



**RESOURCE FAMILY
APPROVAL
HANDBOOK**

Summary of CDSS Written Directives & DFCS Policy

**Santa Clara County
Department of Family & Children's Services**

January 2020



Our Vision

Santa Clara County Department of Family and Children's Services envisions a community where children and youth are safe, families and young adults are thriving, and every child and family is on path to reaching their unique potential.

Our Mission

The mission of Santa Clara County Department of Family and Children's Services is to keep children safe and families strong. With respect and cultural humility, we partner with our diverse community to ensure that any child or youth who is at risk or has suffered abuse or neglect is safe, cared for and grows up in a stable, loving family.

Our Values

Integrity & Respect

We honor the humanity of every individual we encounter in pursuit of our mission by conducting all interactions with honesty, openness and transparency guided by the ethical standards of our profession.

Cultural Humility

As guests in the communities we serve, we seek to understand, honor, respect and learn from each other's cultures so that our ability to meet the needs of children, youth and families is enriched.

Fairness & Equity

We help our community as a whole to thrive by removing systemic or institutional factors that interfere with giving equal opportunities and protections to all.

Accountability

We are responsible for our behaviors, decisions and actions that impact the live of the children, youth and families we serve; we are stewards of the resources and trust our agency is given to protect children and strengthen families.

Partnership

We are stronger and better at achieving our mission when we work together and support one another. This begins with family-centered teaming and extends to all our collaborative relationships with community partners.

Practice Excellence

We continually assess and improve the help we offer to insure that it meets the needs of children, youth and families through the most effective, efficient and culturally responsive means available.

Continuous Learning

We cultivate an adaptive workforce that learns, grows and changes to become more responsive to shifting community and client circumstances.

Leadership

We support, motivate and inspire others to work together toward achieving our shared vision through modeling our values in action.

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Resource Families

Resource families are respected team members in the Child Welfare System and play an invaluable role in the life of a child who is separated from their parents/legal guardians. Resource Families have the responsibility of providing care for children or youth in foster care 24-hours per day, while ensuring all their basic physical, emotional, cultural, behavioral, educational, spiritual, medical and other needs are met.

Children/youth need normal childhoods as well as loving, and skillful parenting to not only assist in healing the trauma they may have experienced but also to thrive. To accomplish this, Resource Families are expected to be fully committed to nurturing and supporting a child/youth in their care. To this end, Resource Families will provide:

- a loving commitment to the child/youth and their safety and well-being;
- equal participation of the child/youth in family life;
- awareness and understanding of the impact of trauma on behavior;
- respect for the child/youth's individuality, including likes and dislikes;
- appropriate supervision;
- positive and constructive discipline;
- involvement of the child in the community;
- a commitment to enable the child/youth to lead a *normal life*;
- encouragement of the child/youth's strengths;
- providing opportunities to develop the child/youth's interests and skills; and
- developmentally appropriate opportunities to allow children and youth to learn and practice life skills and have hands-on experiences in preparation for transition to adulthood.

Resource Families will work in partnership with social workers, all service providers and biological families, when appropriate, to ensure the child/youth's needs are met and the child/youth is surrounded by a team of caring individuals who are collectively working in the best interest of the child/youth.

Resource Families will work collaborative with both the children's and/or non-minor dependents' assigned social worker as well as the Resource Family Approval (RFA) Social Worker. To assist Resource Families in understanding the difference in the role of these two social workers, please refer to Roles of DFCS Social Work Staff on page 37.

General Caregiver Qualifications

(CDSS Resource Family Approval Written Directives)

- Ability to provide care and supervision for the type of children and non-minor dependents (NMDs) to be served, including ability to communicate with the children
- Knowledge of the laws and regulations and ability to comply with them
- Ability to maintain health, education, financial and other records
- Completion of an orientation and pre-approval training provided by the Department of Family & Children’s Services (DFCS)
- Ability and willingness to follow all orders of the Juvenile Court, including specific orders regarding visitation between the child, his/her siblings and/or the parent(s).

Please discuss any difficulties or problem areas with your RFA social worker, as exceptions to some of the requirements described in this document may be possible.

Criminal and Child Abuse Record Clearance

(CDSS Resource Family Approval Written Directives 6-03A)

All caregivers, other adults who live in the home, and any other adults who may have significant contact with the child(ren) placed in your home are subject to federal, state, and local criminal record reviews, including fingerprint clearance and clearance of state and local child abuse records. Having a criminal or child abuse record does not automatically prevent approval of a family for placement of a child. The Director of the Department of Family and Children’s Services may grant an “Exemption” for certain situations involving a criminal history when specific qualifications are met.

Emergency Procedures

(CDSS Resource Family Approval Written Directives 11-05)

Each caregiver shall post emergency telephone numbers, discuss emergencies with children and/or non-minor dependents, and practice emergency procedures every six (6) months and at the time of new placements. Further, the caregiver is expected to review and provide the emergency plan and emergency contact information with any alternate caregiver including occasional short-term baby sitter.



Reporting Requirements

(CDSS Resource Family Approval Written Directives 11-06)

Mandatory Reporting of Child Abuse and Neglect

Resource Families with whom children are placed by the DFCS must immediately report any *actual incident* of child abuse or neglect, as well as any *suspected* child abuse or neglect.

Please refer to “What is Child Abuse & Neglect? Recognizing Indicators of child abuse and neglect and understanding reporting requirements,” on pages 38-39.

Caregiver reports must be made immediately by telephone. If you reside in Santa Clara County, call the DFCS’ Child Abuse and Neglect Reporting Center. The Center receives calls 24-hours-a-day, 7-days-a-week. Call the following telephone number to reach the Center in Santa Clara County:

1-833-722-5437 (KIDS)

As soon as possible after calling the Center, call the child’s social worker to inform him or her of the report. If the child’s social worker is not available, inform the social worker’s supervisor of the report.

If you reside out of Santa Clara County, call Directory Assistance (411) to obtain the telephone number for your local Child Abuse and Neglect Reporting Center.

If a child is in immediate danger call 911 to reach your local law enforcement department (police or sheriff) before calling your local Child Abuse and Neglect Reporting Center.

When you call in your report, ask the staff person taking your call to mail you a “Suspected Child Abuse Report” form (SS8572). (See sample and instruction on pages 40-41.)

When you receive this form, immediately fill it out as completely as possible and mail it to your local Child Abuse and Neglect Reporting Center. For reports made in Santa Clara County, mail the “Suspected Child Abuse Report” form to:

Child Abuse and Neglect Center
Department of Family and Children’s Services
353 West Julian Street, 3rd Floor
San Jose, CA 95110-2335

Other Reporting Requirements

The caregiver must report the following to the child's social worker and to the RFA social worker.

