# FOSTER PARENT HANDBOOK

**Division of Safety and Permanence**

**Out-of-Home Care Section**

**November 2025**

Wisconsin Department of Children and Families

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# Welcome to Foster Parenting in Wisconsin

This handbook is intended to provide foster parents with an overview of the foster care program, expectations of foster parents, caring for a foster child including an emphasis on shared parenting and self-care. This handbook also provides links and references to additional resources if you want to learn more about a specific topic.

It is important to understand that this handbook is **not** intended to replace the requirements in Wis. Admin. Code Ch. DCF 56 "Foster Home Care for Children" or foster care requirements defined by a tribe's law, custom, or code.

# Chapter 1: Foster Care Overview

On January 1, 2025, Wisconsin Act 119 went into effect. This legislation expanded who is considered a relative or like-kin to a child. Wis. Admin Code Ch. DCF 56 has been updated to include licensing standards specific to relatives and like-kin. Therefore, it is important to note that the term "foster parent" includes licensed relative and like-kin caregivers as well as individuals who are non-relatives to a foster child. A like-kin caregiver and placement preferences does not supersede requirements under the federal Indian Child Welfare Act and Wisconsin Indican Child Welfare Act.

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. If you have any questions about the information in this handbook, you should ask your licensing professional.

## The Purpose of Foster Care

Foster care is temporary care for a child when they cannot safely remain in their home. A child may be placed in foster care for various reasons, but the intention is for the child to return home to their families, which is called reunification. The majority of children in foster care are reunified.

## Rules that Govern Foster Care

This section describes some of the regulations that child welfare agencies and foster parents are required to follow. Wisconsin's child welfare system is governed by state and federal law. 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.

In addition, licensing agencies may develop policies and procedures to implement Wisconsin's Foster Care Administrative Code DCF 56. If you are interested in learning more about federal and state regulations refer to Appendix 1.

## How Children Enter Out-of-Home Care in Wisconsin

### Child Protective Services

Most children enter out-of-home care because a child welfare agency has determined that they cannot safely remain in their home. There are also times when children are placed in out-of-home care on a voluntary basis or due to their parent(s) requesting court jurisdiction to assist in meeting the specific needs of their child. Wisconsin's child protective services system is divided into three stages - access, initial assessment, and ongoing.

### Access

Any person who suspects that a child has been maltreated can make a report to their local child welfare agency. Based on the information obtained in the report, the child welfare agency determines if the allegation meets the legal definition of child abuse and/or neglect according to Wisconsin State Statutes. If the reported allegations meet the legal definition of child abuse and/or neglect, the report is screened in, and an initial

assessment is completed. If the reported allegations do not meet the legal definition of child abuse and/or neglect, the report is screened out and the case is closed.

County child welfare agencies must comply with the Indian Child Welfare Act and Wisconsin Indian Child Welfare Act, which includes collaboration with the Indian child's tribe. More information about the access stage is found here: https://dcf.wisconsin.gov/cps/overview/access.

**Initial Assessment**
An assigned child welfare professional contacts the child and their parent(s) within a specific response time (same day, within 24-48 hours, or within 5 business days). Over the next 60 days, the child welfare professional gathers additional information to assess the child's safety, determine if additional services may be needed, and if the alleged maltreatment occurred. If it is determined that the child is safe, the case with either be closed or voluntary services to the family will be offered. If it is determined that the child is unsafe, the child may either remain in their home with an in-home safety plan or removed from their home and placed into out-of-home care.

Additionally, county child welfare agencies must comply with the Indian Child Welfare Act and Wisconsin Indian Child Welfare Act, which includes collaboration with the Indian child's tribe. More information about the initial assessment stage is found here: https://dcf.wisconsin.gov/cps/overview/ia.

**Ongoing**
Ongoing is the stage in the process where local child welfare agencies provide services for families based on needs identified in the initial assessment and conversations with the family. Many children whose families receive services following an initial assessment can remain in home. When a child must be removed from their home, the priority is to place them with relatives or other adults that have a relationship with the child or their family (referred to as like-kin). The child welfare professional works collaboratively with the family and Indian child's tribe (when applicable) to build on the parent(s)' strengths and mitigate safety related issues identified so the child can return home. If reunification is not possible, an alternative permanency option for the child will be explored. More information about the ongoing stage is found here: https://dcf.wisconsin.gov/cps/overview/ongoing.

## Youth Justice System
The youth justice system in Wisconsin is community based and designed to serve the greatest number of children through local prevention and diversion services and reduce the number of children placed in out-of-home care. There are some similarities between the child protective services and youth justice system, and a child and their family may be involved in both systems at the same time. In some agencies, the same child welfare professional will handle both child protection and youth justice cases; in other agencies, there will be different professionals assigned.

**Referral**
Children generally become involved with the youth justice system after a referral is made to the youth justice agency that the child should be referred to court for delinquency, is in need of protection or services, or violated a civil law or a county, town, or municipal ordinance.

**Intake Recommendations**
The assigned youth justice professional evaluates the referral and utilizes screening tools to determine if the case should be closed or if further intervention is needed.

Placement in out-of-home care for youth in the youth justice system does not generally occur on an emergency basis, as most youth initially remain in their homes. When placement is necessary, youth are often placed under temporary custody orders in a shelter care facility or a detention center. 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.

When determined to be appropriate, the youth may return to their parents, or go to live with 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 is being adequately planned for whether the youth is living at home or in out-of-home care.

## Permanence for Children

Four federal laws, the Adoption Assistance and Child Welfare Act of 1980, the Adoption and Safe Families Act of 1997, the Fostering Connections to Success and Increasing Adoptions Act of 2008, and the Indian Child Welfare Act of 1978, place a priority on the achievement of legal permanence for children who are placed in out-of-home care. These laws were created due to the perception that children were lingering in out-of-home care for significant periods of time without achieving permanency.

When a child is placed outside of their home, the child welfare professional must collaboratively work with the child, their family, an Indian child's tribe, and formal and informal supports to create a plan that creates goals to enhance the child's parent(s) protective capacities to mitigate the identified safety concerns, achieve permanence for the child, and eliminate the need for child welfare intervention.

The child's permanency plan identifies the permanence goal for the child and must be submitted to the court. This plan and the permanency goal for the child is reviewed every 6 months and updated as necessary. Foster parents must be willing to work with the child welfare agency, and the foster child's parents, guardian, or Indian custodian in achieving the permanence goal established in the child's permanency plan. The most common permanence goal for a child is reunification. When reunification is not possible, the agency must identify another permanence goal for the child, such as guardianship or adoption.

It is also important for the child to develop relational permanency. Relational permanency occurs when a child forms lasting, supportive connections that extend beyond their time in out-of-home care. Foster parents have a significant role in enhancing the child's relational permanency by keeping them connected to their families, communities, and racial and cultural identities.

### Reunification

The most common permanence goal for children in foster care is reunification. When working toward the goal of reunification, regular and frequent contact between the child and their parents, Indian custodians, siblings, and extended family is a priority. Agencies are required to develop a family interaction plan that outlines the minimum contact requirements between the child and their parents, siblings and other important people in their life. Foster parents are required to follow the family interaction plan and work with the child welfare agency to coordinate transportation of the child to these interactions.

Foster parents are also encouraged to provide additional opportunities for the child to connect with their family as this Parental interaction with their child while in foster care is essential in helping to relieve the child's mixed emotions and feelings about being separated from their loved ones and community.

### Guardianship

Guardianship is a permanency option for children in out-of-home care when reunification or termination of parental rights and adoption is not in the child's best interests. Guardianship transfers the duty and authority to make important legal decisions for the child to another adult without severing the child's legal relationship with their parents and other family members.

### Adoption

Adoption is a permanency option for children in out-of-home care when reunification is not in the child's best interests. Before a child is legally eligible to be adopted, their parents' rights must be legally terminated by the

court, which is referred to as termination of parental rights (TPR). This may be done voluntarily (filed or agreed upon by the parent) or involuntarily (filed by the child welfare agency).

In every county except Milwaukee County, 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 until the child's adoption is finalized. For children under Milwaukee County's jurisdiction, the case management agency remains the same.

In general, if a foster family expresses a desire to adopt the 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 agency with jurisdiction over the child and approved by the court. If the foster family is going through the adoption process, the agency with jurisdiction over the child may limit you from accepting new foster care placements until the adoption is finalized.

