loss of their foster brother or sister. Many foster parents keep pictures of children who have been part of their family to help family members remember the children who lived with them.

### A Brother's Viewpoint

Foster parents sometimes worry about the behavior of a foster child and the influence of that behavior on their children. While there are behaviors that foster parents need to manage, fostering can also have unexpected positive effects, as the story below illustrates.

In the past year and a half, my parents have had five kids, but now there are only three. Know why? It's because I have one brother and had three foster sisters. Our family adopted one of the foster children.

Our first foster child was a little girl who was 14 months old. She loved blocks and could crawl as fast as a rabbit. She stayed for only two weeks and went to her grandma's house with her three brothers and sisters. Our next little foster girl was the same age. She learned to walk and talk at our house. She stayed with us for over a year. She never really learned to talk whole sentences, though. The best she could say would be like, "I wa eat." After a while, her dad did the stuff he needed to do to have her. He took classes and he promised he would be a good parent. After she visited him for a few days, she was given to him. When she left, I was so sad. She had been part of the family, and I loved her so much!

Our third and final (for now) foster child had been in foster care for a year and was one and a half when she came to our house. She became our foster child in October of 2004, and then, in January of 2005,

our family figured out she needed to be adopted. So, on April 28, 2005, we went to Children’s Court to adopt her. The judge asked my mom and dad loads of questions and asked the social worker questions, too. She also asked Liam (my brother) and me questions, and we read our welcome letters to our sister. At the end of the time in court, the judge asked Liam and me to come up with her to the bench. She whispered to us to hit the gavel and declare, “This adoption is final!” I was very excited and relieved.

I am so glad that my parents participated in the foster care program. I still wish my other foster sisters were in my family too, but I’m satisfied with the brother and sister I have right now. Who knows? I might get another brother or sister from foster care.

## WAYS IN WHICH FOSTER PARENTS ENCOUNTER LOSS AND GRIEF

Foster families may not expect feelings of grief or loss after a foster child leaves their home. But as the child moves on, the foster family loses the unique relationship that they had with that child. Foster family members will also face other kinds of grief, such as the grief a child experiences by being away from their family. Some examples are included in the box below.

### Different Ways Foster Parents Experience Grief and Loss

- Grief felt by the child’s parents when a child is removed.
- Feelings of loss felt by the child separated from his or her parents.
- Personal grief when their foster child is reunified with his or her family or placed in another foster or adoptive home.
- Grief of other members of the foster family when the child moves.
- Grief over the abuse or neglect experienced by the child.
- Grief over not being able to make a connection with a child or their family.

A person dealing with loss may feel depressed, anxious, or angry; foster parents may miss the child who has left the home. Members of the foster family may have difficulty concentrating, cry, exhibit restlessness, have trouble sleeping, avoid social contact and intimacy, and experience appetite disturbance and fatigue. These symptoms may be distressing to the members of the foster family, especially if the grief is unexpected.

Although the move of a child may be a deeply emotional time, it is an opportunity for growth and change. Foster parents can use feelings of grief to build empathy for what parents feel when their child is removed, and for the losses of the children who have to leave their own homes.

For relative foster parents, the sense of grief and loss may feel very different from that of a foster parent who is not related to the child. Relative providers may also be grieving for the child and the birth parents because the child had to go into foster care. The foster parent might feel a sense of loss or embarrassment for their family to be involved in the child welfare system and may also feel a sense of loss like any other foster parent when the child leaves the foster home. Relative providers may have similar fears about what will happen to the child and if the move was a positive one. Relative providers should talk with their licensor about getting connected to foster parent support groups that address the grief and loss of relative caregivers.

Facing the intense circumstances of grief and loss can be difficult, and foster parents should allow time to work through and recover from such experiences. The box below includes suggestions for how to work through difficult times.