❖ Unusual Incidents/Injuries

- Death of any child, or non-minor dependent, from any cause.
- Any injury to any child which requires medical treatment
- Any unusual incident or absence of a child or non-minor dependent, which threatens their physical or emotional health or safety
- Any suspected physical or psychological abuse of any child
- Communicable diseases as reported to the caregiver by a health professional
- Poisonings
- Catastrophes
- Fires or explosions which occur in or on the premises



A report must be made by telephone or email within 24 hours after the incident. Further, a written Unusual Incident Report must be completed within 7 days of the incident with copies provided to **both** the child/NMD's social worker **and** RFA Social Worker. (Caregivers can request a copy of the Unusual Incident Report form from either the RFA Social Worker or the child/NMD's social worker.)

See sample of the Unusual Incident/Injury Report (RFA624) on pages 42- 43.

❖ Change in the Household Location and/or Composition

- Any change in the caregiver's mailing address, which does not include a change in location, is to be reported within 10 business days.
- When planning to relocate or move, the Resource Family will notify the DFCS by telephone, email or fax 30 calendar days prior to the move or as soon as the information is available. [RFA Written Directives 11-06b2 (c & d)]
- All changes in household composition must be reported within 24 hours, including any additions to the family.
- Any new adult moving into your home requires immediate notification to the RFA Social Worker. The new member of the household will be required to complete a criminal records check, including Live Scan (fingerprinting), child abuse clearance and a TB clearance. This includes when a minor child of the Resource Family caregiver turns 18 years of age. A non-minor dependent or individual under the jurisdiction of the Juvenile Dependency Court is exempted from this requirement.

❖ Absences

When a caregiver intends to be absent from the home for 48 hours or longer, the child's social worker (or in their absence, the social worker's supervisor) must be notified in writing or by telephone. The information that the social worker will need is:

- Dates of intended absence
- Whether the child will accompany the caregiver or remain in the home
- Telephone number where the caregiver may be contacted
- Name, address, and telephone number of approved substitute caregiver.

Maintaining Records for Children and Non-Minor Dependents

(CDSS Resource Family Approval Written Directives 11-07)

- The caregiver must maintain a separate, complete, and current record or file in the home for each child and/or non-minor dependent placed, including a current placement agreement with the name, birth date, and date of placement in the home, educational records, medical/dental records, and case plan information for each child.
- The file should also contain a copy of the Standing Order for Ordinary Medical, Mental Health and Dental Treatment which authorizes the caregiver to obtain routine and emergency medical and dental care.
- A record of all medical, dental, and mental health appointments must be maintained, including the doctors' and other medical providers' names and the dates of appointments. The social worker will give you a binder called a "Health and Education Passport (HEP)" in which you may record and/or keep medical and developmental information about the child, including copies of forms documenting the child's contacts with medical providers that you will obtain following appointments. All educational reports and documents are also kept in the HEP binder, including the name of the school the child attends while placed in your home.
- A copy of the child's needs and services plan or a non-minor dependent's transitional living plan.

All information and records regarding children and non-minor dependents shall be kept confidential.

Other Record Keeping

In addition to maintaining the child's medical and educational records, Resource Families are encouraged to document a foster child's time in their care for several important reasons:

❖ Documenting special events or milestones in a child's life

Since you are the person who has daily interaction with a foster child, you are there when they roll over for the first time, take their first steps, when they develop a food allergy, for the first day of school, for their first date, preparing for graduation, and a myriad of other important events in a child's life. Your documentation of these important events will often be the only record the child has of his or her childhood.

❖ Record the child's life with your family

A good way to do this is by starting a scrapbook in which you can keep photographs of the child at different ages, your family, trips, special days, school events and birth parent visits; the kinds of things that we reflect as adults to remind us of our history. Making and keeping a scrapbook with a child can be a valuable and satisfying way to help the child get a clearer sense of his or her history and personal uniqueness. Keep a record of

schools attended, teachers, and pictures of school friends. Since the child may not be with you until they are grown, these records take the place of the more usual forms of memory and verbal recollections that parents and their natural children share. Social workers and other caregivers who have kept this kind of scrapbook will be happy to share more ideas about making a special “Life Book” for a child.

Foster Care Non-Discrimination Act.

On September 6, 2003, the Foster Care Non-Discrimination Act was signed into law. This law prohibits discrimination in the California foster care system on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability or HIV status.

Please refer to (AB458) Fact Sheet – The California Foster Care Non-Discrimination Act on pages 45-46.

Personal Rights

(CDSS Resource Family Approval Written Directives 11-08)

Each child or non-minor dependent has personal rights that must be protected by the caregiver. These rights include safe accommodations, freedom from corporal punishment, freedom to attend religious services of his/her choice, not to be locked in any room, not to be placed in any restraining device, not to be given any medications unless directed by their physician, and many others.

Any form of discipline that violates a child's personal rights is prohibited. That includes, but is not limited to, any form of physical discipline, including but not limited to spanking, pinching, slapping, or soap/hot sauce in the mouth.

Please refer to page 47 for a complete list of Foster Youths Rights.

Telephones

(CDSS Resource Family Approval Written Directives 11-09)

- All Resource Family homes shall have telephone service, which is either cellular, internet or landline, at all times.
- All children who are placed in out-of-home care have the right to make and receive confidential telephone calls. Caregivers cannot impose blanket prohibitions on telephone access and usage.



Transportation

(CDSS Resource Family Approval Written Directives 11-10)

- A Resource Family shall ensure that a child or non-minor dependent is provided with transportation for:
 - ☞ medical, dental or mental health appointments
 - ☞ services in the child or non-minor dependents service plan, including visits with parents and siblings
 - ☞ school (Please refer to pages 49-50 for information regarding Education Travel Reimbursement)
 - ☞ Extracurricular, enrichment and social activities, provided the transportation to these activities is reasonable**.
- A Resource Family is prohibited from smoking or permitting any individual to smoke a pipe, cigar or cigarette containing tobacco or any other plant in a motor vehicle that is regularly used for providing transportation for a child or non-minor dependent.
- A Resource Family will ensure that all individuals who transport a child or non-minor dependent have a valid California or other state driver' license and use vehicles that are in safe operating condition.
- A Resource Family will use and ensure all individuals who transport the child use the proper child safety passenger restraints. (Please refer to NHTSA Choosing the Right Seat: Child Passenger Safety Tips on page 48.)

***When determining if the transportation to an activity is reasonable, the Resource Family may consider the location, frequency, cost for transportation, and the time necessary to provide transportation.*

If regularly providing transportation to school for a foster child in their care, including providing a bus or transit pass, Resource Family caregivers may qualify for the Education Travel Reimbursement. Please refer to pages 49-50 for more information.