If a foster family wishes to adopt a foster child who is legally eligible to be adopted, an adoption agency professional will complete an assessment of the family to determine if they are the best match for that specific child.

More information about the public adoption process, is found here: https://dcf.wisconsin.gov/adoption and https://wifamilyconnectionscenter.org/how-do-i/adopt/.

### Reaching the Age of Majority, or Aging Out-of-Home Care

If a child does not obtain legal permanence while in out-of-home care, they reach the age of majority, also called aging out-of-home care. Most children reach the age of majority at age 18. However, a child may remain in out-of-home care until age 19 if they are enrolled in high school or a vocational/technical equivalent and are expected to graduate. Additionally, some children may be eligible to remain in out-of-home care until their 21st birthday if they are enrolled in high school or a vocational/technical equivalent and have an Individualized Education Plan (IEP).

### Permanency for Indian Children

County child welfare agencies must comply with the Indian Child Welfare Act and Wisconsin Indian Child Welfare Act, which includes collaboration with the Indian child's tribe. Like-kin and relative placement options does not supersede placement preferences as required by ICWA and WICWA. For information about the permanence options for Indian children, please refer to the Indian Child Welfare Act description in Appendix 1 in Section 6 of this Handbook.

### Concurrent Planning

Concurrent planning is a process of working on two permanency goals for the child at the same time. Concurrent planning can be difficult and confusing for foster parents as you are working towards the child being returned to their home and at the same time, you may be asked to consider being the permanent long-term resource for the child if reunification cannot occur.

## Roles of People Involved When a Child is in Out-of-Home Care

### Foster Parents

The primary role of a foster parent is to provide nurturing care for a child, which includes ensuring that the child's basic needs are met, promoting normalcy for the child, and supporting the requirements of the child's permanency plan, family interaction plan, and treatment plan (if applicable). This includes preparing the child to return home or another form of permanency.

Foster parents are responsible for engaging in shared parenting with the child's parents, guardian, and Indian custodian. This means including them in when making decisions about the child, including them in meetings

and appointments regarding the child, and supporting the child's relationship and connection with them while separated.

Foster parents are also responsible for keeping the child welfare agency informed of the child's progress and any concerns that have been identified. Foster parents are a valuable source of information about how the child is adjusting to separation from their parent(s), placement in the home, and the other numerous changes they are experiencing. The assigned child welfare professional is required to having ongoing and consistent contact with you and the child placed in your home. Foster parents may be asked to attend additional meetings regarding the child or attend court hearings. Below are some suggestions for providing information to the child welfare professional and court so you can feel more prepared.

- 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.
- Don't guess - it is okay to say that you don't know or do not remember.
- If you do not understand a question, ask to have it repeated or explained.
- Remember that the information you provide may become part of the **child's permanency plan and/or part of the court record** and all parties to the case, including both the child and their parents or guardians, will have access to that information.

Foster parents have the right to receive notice of court proceedings related to the child in their care but are not considered a "party" to the child's case. Being a "party" to a case means that a person has a specific legal standing as their 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.

## Role of the Child's Parents, Indian Custodian, or Guardian

The child's parents, Indian custodian, or guardian have the responsibility to work on the goals established in their child's permanency plan and court-order, to mitigate the identified safety concerns and be reunified with their child. They are encouraged to maintain regular contact with their child and child welfare professional.

The child's parents, Indian custodian, or guardian continue to have the right to make major decisions regarding their child's care, such as decisions about their medical care, school and education, and hair care. If foster parents have questions about what decisions they can make and what decisions the child's parents or guardian have the right to make, they should consult with the child welfare professional or refer to the reasonable and prudent parent standard brochure.

## Role of the Child Welfare Professional

The child welfare professional has the responsibility for developing and monitoring the child's permanency plan and family's court order. This involves engaging with the family and other individuals involved in the case, gathering and assessing information, coordinating and connecting the family with services, making decisions concerning the child and family, and presenting information to the court about the child and family. The child welfare professional functions as a facilitator in meeting the needs of the child and family. The child welfare professional is also responsible for complying with the requirements outlined in the Indian Child Welfare Act and Wisconsin Indian Child Welfare Act, which includes collaboration with the Indian child's tribe.

## Role of the Tribal Child Welfare Professional

The Indian Child Welfare Act gives an Indian child's Tribe discretion regarding when and how they will be involved in child custody proceedings and placement of Indian children.

It is important to understand the critical role that an Indian child's tribe plays in the lives of their children, and their children are the most vital resource to the continued existence of the Indian child's 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 you have questions about services to an Indian child or involvement of the child's tribe, you should consult with 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 Licensing Agency Professional

The primary responsibility of the licensing agency professional is to work with the applicants pursing foster care licensing and foster parents licensed by their agency. This includes ensuring that foster families feel supported, have the training and resources they need to accept and maintain placement of a child, and comply with the rules and policies that govern the foster care program. Licensing agency professionals also work with foster families to address concerns or possible violations of the licensing code and agency policies as they arise.

## Role of Court Professionals

This section provides an overview of the different professionals foster parents may interact with when they attend court hearings or be contacted by to provide updates on the child placed in their home.

### 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. 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.

### Guardian ad Litem

Every child under the age of 12 is appointed a guardian ad litem (GAL) by the court. The GAL is an attorney representing the best interests of a child and makes independent recommendations to the court.

### 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.

# Chapter 2: Expectations of Foster Parents

This chapter is designed to give an overview of what is generally expected of foster parents and 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. You should always consult with your licensing professional if you have a question about the information below.

## Communication

Open and ongoing communication among foster parents, child welfare professionals, parents, guardians, and other professionals is key to achieving positive outcomes for everyone involved.

### Information to be Communicated to Foster Parents

To provide a nurturing environment for a child in out-of-home care, a foster parent needs to know specific information about the child's strengths, needs, and connections that should be maintained. Child welfare professionals are required to provide foster parents with as much information as they know about the child on the "Information for Out-of-Home Care Providers" forms (Parts A and B).

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

It is important to know that child welfare professionals will likely not have all the information about the 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 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.

There is also a form titled *"All About Me"* as shown in Appendix 4. This form was created with input from youth who were formerly in foster care. It is a tool foster parents can use with a child 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 the child's parents and family will want or need to know. Below is a list of common items or updates that foster parents may be requested to provide:

- Observations of the child's daily functioning, interactions with their family and friends, and any other important or relevant information about their care.
- The child's strengths and recent achievements.
- Activities the child is involved in or would like to be involved in.
- Physical, behavioral, and developmental health information, including any recent or future appointments for the child.
- The child's progress in addressing treatment needs or goals.
- The child's or your family's potential community resource needs (e.g., respite).

Foster parents are required to notify the child welfare agency and their licensing agency (if not the same) if their phone number has changed or if a serious incident occurred involving either the child or foster home (described later in this chapter). Foster parents must also notify their licensing agency if there is a change in their home, renters or auto liability insurance, if someone moved into the home, or if there are any background check changes for anyone in the home.

If you have questions about the child, the best thing to do is ask the child's child welfare professional. They may not be able to answer all the questions or provide specific details due to confidentiality, but they may be able to provide enough information to give you a better understanding of what is happening.

## Confidentiality

Almost everyone has information 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 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 are authorized to have access to it.

Foster parents must respect the confidentiality of children in their care and their families. That means, information about the child and their family **cannot** be discussed with your friends, neighbors, relatives, on social media, or with others who are not specifically authorized to receive the information. It is important to have conversations with your family members and friends that you cannot talk to them about confidential information. Anyone receiving or sharing information must do so according to a signed consent to release information. Keeping the child and their family's information confidential demonstrates respect and may help build trust.

When asked about the child's background, foster parents should reply that they cannot discuss it with others. Foster parents should ask the child how they would prefer to be introduced to others, you **cannot** identify the child as a foster child.

Foster parents may receive copies of confidential information about the child like medical summaries or treatment plans, all confidential records on the child need to be kept in a secure place that is not accessible to anyone that is not authorized to have that information. 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.

## Reasonable and Prudent Parenting Standard

### Purpose of the Standard

The Reasonable and Prudent Parent Standard (RPPS) is a standard for foster parents to use when making decisions regarding the child's participation in age or developmentally appropriate activities that promote a sense of normalcy for the child. Normalcy is understood as engagement everyday activities that promote well-being such as social, scholastic, and enrichment activities. Children in out-of-home care should be able to pursue their interests, do what their peers can do, build skills for their future, and maintain connections with their culture, family and friends.