### Tips for Dealing with Grief and Loss

- Connect with foster care and adoption support groups.
- Use respite providers as necessary.
- Allow time to grieve the loss of the child.
- Think about taking a short break from fostering every now and then.
- Talk with your licensor about your needs; they want to provide foster parents with the resources they need to be successful.

## COPING AND SUPPORT

Parenting children with special needs demands an enormous amount of time and energy. It is important to continually evaluate whether these demands can be managed and when to ask for additional help.

Everyone gives and receives support in unique ways. The ways we are most comfortable giving support may not be the same ways we like to receive support. Foster parents should take a few moments and, using the box below as a guide, talk with someone close to them about the types of support they like to give and receive to create sources of support for when things might get stressful.

### Things to Think About and Discuss with Someone you Trust

- How do I receive support?
- Who provides me with support?
- How do I give support?
- To whom do I give support?
- Do I have as many people to support me as the number of people I support?

**Remember:** In order to take care of our children, foster parents need to take care of themselves.

## WHEN TO ASK FOR HELP

To continue to provide quality foster care, it is important for foster parents to let the child's child welfare professional or their licensor know when they are feeling stressed. It is the foster parent's responsibility to keep the agency informed and their right to request assistance when needed. The foster care licensing agency should work with the foster family to connect them with resources to support both the children placed in the foster home and the foster family.

### Respite Care

**Respite** is the temporary care of a child in foster care provided by another family for a day or weekend. Respite can provide a much-needed break for the foster family and child. Most parents take breaks away from their children – to go shopping, see a movie, get away for a night, or just do nothing at all. It is very normal for foster parents to need breaks from the responsibilities of providing foster care. Respite can be for a few hours or a couple days.

Agencies handle respite care in different ways. Foster parents should talk with their licensing agency about the possibility of building their own system of caregivers who can provide care for children in their home. Some agencies require respite providers to be licensed foster parents, so foster parents should ask their licensor for more information about the ability to use informal resources, like relatives, friends, or other foster parents.

## SUPPORT GROUPS AND FOSTER PARENT ASSOCIATIONS

There are aspects of fostering that only parents and families who foster can fully understand. A variety of foster parent groups and associations both across the state and nationally can connect foster parents for peer support and information. Below is information about support groups and foster parent associations, including what they are and how foster parents can find out if they are available in their area.

It is important to remember that information about a child in foster care and their families must be kept **confidential** even with other foster parents. Foster parents can discuss challenges they are experiencing in a general way without sharing specific details about an individual child or family.

A **support group** is a network of foster parents who come together to share ideas, experiences, and concerns related to the children in their homes. It's a way for families to talk about the joys and frustrations that come with being foster parents. These groups may meet in person, through newsletters, online, or by telephone.

In some groups, the focus is on sharing among foster parents. In others, it is on advocacy. Still others focus on education and training. Groups may combine all of these at one time or another. Foster parents should check with their licensing agency to see if there is an agency group of foster parents that meets in their area.

A **foster parent association** is a more formal organization that works to support foster parents by providing opportunities for networking and training. Foster parent associations often do advocacy work for issues impacting children in foster care and foster parents.

Below is information about two foster parent associations that may be of interest to foster families:

### The Wisconsin Family Connections Center

The Wisconsin Family Connection Center is a statewide organization dedicated to supporting foster and adoptive parents. They provide newsletters containing legislative updates, articles about foster care issues, a calendar of upcoming events, and information about their conferences.

**For more information about other support groups, associations, and resources available in Wisconsin, talk to your licensor or contact the Wisconsin Family Connections Center website at:**

<https://wifamilyconnectionscenter.org>.

### National Foster Parent Association

The National Foster Parent Association (NFPA) is the only national organization that supports foster parents and advocates on behalf of all children. The NFPA hosts an annual conference and offers a variety of information on their web site. Membership in the NFPA is open to anyone interested in improving the foster care program and enhancing the lives of children and families. **For more information about the NFPA, visit their web site at [www.nfpaonline.org](http://www.nfpaonline.org) or call 1-800-557-5238.**

## Knowledge is Power

To make educated decisions, it is critical for foster families to continue learning about issues affecting children in foster care. This handbook gives only a general overview of various topic areas. Foster parents will need additional, more specific information and training to help increase their understanding and meet the ever-changing needs of children in foster care.