Smoke Free-Environments

The physical effects of exposure to smoke can be particularly dangerous to infants and children whose bodies are still developing. Further, according to the Center for Disease Control, exposing children to secondhand smoke causes the following:

- Ear infections
- More frequent and severe asthma attacks
- Respiratory symptoms (e.g., coughing, sneezing, shortness of breath)
- Respiratory infections (i.e., bronchitis, pneumonia)
- A greater risk for sudden infant death syndrome (SIDS)

Resource Families shall maintain a smoke-free environment. To this end, Resource Family caregivers shall not smoke or permit any other person to smoke inside the home and, when the child is present, on the outdoor grounds of the home. Additionally, Resource Family caregivers shall not smoke in any motor vehicle that is regularly used to transport a foster child. (Health & Safety Code § 1530.7). This includes the use of vapor equipment.

Safe Sleep Practices

Santa Clara County is committed to educating the public regarding safe sleep practices in efforts to prevent accidental infant and childhood deaths and ensuring safe sleep practices are used for any child under the care and supervision of DFCS.

Unsafe sleeping practices, which are ***not permitted*** in Resource Family homes include:

- Adults, older children or large pets share a bed or sleep with an infant,
- Putting an infant to sleep on an adult bed, couch, sofa bed, or soft surface.
- Putting an infant to sleep with pillows, blankets or other soft items.

For more information, please refer to pages 51-54 for Fact Sheet: Deaths Due to Unsafe Sleeping Practices in Santa Clara County and Safe Sleep Practices.

Food and Nutrition

(CDSS Resource Family Approval Written Directives 11-11)

- A Resource Family shall provide or ensure nutritious meals (at least three per day), age appropriate food, snacks, and beverages to meet any special dietary needs of a child or non-minor dependent.
- The quantity and quality of food available to household members shall be equally available to a child or non-minor dependent.
- A Resource Family shall invite a child or non-minor dependent to participate in all household meals.
- Infants shall be held during bottle-feeding using unbreakable bottles.
- A Resource Family may encourage a child, as age and developmentally appropriate, to learn meal preparation, but shall not require a child to prepare meals. Further, a non-minor dependent may, but shall not be required to, prepare meals for others.



Reasonable and Prudent Parent Standard

(CDSS Resource Family Approval Written Directives 11-12)

In recognizing the importance for a child in foster care to participate in age-appropriate extracurricular, enrichment, and social activities and in efforts to normalize the lives for children in foster care, the law allows caregivers to use a “prudent parent standard” in determining whether to give permission for a foster child to participate in such activities.

In applying the “Reasonable and Prudent Parent Standard,” Resource Families are required to take “reasonable steps” to determine the appropriateness of the activity in consideration of the child’s age, maturity, and developmental level. It is recognized that there are many different

ways to determine whether an activity is appropriate for a foster child in your care. Therefore, the following examples of “reasonable steps” that a foster parent may take in making this determination are provided as a guide to assist you in your decision-making process.

- Have adequate information about the foster child in your care so you can make informed decisions.
- Take into account the type of activity and consider the foster child’s age, maturity, development level as well as the child’s mental and physical health, and behavioral tendencies.
- Consider where the activity will be held, with whom the foster child will be going, and when they will return.
- Consider all the information you have gathered and ask the question: is this an age-appropriate extracurricular, enrichment or social activity?
- Take into account the nature and inherent risks of an activity and what safety factors and direct supervision may be involved in the activity in order to prevent potential harm to the foster child. (i.e., hunting, paint ball, archery or similar activities that may pose a higher risk).
- If you have questions or need information to assist you in exercising the “reasonable and prudent parent standard”, contact the child’s social worker.

Any person having contact with a foster child for purposes other than those associated with a foster child’s participation in age-appropriate, extracurricular, enrichment and social activities must comply with existing criminal background check requirements specified in Health and Safety Code Section 1522 and W&IC Sections 39(d) and 361.4, as applicable.

Any state or local regulation or policy which prevents or creates barriers to participation in those activities is prohibited.

(Welfare and Institutions Code § 362.05)

For Frequent Asked Questions (FAQ) in regards to the Reason and Prudent Parenting Practice, please refer to pages 55-58.

Responsibility for Providing Care and Supervision for a Child

(CDSS Resource Family Approval Written Directives 11-13)

Resource Family caregivers are expected to:

- Provide care and supervision which meets the needs of any child and non-minor dependent placed in their care.
- Facilitate the child or non-minor dependent’s participation in the services identified in each child's case plan.
- ❖ The caregiver is responsible for ensuring care and supervision of the child of any minor parent placed in the caregiver’s home and ensuring the direct care and supervision of the child of a minor parent during the hours that the minor parent is unavailable.

If the child will be cared for or supervised by another adult, you are responsible for determining that the adult can provide safe and appropriate care and supervision. If a Resource Family intends to have another adult care for the child for more than 24 consecutive hours or care for the child on a regular or frequent basis (for example while you are at work or away frequently on weekends), please contact the child's social worker, as a criminal and child abuse background check may be required.

The following are categories for care and supervision available to support caregivers. As the requirements may be confusing, please consult the child's social worker or the RFA Social Worker when questions arise:

❖ Occasional, short-term babysitters

- For no more than 24 consecutive hours at a time.
- The babysitter may be under 18 years of age but a Resource Family must use the Reasonable and Prudent Parent Standard to determine if the proposed babysitter has the maturity, experience, and ability to provide adequate care. Under no circumstances shall a child under 18 years of age be required to provide care.

❖ Alternative caregivers

- When absence is anticipated to be more than 24 consecutive hours on an occasional basis.
- Alternate caregiver must:
 - Be 18 years or older.
 - Have a background check, which includes criminal and child abuse record clearance.
 - Have the willingness and ability to provide care according to applicable laws, and these RFA directives.
 - Have the willingness and ability to provide care to a child, taking into consideration the age, developmental level, maturity, behavioral tendencies, mental and physical health, medications, and abilities and limitations of the child and court orders for the child.
- Care and supervision may take place in the Resource Family home or the home of the alternate caregiver.
- Prior to absence that will not exceed 72 hours, the Resource Family caregiver will provide written or verbal notification to the child's social worker.
 - Notification to include:
 - Dates the Resource Family plans to be absent from home.
 - The name, telephone number, and address, if applicable, of the alternative caregiver
 - An emergency telephone number where the Resource Family can be reached in his or her absence.
- Prior to an absence which will exceed 72 hours, the Resource Family caregiver will provide written or verbal notification including the information noted above **and** receive prior approval of the absence from the child's social worker.

❖ Respite care

- Respite care shall not exceed 72 consecutive hours and shall not be provided for the purpose of routine, ongoing child care.
- Respite care providers must be licensed, approved by DFCS, or certified through a Foster Family Agency.

Note: Prior to leaving a child in the care of another caregiver, the Resource Family should provide the following information to the alternate caregiver:

- Information about the emotional, behavioral, medical or physical conditions of the child, if any.
- Any medication which will need to be given to a child during the time the child is being supervised by the alternate caregiver.
- The name and telephone number of the child's social worker.
- Resource Family caregivers emergency contact information.