Foster parents must be trained in the use of the RPPS prior to making decisions for a child placed in their home. This training is included within the foster parent preplacement training curriculum. The RPPS does not apply to respite care providers.

### Applying the Standard

When applying the RPPS, you should consider all the following:

- The health, safety, and best interests of the child.
- The physical and emotional developmental level of the child.
- The child's wishes.
- The cultural, religious, and tribal values of the child and their family.
- Court orders and other legal considerations affecting the child.
- Potential risks of the activity.

- Whether the child has the necessary training and safety equipment to safely participate in the activity.
- Whether participating in the activity will provide an experience that is similar to the experiences of the other children in the home.
- Developmental activities of peers.
- Information on the Out-of-Home Care Provider A & B forms.

Foster parents and the child welfare professional should make diligent effort to engage and include the child's parents, guardian, or Indian custodian in the decisions impacting their child as they have valuable insight about the child that may help the foster parent make decisions that promote the family's values and establish connections for the child. If the child is an Indian child, the child welfare professional must ask the child's parents, guardian, or Indian custodian and the Indian child's tribe about specific tribal values and customs and provide this information to the foster parent.

In circumstances of disagreement on the application of RPPS, the child welfare agency is ultimately responsible for decisions regarding the child's care.

The RPPS does not authorize foster parents to make every decision for the child. Refer to the Reasonable and Prudent Parenting Standard Brochure for more information: https://dcf.wisconsin.gov/files/publications/pdf/5105.pdf.

## Payments and Financial Assistance

### Uniform Foster Care Rate

The Uniform Foster Care Rate (UFCR) is a non-taxable reimbursement provided to foster parents to assist with the cost of caring for a child placed in their home. These monthly payments are made on a retrospective basis, which means that you will receive payment for the prior month's care (e.g., child was placed in your home on August 18th, you will receive a payment for August 18th-31st in September). The UFCR is made up of four parts:

The **Basic Maintenance Rate** is a set amount established under Wisconsin Statute based upon the age of the child. The basic maintenance rate is intended to cover food, clothing, housing, basic transportation, personal care, and other expenses.

The **Supplemental Rate** is an additional amount based on the emotional, behavioral, and physical/personal care needs of the child. This amount is determined by an assessment of the child's needs and strengths (referred to as the CANS) that the child welfare professional completes within 30 days after placement and reassessed every six months. Foster parents may request a redetermination of the CANS at any time if there is specific information, such as a description of a change in the child's needs or condition which would necessitate a change in the rate. The child welfare professional will determine the final supplemental amount. Foster parents licensed with a Level 1 certification are not eligible for the supplemental rate.

The **Exceptional Rate** is an additional amount to support the child in a foster home versus a more restrictive setting, for siblings or minor child and minor parent to be placed together, to transport the child to their school or origin, or to replace the child's basic wardrobe. The child welfare professional will determine the final exceptional amount. Foster parents licensed with a Level 1 certification are not eligible for the exceptional rate.

Foster parents may also receive an **Initial Clothing Allowance** when a child initially enters foster care to help pay for their clothing needs. The initial clothing allowance is a set amount based on the child's age.

Your licensing agency will provide you with a brochure that explains the UFCR and these components more in depth.

### Wisconsin Shares

Wisconsin Shares helps eligible families afford quality childcare. You may be eligible for this assistance by applying with your local Wisconsin Shares agency. Wisconsin Shares requires program recipients to utilize

regulated childcare providers that have a YoungStar rating of 3 or higher. To find an eligible childcare provider near you, visit: https://childcarefinder.wisconsin.gov/.

Wisconsin Shares may not cover the full cost of childcare, which means you may be responsible for paying the difference. The difference may also be included in the child's exception rate, as described above. More information about the Wisconsin Shares program and how to apply is found here: https://dcf.wisconsin.gov/wishares/parents.

### Foster Parent Insurance Program

The Foster Parent Insurance Program was created by the Wisconsin Legislature (Wis. Stat. § 48.627) for the Department of Children and Families (the department) to reimburse foster parents for incurred costs associated with bodily injury or property damage caused by foster children in their care that is not covered by their insurance policies.

This program is designed to cover bodily injury or property damage sustained by the foster parent or a member of the foster parent's family. In addition, this program may cover bodily injury or property damage caused by the foster parent in granting permission for the foster child in their care to participate in an age or developmentally appropriate activity. This applies to bodily injury or property damage caused by accident or voluntary action.

The department will only reimburse costs incurred by the foster parent to repair things that were damaged or to replace damaged items. Your licensing agency will provide you with a brochure about this program and how to file a claim under it.

## Level of Care Certification

When foster parents apply for foster home licensure, they are given a level of care certification. There are five levels of care with different experience, training, and skill qualifications. Foster parents should be involved in deciding which level of care certification to pursue.

### Level 1

Level 1 certification is for a limited group of applicants seeking to care for a specific child in which they are not a relative or like-kin to. Level 1 foster parents are required to complete 6 hours of preplacement training within 6 months after being licensed.

### Level 2

Level 2 certification is for foster parents who are a relative or like-kin to the child or a general foster parent. Level 2 relative and like-kin foster parents are required to complete 6 hours of preplacement training within 6 months after being licensed. Level 2 non-relative foster parents are required to provide 3 references and complete the following training:

- 6 hours of preplacement training before or after initial licensure but prior to the placement of any child in the home
- 30 hours of initial licensing training during initial licensing period
- 10 hours of ongoing training each year of licensure beyond the initial licensing period

### Level 3

Level 3 certification is for treatment foster parents that can provide additional supervision and care to children with higher needs. There are specific experience qualifications applicants must meet to pursue this level of certification. Level 3 non-relative foster parents are required to provide 4 references. All Level 3 foster parents are required to complete the following training:

- 36 hours of preplacement training before or after initial licensure but prior to the placement of any child in the home
- 24 hours of initial licensing training during initial licensing period
- 18 hours of ongoing training each year of licensure beyond the initial licensing period

### Level 4
Level 4 certification is for treatment foster parents that can provide additional supervision and care to a specific population of children with higher needs. There are specific experience qualifications applicants must meet to pursue this level of certification. Level 4 non-relative foster parents are required to provide 4 references. All Level 4 foster parents are required to complete the following training:

- 40 hours of preplacement training
- 30 hours of initial licensing training during initial licensing period (6 hours must be child-specific or population-specific training)
- 24 hours of ongoing training each year of licensure beyond the initial licensing period (8 hours must be child-specific or population-specific training)

**Note:** Only one of the foster parents of a relative or like-kin foster home is required to complete the preplacement, initial licensing, or ongoing training for level of care certifications 2 - 4.

### Level 5
Level 5 certification is for treatment foster parents caring for a specific child that requires 24-hour awake care by staff, is expected to need long-term care into adulthood, and would benefit from a home-like environment with fewer children than a congregate care setting. There are specific experience qualifications applicants must meet to pursue this level of certification. All Level 5 foster homes must receive prior approval from the DCF Level 5 Panel before applying to become certified to operate a Level 5 foster home. The Level 5 Foster Home Guide has more information about this certification level: https://dcf.wisconsin.gov/files/publications/pdf/5251.pdf.

## Emergencies and Special Circumstances
### Serious Injury or Illness
If the child placed in your home is seriously injured (e.g., broken bone, burn, concussion, wound requiring stitches) or becomes seriously ill (e.g., drug overdose or the ingestion of poison) the foster parent should seek emergency medical care for the child and contact the child welfare professional within 24 hours of the incident.

If a child requires surgery, consent must be provided by one of the child's parents or legal guardian. The child welfare professional is responsible for getting any consents regarding the child's care and giving copies to the foster parent.

### Suicide
Suicidal thoughts, also called suicidal ideation, must be taken very seriously. If a child tells you that they have had thoughts about hurting or killing themselves, foster parents should contact 988 Suicide and Crisis Lifeline or 911 for immediate action. Foster parents must report this situation to the child welfare professional within 24 hours.

It is important for foster parents to be able to respond to these comments and thoughts by asking questions in a supportive and non-judgmental way, listening carefully and being physical present, and trying to keep them safe by removing their access to things that can be used to harm themselves.

### Concerns about Child Maltreatment
Foster parents are required to notify the child welfare professional within 24 hours if they have reasonable cause to believe the child placed in their home has been abused or neglected, threatened with abuse or neglect, or is likely to be abused or neglected.