The box below contains suggestions of basic topics that foster parents may want to start learning more about to expand their understanding of issues related to foster care.

### Some helpful topics may include:

- Effects of trauma, child abuse and neglect.
- Working with children with behavioral, emotional, or physical challenges.
- Information about bonding, attachment, and attachment disorders.
- Cross-cultural parenting.
- Working with special education.
- Information about mental health disorders in children.
- Working with children who have experienced sexualized behaviors.
- Building successful working relationships with children's families.

The Wisconsin Family Connections Center has an extensive library with information about the issues above. They can help foster parents locate information on these and other topics related to foster care and adoption. Foster parents can contact the **Wisconsin Family Connections Center website at <https://wifamilyconnectionscenter.org>**. Local libraries and the Internet are also good sources for additional information.

## KEY CONCEPTS: CHAPTER 6

- In order to ensure the best possible care for children, it is important for foster families to identify their stress levels and let the child welfare professional know when they are feeling overwhelmed.
- The experience of fostering children may have unexpected positive and negative effects on all of the children in the home.
- Although the move of a child may be a deeply emotional time for the foster family, it is an opportunity for growth and change.
- It is important to continually evaluate whether the demands of fostering can be managed and when to ask for additional help.
- It is the foster parent's responsibility to keep the agency informed and their right to request assistance when needed.
- A foster parent support group is a network of foster parents who come together to share ideas, experiences, and concerns related to the children in their home.
- A foster parent association is typically an organization that strives to support foster parents and to advocate on behalf of all children.
- Continued learning helps foster parents understand and support the ongoing needs of the children placed in their home.

# APPENDICES

# APPENDIX 1: Laws and Regulations Governing Foster Care

## Federal Laws

### Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) was passed by the United States Congress in 1978 to protect the best interest of Indian children and to promote the stability and security of Indian tribes and families. It established minimum federal standards for the removal of Indian children from their families and the placement of Indian children in foster or adoptive homes that reflect the unique values of Indian cultures. An alarming number of Indian children had been removed from their families and placed in non-Indian homes, which had a devastating effect on individual children, families, and entire Indian communities and cultures.

ICWA is a critical federal law for Indian children and their families and tribes. All state, county, and private child welfare agencies and courts must follow ICWA when they are working with Indian families in child custody proceedings. The law puts in place additional requirements that must be followed for Indian children.

ICWA includes the following important requirements:

- States must recognize the jurisdiction of Indian tribal courts regarding custody of Indian children. This applies to foster care placements, termination of parental rights, pre-adoptive placements, and adoptive placements.
- The placement and termination of parental rights of parents of Indian children have stricter standards than non-Indian children. This includes making active efforts that require clear and convincing evidence through testimony by qualified expert witnesses that remaining with the parent or Indian custodian will result in serious emotional or physical damage to the child.
- Placement preferences for Indian children who are removed from their caregivers are, in this order:
  - A member of the Indian child's extended family
  - A foster home licensed, approved, or specified by the Indian child's tribe
  - An Indian foster home licensed or approved by an authorized non-Indian licensing agency
  - An institution for children approved by an Indian tribe or operated by an Indian organization which can meet the Indian child's needs
- Placement preferences for Indian children for adoption are, in this order:
  - A member of the child's extended family
  - Other members of the Indian child's tribe
  - Other Indian families
- State and county agencies must provide notice to the tribe of circuit court child custody proceedings.
- State and county agencies must give "full faith and credit" to public acts, records, and judicial proceedings of Indian tribes.