❖ Leaving children alone

- Resource Family caregivers may leave a child alone on an occasional basis, however, must use the reasonable and prudent parent standard in determining if a child has the maturity to be left alone without adult supervision.
- A child may not be left alone overnight.
- Before leaving a child alone, a Resource Family caregiver will ensure the child knows the following:
 - Where emergency numbers are posted.
 - Emergency procedures
 - Where and how to contact the Resource Family.

❖ Licensed child care

- Resource Family caregivers may arrange for a child to be cared for by a licensed child day care facility, as defined in Health and Safety Code section 1596.750, or a licensed family day care home, as defined in Health and Safety Code section 1596.78.

❖ Other child care

- The DFCS understands other child care/supervision options than those listed above may be necessary, such as a family member or neighbor providing child care after school for a few hours daily. However, in such situations, prior to providing care, all individuals having regular, significant contact with a child under the supervision of DFCS must have a criminal background check completed by the RFA Social Worker and approval of the child's social worker.
- Caregiver must:
 - Be 18 years or older

- Have a background check, which includes criminal and child abuse record clearance.
- Have the willingness and ability to provide care according to applicable laws, and the RFA directives.
- Have the willingness and ability to provide care to a child, taking into consideration the age, developmental level, maturity, behavioral tendencies, mental and physical health, medications, and abilities and limitations of the child and court orders for the child.
- Care and supervision may take place in the Resource Family home or the home of the child’s care provider, however, if the care will not take place in the approved home, a physical inspection of the child care provider’s home must be completed.

Care and Supervision of Non-Minor Dependents

(CDSS Resource Family Approval Written Directives 11-13[jj])

- A Resource Family will provide care and supervision according to the non-minor dependent’s (NMD) needs, service plan and Transitional Independent Living Plan (TILP).
- A Resource Family is expected to assist a NMD with developing the skills necessary for self-sufficiency, including but not limited to the following:
 - Financial literacy
 - Nutrition & healthy food choices
 - Child Care
 - Automotive maintenance
 - Access to community resources
 - Self-care, including laundry
 - Identifying suitable home and home maintenance
 - Grocery shopping and meal preparation
 - Educational and career development
 - Obtaining medical, dental, vision and mental health care
 - Safe sex and reproductive health information
 - Drug and alcohol abuse awareness and prevention
 - Developing and reaching goals

A Resource Family may arrange for other care and supervision of a NMD as follows:

- If the Resource Family anticipates being absent from the home:
 - The NMD may be left alone without adult supervision, including overnight. However in making the decision the Resource Family shall maintain the health and safety of the NMD and should consider the maturity, experience and ability of the NMD, when making the decision.
 - Before leaving an NMD home alone, a Resource Family shall ensure the NMD knows where and how to contact the Resource Family, where emergency telephone numbers are posted, emergency procedures.
 - If absence will be more than 72 hours, Resource Family shall provide written or verbal notification to the NMD’s social worker and receive prior approval.

- Unless restricted by the NMD’s service plan, TILP or court orders, a Resource Family shall encourage a NMD to seek, select and maintain permanent connections between the NMD and his or her relatives, non-relative extended family members and other caring adults.

Confidentiality

As caregivers of a child or youth in foster care, Resource Families are entitled, by law, to certain information about children placed in their care. (Please refer to Quick Guide for information Which Should Be Disclosed to Caregivers on pages 58-61). This information is confidential and should only be shared by Resource Families when necessary to obtain social and health services for children/youth, enroll children/youth in school and extracurricular activities and update social workers and court personnel about important developments affecting the foster children/youth. *Sharing, publishing, disclosing, or permitting or causing to be published* information regarding a foster child/youth and/or his or her family may not only damage your relationship with the child/youth or family but is also against the law.

The State of California Welfare and Institutions Code Section 827 states:

“... An intentional violation of the confidentiality provisions of this paragraph is a misdemeanor punishable by a fine not to exceed five hundred dollars (\$500).”

If you have questions about what may be appropriate information to share, please consult the child/youth’s social worker for guidance or encourage the professional requesting the information to contact the social worker.

Medical Care

In all cases when seeking medical care, Resource Families should have the following documents with them:

- Child’s Medi-Cal ID card.
- Copy of Standing Court Order for Ordinary Medical, Mental Health and Dental Treatment for Dependent Children in Temporary and Out-of-Home Placement - dated 5/3/2013.
- Copy of the medical consent signed by the parents or the Court, if applicable.

❖ Routine Medical Care

Resource Family caregivers are expected to schedule and take children/youth for routine preventative health care, such as physical examinations, immunizations, dental check-ups, eye examinations and any other care consider routine medical care, including follow-up appointment. It is the child’s social worker’s responsibility to assist you in

obtaining any past medical records for a child and to inform you of any ongoing or chronic medical conditions.

- Per regulations, the child's social worker must provide you with medical information within the first 30 days of placement.
- DFCS encourages caregivers to take the child to a medical exam within the first 30 days of placement.
- If the child has immediate medical needs, you should also discuss these needs with the child's social worker.
- The child's social worker may need to help you make special arrangements to meet any special needs, for example, a special doctor to see or medication to be given to a child.

A Resource Family should arrange routine immunizations, examinations, dental checkups, eye examinations and the like at regular intervals. It is expected that you will assume full responsibility for securing regular health screenings under the Child Health and Disability Program (CHDP). If you have questions about the general guidelines for these regular check-ups, you may contact a public health nurse through the CHDP program at (408) 501-6669.

The child's social worker will be interested in knowing the results of any examinations. As caregivers are required to keep a child's HEP up to the date, caregivers should keep copies of the Health Contact Form (SCZ1702c), completed by the child's doctor, in the HEP folder to document the child's medical history and treatment. Remember to use the Health Contact Form (SC1702c) for all doctor visits. Send the white copy to CHDP and keep the child's social worker informed after the appointments of the child's progress as well as ongoing needs.

If a child has a non-routine medical problem and is in need of surgery, major treatment, or is ill for an extended period, the Resource Family must inform the child's social worker, as soon as possible. The child's social worker will need to involve the child's parents, and in some cases the Court, to consent for treatment and/or surgery. Non-minor dependents are legally able to provide consent for their medical treatment or surgery; however, the assigned social worker should be notified.

❖ **Administering over the counter and prescription medications**

Health and Safety Code 1507.25

When a child or youth has a health condition that requires medication, the Resource Family caregivers shall comply with the following:

- Prescription medication must be administered to a child or youth as directed on the label or as directed in writing by the physician. **
- Non-prescription medication must be administered to a child or youth as directed on the label or as directed by the appropriate medical professional.

- When administering “as needed” or PRN medication to a child or youth, the Resource Family caregiver is required to document the date, time and dose of the medication administered on the medication log provided in the Health and Education Passport.
- If a child or youth cannot determine his or her own need for medication, the Resource Family caregiver is expected to determine the need of the child or youth, in accordance with medical instructions.
- If determined as appropriate by the physician, a child or youth can self-administer medication. The Resource Family caregiver is expected to assist or monitor the child or youth during the self-administration of medication.
- Medication shall be stored in the original container with the original unaltered label.
- Ensure that instructions are followed as outlined by the appropriate medical professional.