If a foster child discloses past or current maltreatment, here are some tips to keep in mind.

- 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 their own words.
- Be honest with the child about your responsibility to report the information.
- Be calm; try not to show reactions, especially disgust, fear, or anger.
- Believe the child and be supportive—say that you are glad they told you.
- Confirm the child's feelings and let the child know they are 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 their fault.

### Children Missing from the Foster Home

Foster parents are required to notify the child welfare professional when a child has been missing from the foster home for longer than 8 hours or for longer than is reasonable given the child's age, maturity and mental and emotional capacity.

### Other Situations

Wis. Admin. Code s. DCF 56.06 lists all of the situations in which a foster parent needs to notify the child welfare professional within 24 hours. Some of these incidents involve the foster child directly, as shown in the three examples provided. Other incidents involve the foster home (e.g., house fire or other physical damage to the home). If you have concerns about any situation, you should consult with the child's child welfare professional and your licensing professional as soon as possible.

## Allegations of Child Maltreatment

As the primary caregiver of a child, an allegation of child abuse or neglect may be made against you or someone in the home. If this occurs, the child welfare agency has a duty to assess allegations of maltreatment of the child as discussed on page 5.

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. While there is no guaranteed way to avoid an allegation of child abuse or neglect, there are ways to minimize the risk of allegations, including:

- Find out as much information as possible before deciding whether to take placement of a child.
- Do not accept placement of any child you do not feel confident you can adequately parent.
- 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.
- 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.
- Tailor your supervision mechanisms of child to meet their specific needs.
- Keep a journal of any unusual events, behaviors, comments, or reactions involving the child with specific details.
- Promptly report any unusual incident or injury to the child's child welfare professional.

### 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 been through a similar experience may be helpful to connect with during this process. The following are some additional suggestions to keep in mind during if an allegation or assessment occurs:

- Stay focused on understanding the procedures in place to assess the alleged maltreatment.
- Ask for additional information that can be shared with you regarding the allegation and what to keep in mind as you continue to care for the child.
- Read documents provided to you carefully and ask questions about anything you do not understand.

- Reach out to your support system and maintain your family's routine.

## Other Concerns

### General Concerns

There may be times when the child, the child's parents or family, or the child welfare agency has 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 child maltreatment allegation or assessment, rather something the child welfare professional or licensing professional needs to clarify with you and address.

When a general concern is raised, the child welfare professional or licensing professional will have a conversation with you and provide suggestions, recommend training, or connect you with other supports to address the concern.

### Licensing Revocation

If a foster parent has violated a provision in DCF 56, the licensing agency will determine if the violation can be resolved with additional support or if the violation is a basis to revoke the foster home license. If a revocation occurs, the foster parent will be provided with a written notice of the revocation, rationale for the revocation, and information on how to appeal the decision.

## Grievance and Appeals

### Filing a Grievance

Child welfare 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. If talking with the child welfare professional or their 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 the licensing professional, 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 they see 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 application for an initial license, license renewal or license modification being denied or have an existing license revoked. Licensing agencies are required to notify a foster parent of their ability to appeal any of these decisions and have their appeal determined by the Divisions of Hearings and Appeals.

To appeal a decision, foster parents should follow the written instructions provided by the licensing agency, paying close attention to any time limit given for the appeal. The Division of Hearings and Appeals has a form that foster parents can use to request a hearing:
https://doa.wi.gov/Pages/LicensesHearings/DHAWFSHrgRequestForms.aspx.

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. 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.

# Chapter 3: Caring for Children in Out-of-Home Care

This chapter describes how separation and placement impacts children and their families, ways you can assist the child's adjustment to placement, and general considerations for caring for children placed in out-of-home care.

## A Message from Former Foster Youth

Former foster youth were asked to provide feedback on what foster parents should know. Their feedback included:

- Always be open-minded
- Be sincere
- Be patient
- Make sure you make time for the child placed in your home because they need you
- Always make yourself available to talk with the child in your home

## Placement Considerations

Whenever a child is placed into out-of-home care, it is a priority to place them with relatives or other adults who have a relationship with the child or their family (referred to as like-kin). If a child is not initially placed with a relative or like-kin, the child welfare agency will continue to engage with relatives and like-kin to determine if they could be a placement option for the child in the future or serve as an additional support for the child and family.

It is important for you and your family to think seriously about what your strengths are and what behaviors or needs you may not be equipped to address. You 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 decisions.

When you are contacted about being a placement resource for a child, the child welfare professional will provide you with as much information they have to help you determine if you will accept or decline placement. Among the many characteristics to consider are the child's age, race, sexual orientation, gender identity or expression, religion or spirituality and emotional, developmental, behavioral, or medical needs. Unless the placement is an emergency, you should be given time to thoughtfully consider whether you can meet the needs of the child being considered for placement prior to deciding whether to accept placement or not.

Some foster parents create a family profile to share with a child and their parents prior to placement to help alleviate anxiety and prepare for the transition. A form titled "Resource Family Profile" is included in Appendix 5 in this handbook to be used for this purpose.

## How Placement Affects Children

Children feel an incredible sense of loss and confusion when they are separated from their families. They are disconnected from the people and things they are most familiar with – their parents, their siblings, other family members, pets, friends, school, activities and community. They have lost their familiar pattern of living and routine and things that comfort them, such as certain smells, a favorite toy or clothing item, and the place in their home or person they seek when upset or scared.

In addition to changes where they live and the people surrounding them, children placed in foster care must often learn what rules, routines, and roles are in their new home. Even though it may have been unsafe, children often see their family's circumstances as familiar and normal.

It is critical for foster parents to understand that a foster child will likely experience many complex emotions. Sometimes children think that it is **their** fault they are placed in out-of-home care. They will not typically welcome the idea of being placed in a new home with people they may not be familiar with. That is why it is a priority to place children with relatives or like-kin who may be familiar with the child, their routine, and the

things that are important to them. Even in these situations, the change in roles is something that the child and caregivers will need time to adjust to. That is why it is important for foster parents to be patient and understanding during this transition.

## Trauma

All children in out-of-home care have been exposed to trauma (e.g., being removed from their home) and may have experienced more than one form of trauma or ongoing trauma. The effects of trauma vary depending on the child and type of traumatic events experienced. Trauma can interfere with a child's development and affect their bodies, brains, emotions, and behavior. This might result in responses and behavior that can be misinterpreted as disruptive or defiant. These responses and behavior may have helped protect the children from neglect or abuse in the past and may be strongly rooted. It will take time, patience, and often therapeutic support to address and overcome them. As the Child Welfare Information Gateway fact sheet, Parenting a Child Who Has Experienced Trauma, states: "Parenting a child who has experienced trauma may require a shift from seeing a 'bad kid' to a kid who has had bad things happen to them."

The following are things that may help support the child and heal:

- Identify the child's trauma triggers, or things that remind the child of the traumatic event
- Be patient, consistent, and available
- Do not take children's behavior personally and try to suspend judgement
- Consider your reaction and what you can do to calm the environment
- Listen and validate the child's feelings
- Do not to expect to learn upfront about all the trauma the child or youth has experienced. Some of the trauma's effects may not become apparent for months or even years
- Be open to solving problems in new ways
- Help the child identify ways to regulate and cope
- Do not be afraid to reach out for help and utilize community resources
- Take the long view; the trauma didn't happen overnight, and the healing won't either

Much of the information contained on this page was pulled from the National Child Traumatic Stress Network, following resources, which offers resources and training on child trauma: https://www.nctsn.org/.

## 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.

The more consistently a child's needs are met over time by trusted people, the stronger their attachment becomes. If a child's needs are met inconsistently, a child may learn that they can't depend upon the adults in their life. For children in foster care, attachment may not only be disrupted by patterns of abuse and neglect but also by the separation from their parents and placement into out-of-home care. 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 their 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 at https://wifamilyconnectionscenter.org.

## Grief and Loss

Grief is a normal reaction to loss. Children in out-of-home care experience a significant loss when they are separated from their families, even when they are placed with relatives or like-kin. A child's expression of grief will vary. An article by the Justice Resource Institute describes how to support children in out-of-home care through the five stages of grief.