There are 11 federally recognized tribes in the State of Wisconsin:

- Bad River Band of Lake Superior Chippewa Indians
- Ho-Chunk Nation
- Lac Courte Oreilles Band of Lake Superior Chippewa
- Lac du Flambeau Band of Lake Superior Chippewa Indians
- Menominee Indian Tribe of Wisconsin
- Oneida Tribe of Indians of Wisconsin
- Forest County Potawatomi Community
- Red Cliff Band of Lake Superior Chippewa
- Sokaogon Chippewa Community
- St. Croix Chippewa Indians of Wisconsin
- Stockbridge-Munsee Community

Each tribe has its own specific customs, values, and traditions.



For more information about the Indian Child Welfare Act or for information about tribes in Wisconsin, please contact the Indian Child Welfare Consultant in the Division of Safety and Permanence at (608) 266-5330 or visit the Department's Indian Child Welfare Act website at <https://dcf.wisconsin.gov/wicwa>.

Another resource is the National Indian Child Welfare Association (NICWA), whose website is <http://www.nicwa.org>.

### **Adoption and Safe Families Act**

The federal Adoption and Safe Families Act (ASFA) was created in 1997 to prevent children from staying in foster care for extended periods of time without achieving permanence. The goals of ASFA are to improve the safety and well-being of children and to find permanence for children in a timely manner. ASFA requires agencies to focus on providing immediate services to families and, if services to a family are not effective, to identify other permanent living arrangements for the child.

ASFA created specific time limits for when agencies must make a decision about a child's permanence goals. If a child has been in out-of-home care for 15 of the last 22 months, the agency must take actions to terminate the rights of the child's parents and find an alternate permanent placement for the child. However, ASFA permits agencies to make exceptions on a case-by-case basis to the 15 of 22 month rule, such as if the child and parent have a significant connection but the parent hasn't made enough progress to safely care for his or her child. If you have questions about the child's permanency plan or permanence goal, ask the child's case worker.

### **Multiethnic Placement Act and Interethnic Placement Act (MEPA & IEPA)**

The federal Multiethnic Placement Act (MEPA) and Interethnic Placement Act (IEPA) states that the placement of a child into a foster home may not be delayed or denied on the basis of race, color, or national origin of the foster parent or child.

Foster care placements need to be consistent with what is best for the child and not solely based upon the race, color, or national origin of the child or a potential foster family. Matching the needs of the foster child with the abilities and expertise of foster families is the most appropriate way to meet the best interests of the child.

MEPA and IEPA also requires states to actively recruit potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

### **John H. Chaffee Act**

The John H. Chaffee Foster Care Independence Act of 1999 outlines requirements and provides funding to meet the needs of youth between 14 – 21 years old who are in or have aged out of foster care. Wisconsin law states that all teens aged 14 and older who have been in foster care for six months or longer must have an Independent Living Assessment and transition plan that identifies the knowledge and skills the youth will need to make a successful transition to living on their own. If you have a teen 14 years of age or older or you take a teen into placement, agency staff will be working with you and the teen to develop this transition plan.

### **Fostering Connections to Success and Increasing Adoptions Act**

The Fostering Connections to Success and Increasing Adoptions Act of 2008 places emphasis on the importance of involving relatives throughout a case for familial connections, as well as for placement options.

This act also requires states to provide notice to adult relatives of a child within 30 days of the removal of a relative child from the child's parental home. The notice informs relatives that the child has been removed and provides information about the benefits of becoming a foster parent.

Lastly, this act places emphasis on the placement of siblings together and requires agencies to place siblings together whenever possible, and if this is not possible, agencies must provide sibling interaction between the siblings.

### **Preventing Sex Trafficking and Strengthening Families Act**

The federal Preventing Sex Trafficking and Strengthening Families Act of 2014 amends the Title IV-E foster care program to address a number of different issues including: introducing a requirement for “Reasonable and Prudent Parent Standard” for out-of-home care providers, limiting the permanency goal of Other Planned Permanent Living Arrangements for youth 16 years or older, reducing the age for independent living services for youth in out-of-home care from 15 to 14 years old, allowing for a successor guardian in Subsidized Guardianship agreements, expanding the relative notification requirements when a child has been placed in out-of-home care, and updating the reporting requirements when a child is missing from foster care.