****Note:** Psychotropic medications shall only be given when the Juvenile Court has approved a medication based upon the recommendation of a physician. The physician must complete a “Prescribing Physician’s Statement” (JV-220a) and provide the completed form to the child or youth’s assigned social worker, who will submit the request to Court for review and authorization. The JV220 is submitted to court every 6 months or when there is a change in psychotropic medications.

❖ **Emergency Medical Assistance, Injections, and Self-Administration of Medications**

- Prescription injections must be administered to a child or youth as directed on the label or as directed in writing by the physician.
- If determined as appropriate by the physician, a child or youth, who has been trained by a licensed health care professional, can self-administer injected medication. However, the Resource Family caregiver is expected to assist or monitor the child or youth’s self-administration of medication, including documentation of date, time and dose of all injections and proper storage of medication so that it is not accessible to other children.
- A Resource Family caregiver, who has been trained by a licensed health care professional, may administer insulin injections as well as emergency medical assistance and injections for severe hypoglycemia and anaphylactic shock to a foster child in placement. The date, time, and dose of injection must be documented.
- The caregiver shall ensure the date, time and results of glucose testing and monitoring are documented by the person assisting with the testing.
- The caregiver shall ensure that any persons, who provide emergency medical assistance and injections to a child, are trained by licensed health care professional.

Non-Minor Dependents (NMDs) and Medication

- Non-minor dependents are responsible for their own health decisions including the use and control of over-the-counter medication and prescribed medication.
- Resources family caregivers should encourage NMDs to take medication responsibly and as prescribed.
- Resource Family caregivers are expected to educate NMDs about storing medication so that it is not accessible to other children in the home and ensuring the NMD does so.

❖ Major Treatment or Surgery

Except in an emergency, if a child needs a surgical procedure, the child's social worker will contact the child's parents in efforts to have them sign the necessary medical consent. However, if the parents' whereabouts are unknown or the parents object to a medically necessary treatment, the DFCS will need to seek Court authorization for the treatment. In order to request Court approval, the child's social worker will need to obtain a letter from the doctor outlining the need for the treatment/surgery and possible risks.

❖ Medical Emergencies

- If the child or non-minor dependent experiences a medical emergency, **call 911 immediately.**
- After the situation is under control, the Resource Family must contact the child or non-minor dependent's social worker as soon as possible.

If a Resource Family is unable to reach the child's or non-minor dependent's social worker, the Resource Family caregiver should contact the social worker's supervisor or the unit OD (Officer of the Day), during business hours (Monday through Friday 8am-5pm). ***If the emergency occurs after business hours, on the weekend or a holiday, Resource Families must report emergencies to (833)722-5437 (the DFCS 24 hour hotline).***

Non-minor dependents are legally able to provide consent for their own medical treatment or surgery; however, the NMD's social worker must be notified within 24 hours.

Extracurricular, Enrichment, Cultural and Social Activities

(CDSS Resource Family Approval Written Directives 11-14)

A Resource Family will allow and encourage a child's participation in extracurricular, enrichment, and social activities. These activities include, but are not limited to the following:

- Sports
- 4-H activities
- Scouting
- Babysitting
- Use of computer equipment
- School activities (ie. band, dances & field trips)
- Leisure time activities (bike riding, socializing with friends)
- Sleepover with friends
- Having visitors in the home
- Use of a cell phone

When determining whether to permit a child to participate in an appropriate extracurricular, enrichment, or social activity, the Resource Family will apply the reasonable and prudent parent standard. (See pages 13-14 for more details.)

A copy of the Standing Order Authorizing Social Worker and Caregivers to Sign Permission Forms for School and Extracurricular Activities is available on pages 63-64.

For a youth 16 years or older or a non-minor dependent, a Resource Family will provide access to information regarding available vocational and postsecondary educational options. The information may include, but is not limited to, the following:

- Admission criteria for universities, colleges, trade and vocational schools
- Informational brochures and internet research on postsecondary education or vocational schools, independent living skills programs, employment-related programs, and other local resources to assist the youth.
- Campus Tours.
- Community or school sponsored events promoting postsecondary or vocational schools or programs, internships, volunteerism or employment.
- Financial aid information, such as scholarships, grants and loans, as well as aid specifically for a current foster or former foster child.
- Career options, requirements, and salary information for trade, vocational or professional careers.

A listing of internet resources for Post-Secondary Educations Programs is available on page 65.



Traveling with Dependent Children

The Reasonable and Prudent Parent Standard allows Resource Families to provide consent or allow a “day to day” travel which includes allowing the child to travel outside of the county, but does not include overnight stays.

However, as DFCS is responsible for the safety of children under the supervision of the Department, travel beyond “day to day” requires additional notification and authorization.

		Foster Parent May Authorize	Social Worker May Authorize	Court Must Authorize
Day to Day Travel		X		
Overnight stays for 14 days or less outside of County, but within the United States and			X	
	If parents, child and their attorneys are in agreement with travel.		X	
	Child, Parent and/or their attorneys objects.			X
Overnight Stays more than 14 days outside of County, but within the United States				X
Travel outside of the United States				X
Trip/Stay of Any length when any party objects to travel				X

If the travel requires Court authorization, the child’s social worker must submit the request to the Court at **least five days prior to the intended travel** so a hearing may be scheduled if necessary. However, prior to submitting the request to the Court, the social worker is required by law to notice the parents and their attorneys as well as the child’s attorney 48 hours before submitting the request to the Court. Therefore, given these legally required timelines, it is crucial that Resource Parents provide ample advance notice of travel to the child’s social worker to ensure the social worker has sufficient time to make the request to the Court to authorize travel, if any party objects.

A child/youth, under the supervision of DFCS and is in an out of home placement, including Resource Family homes, is **not permitted** to travel alone (as an unaccompanied minor), unless authorized by the Director or Deputy Director of the DFCS.

RESOURCE FAMILY HOME AND ENVIRONMENT



The Department of Family and Children's Services will assess the home environment of a potential Resource Family prior to the placement of a child in the home and reassessments will be conducted annually as part of the updated Resource Family Approval. If an approved Resource Family moves to a different home, a reassessment of the home environment must be completed prior to any dependent child or non-minor dependent residing in the home.