**Stage 1: Denial/Shock/Disbelief**
Being removed from home creates a shock to a child's system. Children may respond by being shy and withdrawn, being full of nervous energy, or confused and forgetful. Foster parents can support the child in their care by:

- Speaking in a calm and steady voice
- Orienting the child into the home and showing them where things are (e.g., where they will sleep, eat, and use the bathroom)
- Let them know what will happen next (e.g., seeing mom/dad tomorrow, doctor's appointment this week)
- Provide the child with the information you know about why they are in out-of-home care and where their parents and siblings are in a way they can understand
- Respect the child's feelings about what has occurred
- Validate that the child wants to go home and be with their parents
- Help and support interaction with the child's family to the greatest extent possible

**Stage 2: Anger**
After a child realizes that they are not returning home soon, their expression may shift to anger. Depending on the child's developmental age, the expression may be more physical (e.g., biting, hair pulling) or verbal (e.g., yelling, negative thought). The child's anger may be directed at multiple sources including you, their family, the child welfare professional, or themselves. Foster parents can support the child in their care by:

- Tell the child that it's okay and normal to be angry
- Give the child time and space
- Teach the child acceptable ways to express their anger
- Provide them with choices whenever possible to regain some control
- Consult with the child's parents, family, child welfare professional, and mental health professional for insight and intervention strategies to help the child adjust

**Stage 3: Bargaining**
Children may try to rationalize the situation with bargaining. For instance, thinking if they behave well, they can go home or the opposite, if they behave badly, they make get removed from the foster home and get to go back home. Foster parents can support the child in their care by:

- Validate that the child wants to go home and be with their parents
- Help and support interaction with the child's family to the greatest extent possible
- Explain that the child welfare professional and judge are the ones that determine when they get to go home

**Stage 4: Depression**
Children may experience little interest in doing things or having trouble eating and sleeping. They may also share their fears and frustrations about their situation. Seeking therapy for the child might help them process their feelings and develop new coping skills. Foster parents can support the child in their care by:

- Encourage the child to talk about their feelings but also respect the child's choice to not talk or talk about things when they choose to
- Remind them of your presence and support, when they need it/want it
- Consult with the child's parents, family, child welfare professional, and mental health professional for insight and intervention strategies to help support the child

**Stage 5: Acceptance**
Acceptance does not mean that the child agrees that they should be in out of care. It also does not mean that grieving is over. Rather, it is a time when a child can think about the future.

- Provide the child with opportunities to develop new relationships
- Do not make promises you cannot guarantee
- Continue to assist with reunification efforts or identified permanency goal
- Allow the child to continue talking about their family and memories

## Helping Children Adjust to Placement

Once the child comes to your home, you will need to show them around your home. The walk through should include where the child's belongings will be kept. Foster parents should not throw away toys or clothes that a child has brought with them. Sometimes it is better not to wash the items right away, as they are used to the smells of their family and home. 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.

Foster parents need to explain the household routine and let the child know the family rules and expectations; a child needs to know what the rules are to be able to follow them. Keep in mind the child's age and developmental abilities; this will help ensure that expectations are realistic.

Another thing foster parents may do is ask the child about their likes and dislikes and plan how to make introductions to new people. It may reassure the child to let them know that the reasons for their 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 relatives that they have a relationship with or like-kin; 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 confusing. It will be important to work through these changes in roles to maintain positive relationships and help children adjust.

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 being stable and consistent. Each child works through the process of grieving and adjustment at their own pace. This process may seem to move forward but then stall; it may take days, weeks, or even years. 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 household members.

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 1:1 time with the child. It may be helpful to talk with other experienced foster parents to learn the ways they helped children feel a little more comfortable in their new home.

## Behavior Management

When deciding on the appropriate disciplinary action for a child, foster parents must consider the child's trauma history; age; and cognitive, emotional, physical, and behavioral capacities to understand and learn age-appropriate 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 should also be appropriate to the misbehavior or action that is trying to be corrected. It is important to remember that the child in your care may have experienced little or no discipline, severe punishment, or inconsistent discipline in the past.

### Prohibited Forms of Discipline

The following forms of discipline are not allowed in foster homes:

- Physical punishment, which means inflicting any kind of physical pain or discomfort on a child, including hitting, slapping, spanking, punching, shaking, kicking, biting, or washing out a child's mouth with soap.

- Verbal abuse, profanity, humiliation, or derogatory remarks about the child or their family, or threats to remove the child from the home.
- Depriving the child of their basic needs, including withholding food, sleep, clothing, toileting access or interaction with their family.
- Lock the child in any enclosure, room, closet, or other part of the home or anywhere else on the premises.
- Restrain the child using any physical apparatus that restricts the use of their body or limbs.

## 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 child. Below are some techniques and ideas from experienced foster parents regarding discipline.

### Discussion

Communicate needs and expectations to the child. 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. If other children are in the home, ask them to 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 they have managed their behavior well. Chart progress and reinforce positive behavior. Rewards can take the form of small treats or special privileges.

### Natural or Logical Consequences

Unless it is too dangerous or costly, let the child learn the consequences of their actions. If a child breaks one of their toys, then they will not have it later. If a teen is cruel or rude to others, they 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 they clean that wall. If a teen fails to get up for school in the morning, they will receive a detention, suspension, or other consequence from the school.

### Planned Ignorance

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 the child, with the rules also written down and posted in the home as a visual cue. 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 they are about to go to a movie with a friend, an alternative might be that the child has their friend over to the home but not out to the movies instead of taking away the child's time with their friend completely.

### Time-Out
The main goal of a time-out is to help a child gain self-control. 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 they are reacting to.

## Daily Care Needs of Children in Foster Care

### Education
Foster parents must make every reasonable effort to ensure that a child of school age in their care attends school unless otherwise excused by school officials. This also includes ensuring the child keeps up with their schoolwork and other activities.

In most situations, the child's parents retain their parental rights to determine what school their child attends and consent to special education services like an individualized education plan (IEP).

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 their peers. When maltreatment has been substantiated involving a child under age 3, the child welfare professional must make a referral to the local Birth to 3 program to be screened for services.

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 parents and child welfare professional to see how Head Start or Early Head Start could benefit the foster child.

### Health and Medical
When a child is removed, the child welfare professional discusses medical consent with the child's parents, including what routine cares and immunizations they give consent for their child to receive and any exceptions. In most situations, the child's parents retain their parental rights to consent to any medical, dental, developmental, and mental health treatment and services for their child. That is why it is important for foster parents to alert the child's parents of any appointments the child needs and work collaboratively for them to be involved in those appointments.

Foster parents must schedule a health exam for the child within 30 days after a child's placement in their home unless the child is current on their well-child checks and vaccinations. If possible, the child should continue to be seen by their current medical provider. The actual medical appointment may take place later than 30 days depending upon when an appointment is available. If a foster parent does not receive consent from the child's parents, it is the child welfare agency's responsibility to assure that the child gets all required health services.

Each child in out-of-home care has Title 19 medical coverage, otherwise known as Foster Care Medicaid (FSTMA). You may receive an insurance card for the child via mail or be provided with their Member ID number to share with medical providers.

### 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 themself. There are sometimes cultural considerations as well that a foster parent may be unaware of. For these reasons, a foster parent may not make any significant changes to a foster child's hair without permission from the child's parent or guardian, unless the foster child is 12 years of age or older. Foster parents can maintain the current style, cut and color without permission from the parent or guardian.

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 their family about the

child's hair and skin care preferences. They can provide specific recommendations and insight and be an opportunity to build trust and connection with child's family.

If consulting with the child's family is not possible, foster parents should contact a cosmetologist or barber that specializes in hair and skin care that is similar to the child's for advice and recommendations. For Indian children, foster parents should consult with a member of the child's tribe. The Wisconsin Family Connections Center has several books and other resources about skin and hair care: https://wifamilyconnectionscenter.org/library-assets/.

### Religion and Spirituality

The child's parents maintain the right to determine what religious or spiritual activities their child is exposed to. The child also has a say in what they believe and want to practice. 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 their 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 consult with the child's child welfare professional.

### Recreation

Children should be encouraged to participate in recreational activities. Participating in activities outside of the home allows the child to make friends and have new experiences. Foster parents should ask the child about what they like to do and activities that members of their family like to do. Refer to the Reasonable and Prudent Parenting Standard when making decisions about what the child participates in.