The largest impact foster parents will see from this act is the requirement to implement a Reasonable and Prudent Parent Standard (RPPS) to increase normalcy for children placed in foster care. Normalcy is the ability to easily have opportunities for normal growth and development that promotes well-being. Every child has a right to normalcy, and personal growth should not be prevented by a child’s placement in foster care.

This law requires all foster parents to apply the RPPS when they make decisions about children placed in their home to allow them to participate in age and developmentally appropriate activities. This standard is not used for children who are with a foster parent for respite.

Foster parents will use this standard on a *child specific* basis to allow children placed in their home to participate in activities that encourage normalcy and emotional and developmental growth, while still maintaining the health, safety, best interest, and cultural, religious, and tribal values of the child.

## **Wisconsin Laws and Policies**

Policies that regulate child welfare services in Wisconsin are created and issued in different ways. The different types of policies and requirements are explained below:

### **State Statutes**

State statutes (such as Ch. 48, the Children’s Code, and Ch. 938, the Juvenile Justice Code) are laws created by the Wisconsin State Legislature that all agencies must follow. There are no exceptions to statutory requirements.

A copy of **Chapter 48** can be found on the Internet at:

<http://www.legis.state.wi.us/statutes/Stat0048.pdf>

A copy of **Chapter 938** can be found on the Internet at: <http://www.legis.state.wi.us/statutes/Stat0938.pdf>

### **Administrative Rules**

Administrative rules (such as the foster care licensing rule, Ch. DCF 56, Adm. Code, “Foster Home Care for Children”) are written by the Wisconsin Department of Children and Families and must be submitted to a committee of the Wisconsin State Legislature for approval. Most often there are statutory requirements that direct the Department to create administrative rules, but the Department also has the broad authority to create rules that implement requirements of Ch. 48, Stats. All agencies in Wisconsin must follow Administrative Rules. Sometimes there are exceptions to specific requirements created in Administrative Rules.

A copy of Administrative Rule **DCF 56** can be found on the internet at:

[http://docs.legis.wisconsin.gov/code/admin\\_code/dcf/021\\_099/56.pdf](http://docs.legis.wisconsin.gov/code/admin_code/dcf/021_099/56.pdf)

A copy of the **annotated** version of Administrative Rule **DCF 56** can be found on the internet at:

<http://dcf.wisconsin.gov/files/forms/doc/2131.docx>

**Numbered Memos**

Numbered memos are policies written by the Division of Safety and Permanence (DSP) within the Department of Children and Families. These memos create or explain requirements for child welfare agencies. Numbered memos often explain things written in federal laws and regulations, state laws, and administrative rules, such as explaining exceptions to requirements in an administrative rule. Agencies must follow instructions or interpretations explained in these memos.

**Informational Memos**

Informational memos provide guidance and information for child welfare agencies to help guide their practice decisions.

The **Policy Memos** can be found on the internet at:

<https://dcf.wisconsin.gov/cwportal/policy>

## APPENDIX 2: Helpful Weblinks

### Federal Laws

#### Indian Child Welfare Act

<http://www.nicwa.org/policy/law/icwa/ICWA.pdf>

#### The Adoption and Safe Families Act

<https://www.congress.gov/105/plaws/publ89/PLAW-105publ89.pdf>

#### Preventing Sex Trafficking and Strengthening Families Act:

<https://www.congress.gov/113/plaws/publ183/PLAW-113publ183.pdf>

### Statutes

#### Chapter 48 – Children’s Code

<http://www.legis.state.wi.us/statutes/Stat0048.pdf>

#### Chapter 938 Juvenile Justice Code

<http://www.legis.state.wi.us/statutes/Stat0938.pdf>

### Administrative Rules

#### Chapter DCF 56 Foster Home Care for Children

[https://docs.legis.wisconsin.gov/code/admin\\_code/dcf/001\\_099/56.pdf](https://docs.legis.wisconsin.gov/code/admin_code/dcf/001_099/56.pdf)