Home Environment

(CDSS Resource Family Approval Written Directives 6-02)

- A Resource Family home should be clean, safe, sanitary and in good repair.
- Smoke detectors (approved, commercially manufactured) must be installed and functioning in hallways in each sleeping area. *(The only exceptions are homes with fire sprinklers.)*
- All outdoor and indoor passageways, stairways, inclines, ramps, and open porches in and on the grounds of the home must be free from obstruction.
- The home must have at least one operating toilet, sink and shower or tub, which is safe, and clean. Bathrooms must be located inside the home.
- Hot water delivered by faucets used by a child or non-minor dependent for personal care and grooming must be maintained at a safe temperature.
- Individual privacy must be available in all toilet, bath or shower areas.
- Fireplaces, open-faced heaters, or wood stoves must be maintained to ensure safety.
- The home should be maintained at safe and comfortable temperature.
- All rooms, other areas of the home and grounds shall have appropriate lighting, as necessary, to ensure comfort and safety.
- If the Resource Family home has a yard or outdoor activity space, the area shall be free from hazards that endanger the health and safety of a child or non-minor dependent. (See pages 26-27 for more requirements regarding pools and other bodies of water.)

Bedrooms

(CDSS Resource Family Approval Written Directives 11-01)

The bedrooms in a Resource Family home shall meet, at a minimum, the following requirements:

- No more than four (4) children or non-minor dependents, or one child and one non-minor dependent, may share a room.
- In bedrooms shared by a Resource Family and infant, no more than two infants shall share the room.
- Children of opposite sex shall not share a bedroom unless:

- Each child is under eight years of age.
- Upon request from a transgender child or the child's authorized representative, a Resource Family may permit a transgender boy to share a bedroom with a boy or a transgender girl to share a bedroom with a girl.

A Resource Family shall evaluate the compatibility, health and safety, and the best interest of each child in determining whether to permit children to share a bedroom.

Note: A Resource Family is to consult a transgender child about what information the child wishes to disclose and to whom and should not disclose information regarding the child's gender identity against the child's wishes, unless compelled by law to do so or court order.

- A child and a non-minor dependent may share a bedroom under the following situations:
 - The child and a non-minor dependent are siblings.
 - The child and a non-minor dependent have been sharing a bedroom prior to a non-minor dependent turning 18 and remain compatible to share the bedroom.
 - The child is 16 years of age or older.
 - A non-minor dependent parent may share a bedroom with his or her child, including a child of the opposite sex.
- No room that is commonly used for other purposes shall be used as a bedroom. Such rooms include, but are not limited to, halls, stairways, unfinished attics or basements, garages, storage areas, sheds or similar detached buildings.
- A room commonly used for other purposes which has been converted into a bedroom, may be used as long as the converted area does not pose a hazard to health and safety. If the County suspects the converted area poses a hazard to health and safety, the Resource Family may be required to have the converted bedroom inspected by a local building inspector.
- No bedroom is to be used as a public passageway to another room.
- Each bedroom must have at least one operable window or door which allows for safe, direct, emergency exit to the outside.
- If security window bars are used, the window is only considered operable only if the window bars have a safety release device which meets all state and local requirements. *If the Resource Family home is in a high-rise building, the Resource Family is subject to the rules and regulations set forth by the State Fire Marshall.*
- Each bedroom shall have portable or permanent closet or drawer space to accommodate the child's or non-minor dependents clothing or personal belongings.

Beds

(CDSS Resource Family Approval Written Directives 11-01)

- Each child or non-minor dependent shall be provided with an individual bed which is equipped with a clean and comfortable mattress, clean linens, blankets, and pillows, as needed, all in good condition.
- Linen shall be changed at least once per week or more often when necessary to ensure that clean linen is in use at all times.
- Beds shall be arranged to allow easy passage between beds and easy entrance into the room.
- Bunk beds of more than two tiers shall not be used.
- Bunk beds shall have railings on the upper tier to prevent falling.
- Children under six (6) years of age or those who are unable to climb into and out of the upper tier of a bunk unassisted shall not be permitted to use the upper tier.
- Each infant, or child requiring a crib, shall be provided with a safe and sturdy bassinet or crib as appropriate to the age and size of the infant or child.
- The following apply to cribs:
 - Tiered or stacked cribs, or cribs with drop sides, may not be used.
 - Crib slats may not pose a danger to an infant or child being trapped.
 - Crib mattresses shall be clean, comfortable and fit properly in the crib.
 - Linen shall be changed at least once per week or more often when necessary to ensure that clean linen is in use at all times.
 - An infant or child who can climb out of a crib shall be provided with an age-appropriate bed.

Pools and Bodies of Water

(CDSS Resource Family Approval Written Directives 11-02)

The following rules apply to Resource Family homes with swimming pools (or other 'bodies of water,' such as hot tubs, fish ponds, etc.) *that have children under 10 years of age or a child or non-minor dependent that is developmentally disabled, mentally handicapped, or needs special care and supervision, including the child of a minor or non-minor dependent parent who is in your home:*

- The water must be inaccessible when not in use by having a pool cover or a fence.
- The pool shall have an approved safety pool cover and when the pool is not in use the cover must be placed on the pool and locked.
 - The cover must meet the American Society for Testing and Material specifications F1346, which include but are not limited to, supporting the weight of two adults and one child.
 - A pool net which meets ASTM F1346 standards is considered an approved safety cover.
 - A pool cover or net must be supported by flotation devices.

- Fences shall be at least five feet high and must not obscure the pool from view.
- If a removable mesh fence is used as an enclosure, the mesh fence must meet the American Society for Testing and Material specifications F 2286 and have a self-closing and self-latching gate which can accommodate a key lockable device. [HS§ 115922 (a)(2)]
- An above-ground pool structure is more than 60 inches in height may be made inaccessible by removing or making the ladder inaccessible when the pool is not in use.
- An above-ground pool structures which are less than 60 inches in height, must have approved pool safety covers which meet ASTM F1346 standards (see above) or emptied after each use.
- All in-ground pools and above-ground pools which cannot be emptied after each use shall have a working pump and filtering system.
- An adult must provide supervision at all times when children are using a pool or a body of water; the adult must be able to swim, if swimming would be necessary to rescue a child.

Please consult with your RFA Social Worker, if you have any questions concerning these requirements.



A Resource Family shall ensure that an adult, who is able to swim, provides supervision at all times when a child, including a non-minor dependent who is developmentally, mentally or physically disabled or a child of a minor or non-minor dependent.

Storage Requirements

(CDSS Resource Family Approval Written Directives 11-03)

- All medicines, disinfectants, and cleaning solutions, shall be stored where the items are inaccessible to a child or non-minor dependent.
- Poisons, firearms, and other dangerous items or weapons are to be in a locked storage area.
 - Alternatively, use trigger locks or remove the firing pin from the firearm.
 - Firing pins shall be stored and locked separately from firearms.
 - Ammunition shall be stored and locked separately from firearms.
- A Resource Family must apply the reasonable and prudent parent standard to determine if it is age and developmentally appropriate for a child to have access to and use of items

such as household kitchen knives and appliances, medications, and disinfectants and cleaning solutions.

- A non-minor dependent can have access and use household kitchen knives and appliances, medications, and disinfectants and cleaning solutions, however, a Resource Family shall ensure that the safety of any child, non-minor dependent or others in the home.
- A Resource Family is to locate, store and dispose of waste in a manner that will not permit the transmission of communicable diseases or odors, create a nuisance, or provide a breeding place or food source for insects or rodents.