## Caring for Teenagers

The most important developmental task of adolescence is becoming independent. Just like their peers, teenagers in out-of-home care have a need to work toward this developmental task. However, they may need a much more structured and patient environment to achieve this independence. Additional information and training about caring for teenagers and building skills needed for a successful transition to adulthood, can be found on the Wisconsin Child Welfare Professional Development System Website: http://wcwpds.wisc.edu/Independent-Living.htm

### Independent Living Skills

If a child is placed in foster care, independent living services are required once they reach a certain age (either 14 or 15). This includes developing an Independent Living Plan for the child that focuses on education, career finding a job, money management, and creating goals for their future. Foster parents are required to help the child achieve the goals included in their plan to better transition into adulthood. Below are some activities foster parents can do to help the child in their care learn independent living skills:

- Create a budget
- Plan or make meals together
- Complete a job application together
- Help study for their driver's permit/license
- Help set up a saving's account
- Take them grocery shopping
- Teach them how to do household chores like laundry

### Employment

For a teenager to be able to work, they must receive a work permit, which requires a signature from their parents, guardian, or foster parent. The child welfare professional can help the foster child obtain the necessary signatures for the work permit. Many teenagers in foster care have part-time jobs, and some may

have full-time jobs. Their earnings will not affect the monthly rate paid to a foster parent for meeting the needs of the child because this money belongs solely to the child.

If the child receives Social Security payments, it is important to consult with a local Social Security Administration office to ensure their wages do not impact the assistance they receive or are entitled to.

### Sexuality and Sexual Health

It is important for foster parents to be able to talk about sexuality and sexual health with the children placed in their home, so they have accurate and age-appropriate information and can make choices that protect themselves and others. Sexual health education also helps children prepare for and manage physical and emotional changes that occur during puberty. It is also important to listen to the child when they have something to say about sex or sexuality. You don't always have to agree with what you hear, but it is important to listen as this demonstrates respect and that you are interested in what they have to say. Foster parents cannot deny a child's access to confidential family planning and reproductive health services.

Talking with and supporting children as they deal with issues surrounding sex and sexuality can be complicated and uncomfortable for some foster parents. For children dealing with questions about their sexual orientation, gender identity or expression, the topic of sex and sexuality may become more complex and emotionally charged. Here are some things to consider to support the needs of lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual and two-spirit (also known as LGBTQIA2S+) children in your care:

- Talk to the child about their LGBTQIA2S+ identity and listen with compassion and affection
- Be supportive of the child's LGBTQIA2S+ identity even though you might feel uncomfortable
- Advocate for the child when they are being mistreated due to their LGBTQIA2S+ identity
- Require all household members and individuals with frequent contact with the child to respect their LGBTQIA2S+ identity
- Connect the child to people and activities where they are seen, respected, and celebrated like LGBTQIA2S+ affirming therapist, medical providers, and social events
- Educate yourself and your household members about the strengths and challenges the child might experience due to their LGBTQIA2S+ identity
- Use gender neutral and inclusive language, such as "partner" and "significant other," and eliminate slurs from your conversations
- Refer to the child by their preferred name and pronouns
- Support the child's choice of expression in their appearance
- Respect the child's confidentiality and follow their lead with respect to who they want to know this information

For more information and resources about supporting LGBTQIA2S+ children, visit:
LGBTQIA2S+ Resource Hub: https://dcf.wisconsin.gov/cwportal/lgbtq
Human Rights Campaign: https://www.hrc.org/resources
Parents and Friends of Lesbians and Gays (PFLAG): http://www.pflag.org/
The Wisconsin Family Connections Center: https://wifamilyconnectionscenter.org/help-me-find/lgbtqia-resources/

## Transitions Faced by Children in Out-of-Home Care

There may be situations in which either the child, the child's parents, the foster parent, the child welfare agency, or the child's tribe requests that the child needs to be moved from the foster home. This section explains the responsibilities of the foster parents and child welfare agencies if a decision is made to move a child to another placement resource or the child reaches permanency.

### Returning Home

The priority for children in out-of-home care is to be reunified with their parents. To meet this goal, most children will have regular interactions with their parents, siblings, and other family members throughout their

time in out-of-home care. An experienced foster mother suggests that, as the time approaches for the child to move back home, the child should start to take some things home during visits and leave them there to ease the transition. This helps the child understand that they are going home.

### Moving to a New Placement

When a child is moving to a new 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 foster parent should assist in making this transition for the child as smooth as possible including talking to the child about the move, facilitating communication or visits between the child and the placement resource prior to the move if possible, and continuing to be a support for the child after they move.

If a foster parent requests that the child be removed from their home, they are required allow the child welfare agency at least 30 days to an alternative placement for the child. Foster parents need to help prepare the child for this transition to ease any anxiety or confusion the child may have. A foster parent may request that the child be removed sooner than 30 days, but the child welfare agency may not always be able to find an appropriate placement in that timeframe. Conversely, the child welfare agency may request an emergency change in placement to remove the foster child from the foster home as quickly as possible due to concerns for the child's safety or wellbeing.

If the child has been placed in your home for 6 months or more, the child welfare agency must give you written notice of intent to remove the child, stating the reasons for the removal. If you disagree with this decision, you may request a hearing contesting this decision and may present relevant evidence at the hearing. 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 foster child, the removal cannot be carried out until a fair hearing is held and a ruling is made. Ultimately, the presiding judge makes the final decision about the child's placement.

The notice requirement does not apply if the child has been in your home for less than 6 months or in situations when the child welfare agency has determined that there is a concern for the child's safety that requires the child be removed from the home immediately.

### Transitioning to Guardianship or Adoption

If reunification is not possible, the child may achieve permanency through guardianship or adoption. While it is common for the guardianship or adoptive resource to be the child's current foster parents, this is still a transition associated with loss that the child experiences. Establishing continued contact with the child's family and other important connections can help ease this transition.

### Reaching the Age of Majority

If the plan for a teenager in out-of-home care is to move out on their own after turning age 18 or graduating from high school, the foster parent should work with them on a transition plan to set them up for the best success. Independent Living Transition Resource Agencies (IL–TRA) are responsible for providing Independent Living services for youth ages 18-23, who are no longer in out-of-home care. To connect with an IL–TRA, visit: https://dcf.wisconsin.gov/map/il-r.

# Chapter 4: Medication Management

If you are responsible for administering medication for a child placed in your home, it is important that you know how to administer it, store it, and how to respond if there is an administration error. When the child is initially placed with you, you should confirm if they are taking any medication and ensure you feel comfortable administering it on your own. If you have questions or concerns, you should contact the pharmacy that is listed on the medication's label.

## The Eight R's

When preparing to administer any medication to a child, it can be helpful to remember The Eight R's:

1. The Right Child
2. The Right Medication
3. The Right Dose
4. The Right Route
5. The Right Time
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. Carefully read the name on the label each time you give the child medication. If there is more than one child in the home prescribed medications, a precaution you should take 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.

**The Right Medication**

Make sure that you are giving the child the correct medication and avoid distractions. You should be focusing only on the medication and the child that is receiving it. Do not stop to do something else in the middle of administering medication.

**The Right Dose**

The right dose is how much of a medication you are to give the child 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 be for half a pill or may require multiple pills per dose. If the drug is in a liquid form, use the dosing cup or syringe that came with the medication for to ensure accuracy.

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 Route**

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 locations.

**The Right Time**

Some medications need to be taken at a specific time of day or more than once a day. The medication's label will indicate if the medication needs 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. If no specific time is listed on the label, ask the prescriber or pharmacist about the best time of day to give the medication.

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.

**The Right Documentation**
It is recommended that each time a medication is administered to the child, that is documented 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. Appendix 6 is a sample medication tracking sheet you can utilize for this purpose.

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

**The Right Reason**
You should know why the child is taking the medication you are administering to them. If you have questions about this, consult with the prescriber or pharmacist. After the child has been taking the medication for a while, it is helpful to revisit the reason for the long-term use with a medical provider. A child's physical and mental health may change over time as can the effectiveness of a medication.

**The Right Response**
Be sure to monitor that the medication the child is taking is having the desired effect. If a medication does not seem to be working, contact that child's medical provider. Read the side effect warnings on the medication label and consult with the prescriber or pharmacist about common side effects of the specific medication. Seek immediate medical attention if the child is having a severe reaction to the medication.

## 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 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 be the correct fit for everyone.

- They are often not designed to work instantly. Many require 4-6 weeks before the desired effect becomes apparent.
- These medications can have different types of side effects including possible adverse side effects. You should talk to the prescriber or pharmacist about possible side effects and pay attention to changes in the child's behavior, activity, and well-being.