#### Chapter DCF 56 Foster Home Care for Children – annotated version

<https://dcf.wisconsin.gov/files/publications/pdf/0131a.pdf>

#### Chapter DCF 37 - Information to be Provided to Out-of-Home Care Providers

[https://docs.legis.wisconsin.gov/code/admin\\_code/dcf/021\\_099/37](https://docs.legis.wisconsin.gov/code/admin_code/dcf/021_099/37)

### Forms

#### Information for Out-of-Home Care Providers, Part A

<https://dcf.wisconsin.gov/files/forms/doc/0872a.docx>

#### Information for Out-of-Home Care Providers, Part B

<https://dcf.wisconsin.gov/files/forms/doc/0872b.docx>

#### Out-of-Home Care Support Plan

<https://dcf.wisconsin.gov/files/forms/doc/2130.docx>

#### Foster Parent Insurance Program Claim of Loss or Damage

<https://dcf.wisconsin.gov/files/forms/doc/0116.docx>

#### Independent Living Services Checklist

<https://dcf.wisconsin.gov/files/forms/doc/2251.docx>

## Other Resources

### Indian Child Welfare Act – in Wisconsin – Summary information

<https://dcf.wisconsin.gov/wicwa>

### Special Education in Plain Language

<https://www.cesa7.org/page/special-education-1>

### The Wisconsin Family Resource Center

The [Wisconsin Family Resource Center](#) offers a variety of resources:

- Brochures
- Library and learning materials
- Posters
- Calendar of statewide events and trainings
- Support services to the foster care program in Wisconsin.

### National Foster Parent Association

The [National Foster Parent Association](#) is a non-profit, volunteer organization established in 1972 as a result of the concerns of several independent groups that felt the country needed a national organization to meet the needs of foster families in the United States. The National Foster Parent Association aims to support foster parents in achieving safety, permanence, and well-being for the children and youth in their care.

### International Foster Care Organization

The [International Foster Care Organization](#) (IFCO) is a global, non-profit networking organization serving to promote and support family-based foster care across the world. IFCO the only international network of foster parents.

### Wisconsin Child Welfare Professional Development System

The [Wisconsin Child Welfare Professional Development System](#) (WCWPDS) allows foster parents to browse and register for trainings, conferences, and online training modules. It also stores transcript information about the trainings that foster parents have completed.

### Milwaukee Child Welfare Partnership

The [UW-Milwaukee Child Welfare Partnership](#) (MCWP) is a professional development program that is part of the [Wisconsin Child Welfare Professional Development System](#) (WCWPDS). MCWP provides a full array of training and professional development services to foster, adoptive, and relative families throughout Wisconsin.