Fire Clearance

A Fire Clearances may be required if a Resource Family home intends to provide care for a child or non-minor dependent who is non-ambulatory or more than six (6) children or non-minor dependents at a time. If a fire clearance is necessary, a Resource Family shall obtain a fire clearance from the city or county fire department, the fire district providing fire protection services or State Fire Marshal's Office having jurisdiction in the area where the home is located. A copy of the fire clearance must be provided to the RFA social Worker.

California Department of Social Services defines **non-ambulatory**, for fire safety requirements, as a person who is unable to leave a building unassisted under emergency conditions. It includes,

- any person who is unable or likely to be unable, to physically and mentally respond to a sensory signal approved by the State Fire Marshal, or an oral instruction relating to fire danger, **or/and**
- any person who depend upon mechanical aids such as crutches, walkers, and wheelchairs, **or**
- any person who is unable to independently transfer to and from bed, but who does not need assistance to turn or reposition in bed, shall be considered non-ambulatory for fire safety requirements.

GRIEVANCE PROCEDURES

(CDSS Resource Family Approval Written Directives 11-10)

Denial of the Resource Family Approval:

If the DFCS is unable to approve an applicant as a Resource Family, the applicant will be notified in writing. The notification will include information regarding the basis for the denial, an explanation of applicant's rights and instructions regarding how to request a hearing.

Denial of Placement of a Child in a RFA home:

Approval as a Resource Family does not guarantee the placement of a child in your home. When determining placement, the child's social worker must consider not only the Resource Family's ability to provide care for a child, but also the specific needs of the child the circumstances of the case.

If you are denied placement, the child's social worker will notify you. The notification will include the basis for the denial of placement, an explanation of your rights and instructions regarding how to request a grievance hearing from the DFCS.

Plan to Remove a Child from a RFA home:

The Department must give a Resource Family seven (14) days-notice prior to removing the child unless:

- The child is physically or psychologically endangered,
- The court orders removal,
- The parents' or guardians' request return of the child to their care (only for voluntary placements),
- Removal is from a temporary placement directly into an adoptive home.

Unless one or more of the above situations apply, a Resource Family has a right to a grievance review hearing if in disagreement with the DFCS plan to remove the child from their care. If in disagreement with the DFCS decision to remove the child, the Resource Family must make a written request for a grievance hearing to the social worker or the social worker's supervisor not less than two (2) days prior to intended date of the child or non-minor dependent's removal. The Resource Family will be provided with a copy of the grievance review procedure regulations. The Department will present facts to a grievance review officer who will make a decision about whether or not the child or non-minor dependent is removed. Until the grievance review officer makes a decision, the child or non-minor dependent will remain in the Resource Family home.

The Resource Family must provide seven (7) days' notice in writing to the social worker if a Resource Family wants a child or non-minor dependent removed from the home, unless the Resource Family and the Department agree that less time is necessary.

Rescinding a Resource Family Approval:

If at any time after a Resource Family is approved for placement and situations arise in which the caregivers or the home no longer meet the qualifications outlined in the California State Department of Social Services Resource Family Written Directives, a Resource Family approval may be rescinded in writing by the DFCS. The notification will include information regarding the basis upon which the approval was rescinded, an explanation of Resource Family's rights and instructions regarding how to request a hearing through the California State Hearings Division.

COMPLAINTS AND INVESTIGATION PROCEDURES

(CDSS Resource Family Approval Written Directives 9-06A and ACL 05-09)

The responsibilities of the DFCS are to provide monitoring, investigation and oversight of Resource Families. Those responsibilities include conducting annual updates, conducting periodic evaluations and home environment assessments, investigating complaints against a Resource Family, developing corrective action plans to correct identified deficiencies and requiring a Resource Family to comply with corrective action plans.

The DFCS is responsible for evaluating and investigating any information presented by any person which asserts or indicates that a Resource Family may not have or may not be meeting, the requirements of one or more of the Written Directives or any applicable laws. Therefore, DFCS shall investigate any allegation unless it is determined the allegation could not have occurred, or is part of a pattern and practice of harassment.

A social worker from the Resource Family Approval program will conduct a complaint investigation within 10 calendar days of receipt of the complaint. Visits to the Resource Family Home shall be unannounced and the identity of every complainant is confidential and shall not be disclosed. When investigating a complaint, the County may take all reasonable steps to ascertain the validity of the complaint including but not limited to inspecting the home environment, conducting interviews of any person who may have knowledge of the circumstances, obtaining or reviewing relevant records, observing children in the home, making additional unannounced visits to the home as needed, etc. When visiting a Resource Family home, the investigating social worker shall ensure that the Resource Family is aware of their rights and responsibilities during the investigation process, including all appeal rights for any actions which may result.

The DFCS will make every effort to resolve a complaint within 60 days, from the date of the initial visit. Upon completion of the investigation of a complaint, the County shall notify the Resource Family of its findings - **substantiated, inconclusive or unfounded**. A complaint, which is determined to be unfounded, is confidential, and the County shall not make public any information concerning such a complaint under any circumstances. A complaint, which is determined to be substantiated or inconclusive, is not confidential.

Complaints or Allegations of Suspected Child Abuse or Neglect in Resource Family home

When the DFCS Child Abuse and Neglect Center (CANC) receives an allegation of suspected child abuse or neglect in a resource home, an Emergency Response (ER) investigation is initiated to determine if it is safe for the children, who are under DFCS' supervision, to remain in the home or whether they must be removed from the home.

A concurrent, but separate, investigation is conducted by an Investigating social worker from the Resource Family Approval Program to determine, if there has been a violation of the Written Directives. The RFA Investigating social worker and ER social worker will coordinate their investigations, whenever possible, to avoid the need for multiple interviews.

Placement Hold

At the onset of an Emergency Response and/or RFA Complaint Investigation, a determination is made as to whether to place the resource family home on a **Placement Hold**, based on the allegations in the referral and the results of the investigations.

If a Placement Hold is placed on a resource home, no child under DFCS' supervision may be placed in the home. When a resource home is put on a Placement Hold, the resource family will receive a phone call from the Placement Supervisor to advise of the hold. The resource family will then receive a follow-up letter.

The length of the Placement Hold will depend on the nature of the allegation and whether there is a corrective action plan that the resource family needs to complete. Upon completion of the investigation (s) and completion of any subsequent Corrective Action plan (if needed), the hold may then be lifted with prior approval of the DFCS Director. The resource family will receive a phone call to be advised that the hold has been lifted and placements can resume. The resource family will also receive a letter following the phone call.

Complaint Investigation

When there are complaint investigation against a Resource Home, the Resource Parent is not able to take new placements or provide respite care until the complaint investigation is complete. The RFA Investigator will inform you that your home is under a complaint investigation and will the investigation is complete. Please consult with your RFA social worker for further questions.