## Dietary Supplements

Dietary supplements such as Melatonin, CBD, St. John's Wort, iron supplements, and 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 the child's medical provider before administering any supplement to a child. Also, check with child's child welfare professional about any policies they may have about providing dietary supplements.

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.

## Medication Storage and Disposal

Foster parents are required to store medications and other materials that might be hazardous to children in areas that children cannot readily access. Check with your licensing agency about any policies they may have about medication storage.

You should consider the following when storing medications:

- 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.
- Make sure child-resistant caps are secured each time you finish using a medication.

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. If you are administering a medication that uses a sharp, you should dispose them in a puncture-resistance container. Never flush medication down the sink or toilet unless you are instructed to do so. Take advantage of community disposal sites. You can find a community disposal site near you by visiting DHS's Dose of Reality website: https://www.dhs.wisconsin.gov/opioids/safe-disposal.htm.

## 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.

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 as this can lead to an overdose.

If a child is given the wrong dose of a medication or accidentally ingests a medication that is not theirs, 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.

# Chapter 5: Developing and Maintaining Family Connections

Foster parents play a critical role in facilitating and maintaining connections between the child placed in their home and their families, community, and culture. The following testimonial 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.

## 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 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 goes home. In some circumstances, foster parents might feel that the child’s parents are not trying hard enough, and, in extreme cases, do not deserve to raise their child. It is important to remember how traumatic and difficult it is for the child’s parents to be separated from their child and not know where their children are, what their children are experiencing, and ability to console and comfort them.

As shown by the testimonial in the beginning of this chapter, parents experience many feelings and fears when separated from their child, which may include:

- A sense of failure; they may have been doing what they believed was their best.
- Angry about the circumstances; whether they show it outwardly or not, they may never agree with the reasons for the removal of their children.
- Frustrated that they must follow a "plan" to have their children returned home, or they may feel frustrated because the plan keeps changing.
- A sense of mistrust the system; they may feel they have done all they can, and yet their children are still not being returned home.
- Fear 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.

Relative and like-kin foster parents are also experiencing a change in their role with the child's parents. The child's parents may be grateful that the relative or like-kin is caring for their child, but they also may feel resentful about the relative or like-kin caring for their child when they are 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 child is able to live with a family member or someone the child or family already know and care about. Relative and like-kin foster parents may also have a sense of loss, as their future plans, and relationships may significantly change after taking placement of a child. Relative and like-kin foster parents will need to take the time to develop of sense of trust and support with the child and with the child's parents, even though they may already be a part of the child's family. Being a family member or like-kin does not automatically ensure feelings of trust and attachment, and this is something that the family will have to build on. Additionally, relative and like-kin foster parents may feel some guilt that caring for the child takes priority over their other family members, or embarrassed that their family is involved in the child welfare system and that they may have to disclose some negative information about the child's parents.

## Benefits of Working Together: Shared Parenting

Reunification happens more quickly when there is ongoing contact between the child and their family. In addition, the child's family is more likely to make changes with the support of the foster family. Eventually, with mutual empathy, respect, and collaboration, the child's family may come to view the foster family as a support system instead of a threat and vice versa.

Overall, the person who receives the biggest benefit when everyone works together is the child. Seeing their parents and foster parents working together or getting along can help the child realize that they don'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 positively enhance outcomes for children in out-of-home care.

## Family Interaction

Family interaction benefits a child placed in out-of-home care in several ways. It helps reduce the psychological harm done to a child by separation from their family. Family interaction reassures the child that their 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 their parent that they are loved and valued. It is a chance for the child to receive permission from their parents to be happy where they are until it is possible for them to return home. Family interaction is also an opportunity for a child to experience changes that their parents made.

In general, family interaction is an opportunity to establish, promote, and maintain relationships between the child and their 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 child. For child welfare professionals, family interaction is also a way to address any safety concerns and gauge when reunification can occur.

For foster parents who are relatives or like-kin to the child, family interaction may be a unique situation. For example, if the entire family spends holidays together the foster parent will need to coordinate this with the child's child welfare professional to respect any court-ordered conditions, such as no-contact orders. Relative and like-kin foster parents should talk with their licensing professional or the child's child welfare professional about how to work through situations. Relative and like-kin foster parents can strengthen the bonds in the family by helping the child's parents learn new skills.

Parents who have frequent, regular, and meaningful interactions with their child have the best chance of reunification. Therefore, family interaction should occur frequently and in a variety of ways. It is required the parents have face-to-face contact with their children within 5 working days after the child's placement and on a weekly basis thereafter, at a minimum. Additionally, children should have other interactions with their parents through phone calls, video calls, or letters on a frequent basis. As a guideline, the frequency of family interaction between parents and their child should correspond with the child's wishes, age, developmental level, and should be consistent with the child's family interaction plan and permanence goals.

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 parent's home or in the foster home. In addition, practice encourages inclusion of the child's parents in day-to-day activities with their child, such as attending doctor's appointments, school functions, trips to the park, or other events. This allows parents to retain parenting responsibilities and roles while their child is in out-of-home care. The following are ideas on how to include the child's parents as a part of the child's day-to-day life while in out-of-home care:

- Inform and invite parents, siblings, and other family members or like-kin to school functions, sporting events, and community events that the child is involved in
- Invite the child's parents and siblings to a fun outing with your family
- Send updates to the child's family about the child (e.g., milestones, what they like doing, etc.)
- Send copies of the child's report cards, schoolwork, and art projects to their family
- Encourage the child to make cards or crafts to take as gifts to visits with their family
- Take photos and videos of the child and share with their family
- Encourage the child's parents and family members to take photos or videos that you can share with the child
- Have games and toys available for the family to enjoy together during visits
- Call the child's parents when the child is sick or not feeling well so they can comfort them
- Praise and recognize positive parenting by the child's parents
- Discuss shopping and clothing purchases for the child and invite the child's family along to pick out items together

Although every effort must be made to place siblings together, sometimes this is not possible. If that is the case, frequent and consistent sibling interactions are crucial sibling relationships are some of the strongest relationships children have. Children must have face-to-face interactions with their siblings at least one time per month at a minimum. Foster parents should facilitate more frequent in person visits between siblings if possible. Additionally, children should have other interactions with their siblings through phone calls, video calls, or letters on a frequent basis.

Family interaction is critical to helping families reconnect; therefore, it can only be suspended or prohibited for specific reasons by the child welfare agency or court. It is important to note that a parent's incarceration or institutionalization does not constitute grounds for prohibiting face-to-face family interaction. Foster parents cannot prohibit family interaction from occurring and are required to coordinate transportation for the child to attend family interactions.

### Foster Parent's Role

Foster parents have an essential role in preparing the child for family interactions. 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, they 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. 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 or like-kin 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 by being disappointed to return to their home. It is important for relative and like-kin 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 regarding family interactions and ideas for how foster parents can work through them to help the child and family have successful family interactions.

**Family member does not show up for a visit or it is cancelled**
Inform the child's child welfare professional as soon as possible. The child welfare professional may be able to connect with the family and see if there is a barrier for them to get to the visit. It is important to validate that both the child and their family member wants to see each other and there may be a range of feelings associated with that not occurring.

**Family members that arrive unannounced.**
The family interaction plan developed by the child welfare professional will outline who is allowed and not allowed to be a part of the scheduled interaction. Foster parents should consult with the child's child welfare professional about what to do if members of a child's family are stopping by unannounced during the scheduled visit or 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 arrives at the visit in a state that might escalate the child or impact their safety. The child welfare professional will determine whether to allow the visit or reschedule.

**Family members who call frequently.**
It is normal for the child to want to talk to their family frequently and vice versa. You should collaborate with the child and their family to determine times that work for everyone to facilitate this ongoing communication. Foster parents can work with the child's child welfare professional to effectively communicate and enforce plans for contacting the child if the foster parent is not able to resolve the issue with the child's family.

**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 than can be done from their point of view that would help you work better together.

# Chapter 6: 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 out-of-home care and the entire foster family. To ensure the best possible care for a foster child, it is important for a foster family to monitor their own stress and emotions and let the child welfare professionals know when you or your family members are feeling overwhelmed.

## 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 impacts the dynamics of the whole family.

When a family is expecting a child, they have months to prepare themselves and any other children they already have for the arrival. Foster parents should also prepare themselves and their children when they are planning to take placement of a child. The entire family needs to be committed to incorporating the child into family activities to help the child feel cared for and secure.