## APPENDIX 3: Commonly Used Acronyms

- **ADA/DA:** Assistant District Attorney/District Attorney
- **AFA:** Adoptive Family Assessment
- **AFCARS:** Adoption and Foster Care Analysis and Reporting System
- **ASFA:** Adoption and Safe Families Act
- **AWOL:** Absent Without Leave-Runaway
- **CANS:** Child and Adolescent Needs and Strengths (CANS) tool
- **CAPTA:** Child Abuse Prevention and Treatment Act
- **CARES:** Client Assistance Re-employment Economic Support
- **CASA:** Court Appointed Special Advocate
- **CFR:** Code of Federal Regulations
- **CFSR:** Children and Family Services Review
- **CHIPS:** Child in Need of Protection or Services
- **CM/OCM:** Case Manager/Ongoing Case Manager
- **CPS:** Child Protective Services
- **CST:** Coordinated Services Team
- **CWLA:** Child Welfare League of America
- **DCF:** Department of Children and Families
- **DCF 56:** Wisconsin Administrative Code for the Licensing of Foster Homes
- **DOC:** Department of Corrections
- **DSP:** Division of Safety and Permanence
- **DV:** Domestic Violence
- **DWD:** Department of Workforce Development
- **FCARC:** Foster Care and Adoption Resource Center
- **FFA:** Foster Family Assessment
- **FH:** Foster Home
- **FP:** Foster Parent
- **GAL:** Guardian ad Litem (Attorney for a child under the age of 12)
- **ICPC:** Interstate Compact on the Placement of Children (Out-of-state placements)
- **ICWA:** Indian Child Welfare Act
- **IDEA:** Individuals with Disabilities Education Act
- **IEP:** Individualized Education Program
- **IEPA:** Interethnic Placement Act
- **JIPS:** Juvenile in Need of Protection or Services
- **KIDS:** Kids Information Data System
- **MEPA:** Multi Ethnic Placement Act
- **LOC:** Level of Care
- **LON:** Level of Need
- **OHC:** Out-of-Home Care
- **PD:** Public Defender (Attorney for Parents and Children Over 12 years of age)
- **PEP:** Program Enhancement Plan (part of CFJR)
- **PO:** Parole Officer
- **PP:** Permanency Plan
- **PPR:** Permanency Plan Review
- **RFA:** Resource Family Assessment
- **RPPS:** Reasonable and Prudent Parent Standard
- **SAFE:** Structured Analysis Family Evaluation home study assessment
- **SSI:** Supplemental Security Income (Special Needs Children and Adults)
- **FSTMA/T-19/MA:** Foster Care Medicaid/Title XIX; Medical Insurance Coverage
- **TFC:** Treatment Foster Care
- **TFH:** Treatment Foster Home
- **TPR:** Termination of Parental Rights
- **WFAPA:** Wisconsin Foster and Adoptive Parent Association

- **WIC:** Women, Infants and Children Program (Free pre- and post-natal care)
- **eWiSACWIS:** Wisconsin Statewide Automated Child Welfare Information System (Computer Data System)
- **W-2:** Welfare to Work Program.

## APPENDIX 4: Sample Questions to ask the Agency Upon Placement of Child

1. Is there any record-keeping beyond the Part A and Part B information forms that should be maintained for this specific child? Examples of this might include: behavioral information, contact with family, specific school records, etc.
2. Are there any specific known behaviors the foster family should be aware of? If so, is there a need for a behavioral support plan to address these needs?
  - a. If yes, who will be involved in completing this plan?
  - b. When will the plan be completed?
  - c. How often will the plan be reviewed?
3. Are there any other considerations for this child the foster family should be aware of in order to make reasonable and prudent parenting decisions?
4. Are there additional services the child needs to receive, or should be evaluated for? This might include counseling, AODA counseling/treatment, school supports, other forms of therapy, etc. If so, whom do we contact?
5. What will family interaction look like? What are the expectations of the foster family in this process?

**Interactions:**

  - a. How many times a week/month?
  - b. Time of day.
  - c. Location.
  - d. Length of visits.
  - e. Supervision? If so, by whom?
  - f. Who may be present during the visits?
  - g. What if the child does not return on time?
  - h. Transportation arrangements.

**Other forms of contact:**

  - a. Must phone calls be scheduled?
  - b. Do phone calls need to be monitored?
  - c. Number of calls per day?
  - d. Can foster family limit the number of calls a day the foster child places to the family?
  - e. Is there any need to monitor the mail received?
6. Is this a child the agency believes can stay home alone?
7. Contact with agency
  - a. Will the caseworker contact the foster family on a regular basis?
  - b. If the foster family has questions, what is the best way to contact the case worker or other agency staff?
    - i. Phone? E-mail?
    - ii. Is there a time of day that is best?
    - iii. Are there times that the case worker is typically out of the office (i.e., court, staffing, etc.)?
    - iv. If I leave a message, how much time should I allow for the call to be returned (i.e. response by end of day, 1 day, 2 days, etc.)?
    - v. Whom do I contact during afterhours in case there is an emergency?



***The answers to many of these questions will depend on the individual child, his or her experiences, and the situation which has caused the child's placement in foster care. The answers may change with the duration of the child's time in placement and should be addressed with the agency as needs or circumstances arise or change.***

## **APPENDIX 5: All About Me**

**Child's Name:** \_\_\_\_\_

- 1. My favorite books/stories/movies are...**
  
- 2. I like to be alone when...**
  
- 3. I love to eat... (favorite kinds of foods)**
  
- 4. I hate to eat... (least favorite kinds of foods)**
  
- 5. At night before going to bed, my favorite thing to do is....**
  
- 6. The thing that scares me most about foster care is....**
  
- 7. Things I like about my family...**
  
- 8. More than anything I hope...**

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## APPENDIX 6: Resource Family Profile

Family Name: \_\_\_\_\_

**1. Please describe your home and where I will sleep.**

**2. Please describe the kinds of food your family usually eats—will you make some of my favorite foods?**

**3. Please describe the way your family has fun together—what are three family activities that you did this month?**

**4. Please explain why you want to care for foster children.**

**5. What are some of your rules? Can I listen to my own music? Do you care about the kinds of clothes I wear? Can I watch my favorite TV shows or movies?**

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## APPENDIX 7: The Eight Rights of Medication Administration

### Caregiver Edition

- 1. The Right Child** - Be sure you are assisting the correct child.
  - Only set up and give medication to one child at a time.
  - Be especially vigilant if children have similar names or are taking the same type of medication.
- 2. The Right Drug** - Be sure you give the correct drug.
  - Read you the medication label and make sure you have the correct drug. If you struggle with literacy, request an alternative label or have someone read you the directions.
  - Always double-check the label and keep distractions to a minimum when administering medication.
- 3. The Right Dose** - Be sure you give the correct strength and amount.
  - Read the medication container, paying attention to the amount. Whole tablet? Half tablet?
  - Measure liquids with the dosing cup or syringe that came with the medication, not kitchen spoons.
- 4. The Right Time** - Be sure the drug is given at the correct time.
  - Give medication on time and as ordered.
  - Read the medication container for time-specific events such as 30 minutes after a meal, prior to a procedure, or apart from other medications.
- 5. The Right Route** - Be sure the correct route is taken.
  - Check medication label to verify if a tablet should be swallowed or placed under the tongue.
  - For drugs administered to the eyes, ears, or nose, verify the correct side. Left? Right? Both?
- 6. The Right Documentation/Record** - Be sure to keep a record of your drug administration.
  - Document immediately so that you do not forget.
  - Use a notebook or a tracking sheet to help you stay organized.
  - Keep an honest record. If a medication was given late or a dose is missed, note that.
  - Check the amount of drugs left to avoid running out before refilling.
- 7. The Right Reason** - Be sure you understand the rationale for the prescribed drug.
  - Confirm the reason for a prescribed drug with the child's caseworker and/or doctor.
  - Revisit reasons for long-term use when the child visits his/her doctor.
- 8. The Right Response** - Be sure to monitor that the drug is having the desired effect.
  - Ask the child's doctor about potential side effects.
  - Read the side effects warnings that come with medication.
  - Keep a record of your observations when documenting your drug administration.
  - Report any side effects to the child's doctor.

Wisconsin Department of Children and Families—Milwaukee Child Welfare Partnership  
Based off material from: Wisconsin Department of Health Services and Oregon Department of  
Health Services 2020

## APPENDIX 8: Medication Tracking Sheet

Child's Name: \_\_\_\_\_

Date	Time	Medication	Dosage	Route	Observations (side effects and/or improvements)	Initials