Foster families may not expect feelings of grief or loss after a child leaves their home. But as the child moves on, the foster family loses the unique relationship that they had with that child. The foster family may worry about what happens to the child when they leave your home and be reassured it is okay to grief this loss. 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 must leave their own homes.

It is normal to take a break from fostering when experiencing grief and loss. Some families choose to take breaks between foster care placements to re-group as a family. Families should do what they need to continue to provide a stable and supportive home for a child in out-of-home care and their family. This includes reaching out to their licensing professional for support and connection to others with similar experiences.

## Asking for Help and Support

To take care of others, we need to take care of themselves. To continue to provide quality care for children in out-of-home care, it is important to let the child's child welfare professional and your licensing professional know when you are feeling stressed or need assistance. Your licensing agency should be able to connect you with resources to support both the child placed in your home and your family.

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 consider the following prompts to talk with someone close to them to prepare for when things might get stressful.

- 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?

### Respite Care

Respite care is a service for someone other than the foster parent to take care of the child. This might be utilized to take a break or if there is an emergency. Foster parents must get approval from the child welfare agency before they make plans for the child to be cared for by someone else for more than 72 hours. Licensing agencies manage and coordinate respite care in different ways and you should speak with their licensing agency to find out their policies regarding using respite care.

## Support Groups and Resources

### 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 needs of children in foster care.

### The Wisconsin Family Connections Center (WiFCC)

The Wisconsin Family Connection Center is a statewide organization dedicated to providing services and support to individuals, families, and caregivers with past or present involvement with foster care, adoption, reunification, kinship, and guardianship. This includes trainings, events, and support groups for caregivers and to build connections and process through situations. More information can be found on their website: https://wifamilyconnectionscenter.org.

### Wisconsin Foster and Adoptive Parent Association (WFAPA)

The Wisconsin Foster and Adoptive Parent Association is a statewide organization dedicated to increasing the amount of information, resources, training and support available for foster and adoptive families. More information can be found on their website: https://www.wfapa.org/.

# Appendix 1: Laws and Regulations Governing Foster Care

## Federal Laws

### Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) is widely regarded as the gold standard of case work. It was enacted by Congress in 1978 as a response to the alarming number of Indian children being removed from their families and communities and placed in non-Native homes. ICWA sets minimum federal standards for child custody cases involving Indian children, with the intent to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families". It mandates active efforts to prevent the break-up of the Indian family, prioritizes out-of-home placements within the Indian child's extended family, and ensures the Indian child's tribe, parents, and Indian custodian are fully informed and involved in state court proceedings.

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

ICWA includes the following important requirements:

- State and county agencies must recognize the jurisdiction of tribal courts regarding custody proceedings of Indian children. This applies to foster care placements, guardianships, termination of parental rights, pre-adoptive placements, and adoptive placements.
- State and county agencies must give "full faith and credit" to public acts, records, and judicial proceedings of Indian tribes.
- State and county agencies must provide notice to the Indian child's parent, Indian custodian, and tribe of any custody proceedings regarding an Indian child.
- Indian child's parents or Indian custodian right to legal representation.
- Prohibiting the court to order an Indian child to be removed from their home or terminate the parental rights to an Indian child unless:
    - There is clear and convincing evidence, including testimony of a qualified expert witness that the continued custody would likely result in serious emotional or physical damage to the child, and
    - Active efforts have been made to prevent the break up of the Indian family.
- Establishes placement preferences for Indian children who are removed from their home.

While there are 11 federally recognized tribes headquartered in the State of Wisconsin, there are 574 federally recognized tribes in the United State. Each tribe has its own specific customs, values, and traditions.

- Bad River Band of Lake Superior Chippewa
- Forest County Potawatomi Community
- 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 Nation
- Red Cliff Band of Lake Superior Chippewa
- Sokaogon Chippewa Community
- St. Croix Chippewa Indians of Wisconsin
- Stockbridge-Munsee Community

The Indian Child Welfare contact information for each tribe is found here: https://www.bia.gov/bia/ois/dhs/icwa.

### Adoption and Safe Families Act

The Adoption and Safe Families Act (ASFA) was enacted 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 required states to seek termination of parental rights for children who have been in out-of-home care for 15 of the last 22 months. It also permits states to make exceptions on this rule is there is one or more compelling reasons not to file a termination of parental rights.

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

The Multiethnic Placement Act (MEPA) and Interethnic Placement Act (IEPA) were enacted in 1994 and 1996, respectively. These laws prohibit placement of a child into a foster home to be delayed or denied on the basis of race, color, or national origin of the foster parent or child and requires states to actively recruit potential foster and adoptive families that reflect the ethnic and racial diversity of children placed in out-of-home care.

### John H. Chaffee Act

The John H. Chaffee Foster Care Independence Act was enacted in 1999 to outline requirements and provides funding to meet the needs of youth between 14 – 21 years old who are in or who have reached the age of majority. Wisconsin law states that all children 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.

### Fostering Connections to Success and Increasing Adoptions Act

The Fostering Connections to Success and Increasing Adoptions Act was enacted in 2008. The law requires states to provide notify adult relatives of a child when they are placed in out-of-home care, increased support for relative caregivers, and require states to make reasonable efforts to place siblings together.

### Preventing Sex Trafficking and Strengthening Families Act

The Preventing Sex Trafficking and Strengthening Families Act was enacted in 2014 to prevent and address sex trafficking of children in foster care, to develop a reasonable and prudent parent standard to allow a child in foster care to participate in age-appropriate activities, and to extend and improve adoption incentives.

## 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.

### Administrative Rules

Administrative rules (such as the foster care licensing rule, DCF 56 "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 Wis. Stat. s. 48 & 938.

#### Wisconsin Indian Child Welfare Act

The Indian Child Welfare is a federal law enacted by Congress in 1978 with the intent to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families". With the intent to clarify the law and improve compliance in Wisconsin, ICWA was signed into state law on December 7, 2009. This state law is known as the Wisconsin Indian Child Welfare Act or WICWA.

# Appendix 2: Helpful Websites

## Wisconsin Statutes

**Chapter 48 – Children's Code**
https://docs.legis.wisconsin.gov/statutes/statutes/48

**Chapter 938 Juvenile Justice Code**
https://docs.legis.wisconsin.gov/statutes/statutes/938

## Wisconsin Administrative Rules

**Chapter DCF 56 Foster Home Care for Children**
https://docs.legis.wisconsin.gov/code/admin_code/dcf/021_099/56

**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

## 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

## Other Resources

**Indian Child Welfare Act – in Wisconsin**
https://dcf.wisconsin.gov/wicwa

Access free online information and training at:
https://media.wcwpds.wisc.edu/foundation/WICWA_Online_Resource/index.html

**Wisconsin Child Welfare Professional Development System**
The Wisconsin Child Welfare Professional Development System (WCWPDS) is the main platform for foster parent training. It 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.
https://care.wcwpds.wisc.edu/

# Appendix 3: Sample Questions to ask the Child Welfare Agency Upon Placement of a Child

1. Are there anything specific about the child that I should be aware of (medications, allergies, upcoming appointments, etc.)?

2. Are there any other considerations that I should be aware of to make reasonable and prudent parenting decisions, such as the cultural, religious and tribal values of the child and their family?

3. Does the child have any physical, developmental, or emotional needs? If so, are there services set up to meet those or is this something I should coordinate?

4. What will family interaction look like? What are the expectations of me in this process?
   **Scheduled visits:**
   a. When are where are they?
   b. Who will be there?
   c. What are the supervision requirements?
   d. What is the transportation plan?

   **Other forms of contact:**
   a. What is the contact information for the child's parents, siblings, and external family members?
   b. Does the contact need to be monitored?

5. Contact with agency
   a. When will the child be dropped off and by whom?
   b. When will the child welfare professional visit the child and the home?
   c. Who should I contact if I have additional questions?
   d. Who should I contact in an emergency?

# Appendix 4: 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…**

*Reprinted from Wisconsin Resource Family Recruitment Summit- September 27, 2006, with permission from Lorrie Lutz with recognition Casey Family Programs.*

# Appendix 5: Resource Family Profile

**Family Name:**_____

**1. Describe your home and where the child will sleep.**

**2. Describe who lives in the home (other children, adults, pets).**

**3. Describe what you like to do for fun.**

**4. Describe the household routine and rules.**

**5. Describe why you want to foster children.**

# Appendix 6: Medication Tracking Sheet

**Child's Name:** _____

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