CONCURRENT PLANNING

The foster care system is designed to be a temporary response while efforts are being made toward achieving a safe and permanent home for children. A permanent family and stable home are vital to a child's development. In a permanent home, a child receives love, protection, stability and a sense of belonging. Making a decision about giving a child a permanent home is very important and very personal. When a child cannot return to live with a parent/guardian, it is important to already have a concurrent plan in place as to where the child should live permanently. For relatives, it may be an emotionally-difficult decision, as the child's needs for a permanent home may conflict with the loyalties family members have for one another.

The Department of Family and Children's Services is committed to engaging in concurrent planning for every child in out of home placement. Therefore, the Resource Family Approval process includes a Permanency Assessment to determine a caregiver's willingness to be a concurrent home, either through adoption or guardianship. Additionally, the assigned child's social worker will discuss with a Resource Family their willingness to commit to being a concurrent home for the child(ren) in their care.

If a child is unable to be reunified with either one or both of the parents/guardian, the most preferred permanent plan for the child is adoption as it is thought to provide the highest legal level of stability and permanence for a child, followed by guardianship.

The information provided below is to help provide a basic understanding of the differences between adoption and legal guardianship. Social Workers from the DFCS will further discuss your willingness to be a concurrent home for any child in your care. If you have further questions, or want further information regarding the differences between adoption and guardianship, our DFCS social workers will be more than willing to assist you.

Adoption

Adoption means that the legal rights and responsibilities of the birth parent are terminated and the adoptive parent is given all the authority and responsibility of a legal parent.

Some Important Facts to Know about Adoption:

- Kinship adoption is a viable option for family and non-related extended family members.
- Adoption is an option for older youth and young adults, not just a plan for babies and young children.
- Adoption does not have to mean losing contact with birth family. Birth family contact is an option if all parties agree.
- Termination of parental rights does not have to mean the severing of relationships.
- Adoption by a relative does not need to mean changing familial relationships. For example, a grandmother who adopts her grandchild becomes the legal parent, but can choose to remain in name and in fact, the child's grandmother.
- Voluntary mediation services are available to develop a Post-Adoption Agreement between adoptive and birth families, for ongoing contact and visitation.

- The child's original birth certificate must be amended after the adoption; however, the name does not have to be changed due to an adoption.
- Financial support and post-adoption services are available after the adoption of a court dependent child.
- Adult Adoption is an option.

Guardianship

A guardian is someone appointed by the Court to care for a child until he or she is 18. A guardian is not a child's legal parent. Guardianship does not give all the legal rights and responsibilities of a parent to a guardian the way adoption does to an adoptive parent. When establishing guardianship, the Court grants the guardian the right to make most decisions regarding the child.

About Legal Guardianship

- Most often when legal guardianship is ordered, juvenile court dependency is dismissed.
- Birth parent(s) can stay involved giving the child/youth, in a sense, two sets of parents. This can be seen as a benefit for some families depending on the relationship with the birth parent(s).
- Birth parent(s) maintains the right to have reasonable visitation.
- Birth parent(s) have the right to petition the court to regain custody if their circumstances change – this may be seen as either a positive or a negative.
- Guardian may petition the court to have the guardianship overturned or the guardian may go back to court and request the child/youth be returned to the birth parent(s).
- Relative Legal Guardians in California may be eligible for financial assistance through the Kin-GAP Program. This funding is based on the basic foster care rate, and may include a special rate, depending on the needs of the child/youth. Rates vary from county to county and state to state, and are based on the rate structures of the county or state of residence.
- Non-relative Legal Guardians may be eligible for funding through foster care funding, and a special rate may be considered, depending on the needs of the child/youth. Legal Guardianship ends at age 18. Funding may be continued if the youth is still in high school and is expected to graduate before their 19th birthday.
- Funding for non-related Legal Guardians of former foster youth may be extended to age 21 if the youth meets specific eligibility criteria.
- Funding may continue for relative Legal Guardians through the Kin-GAP program to age 21, if the youth meets specific criteria.

Some Questions to consider when contemplating a commitment to a child/youth with a Plan of Legal Guardianship:

- Has permanency been explored with the child/youth and have the child's/youth's wishes and needs been considered?
- With Legal Guardianship will the child/youth feel that they are a second class family member?
- Will the youth fear being kicked out if they misbehave?
- Are you making a permanent commitment to raise and be lifelong family to the child/youth?

SUPPORT SERVICES FOR RESOURCE FAMILIES

Kinship Support Program – Catholic Charities of Santa Clara County

The goal of the Kinship Support Program is to provide support, resources, and guidance to relative and non-relative caregivers of children in foster care which encourage empowerment and strengthens families.

Kinship Support Program Resource Specialists can help:

- Provide resources and guidance to help meet your family's needs.
- Provide support before, during, and after the placement of a child in your home.
- Assist with communication between your family and Social Services staff.
- Assist families through the process of family reunification, adoption, or guardianship.
- Provide guidance on what to expect from the child welfare system and the dependency court process.
- Help support your child's educational development and special needs.
- Help empower families to advocate on behalf of themselves and their children.

Assistance during Permanency Assessment process of RFA

- The Resource Specialists are trained to help navigate families to understand and work through this process.
- They can guide, explain & work with families to fill out the necessary forms to submit a completed application packet.
- Contact your Resource Specialist with questions or concerns regarding the adoption process.
- They are available to answer questions by phone, email or a home visit.

Resource and Advocacy Support Services (RASS) Team for Resource Families- Seneca

Resource Family Advocates can:

- Help identifying community services for children in your home
- Help navigate the complex Child Welfare System
- Act as a liaison to build bridges with Dept. of Family and Children staff
- Support in resolving issues with Medi-Cal and health services
- Assistance in identifying family's workers
- Connect families with resource families in their community
- Identify appropriate training classes and workshops
- Attend Court/Staffing/Child and Family Team Meetings and Compliance Complaint Meetings with families
- Home visits when children are placed in resource homes.
- Staff is available for contact and questions 24 hours per day, 7 days a week
- Facilitate support groups for resource families

Please refer to “Important Phone Number” Directory for contact numbers regarding Kinship Support Program and the Resource Advocacy Support Team.

APPENDICES

Roles of DFCS Social Work Staff

The assigned case social worker:

- Provides case management for the child and his/her family or the non-minor dependent.
- Is responsible for ensuring the safety of the child or non-minor dependent.
- Assists the parents, the child/non-minor dependent and the child/non-minor dependent's caregivers to successfully accomplish the goal of the case plan.
- Ensures that the court orders are followed.
- Arranges and monitors services for the child or non-minor dependent.
- Is the Resource Family's link with DFCS in regards to services for the child/non-minor dependent and the Court.

The Resource Family Social Worker (RFA):

- Helps caregivers to understand the Written Directives
- Assists caregivers in understanding their roles and responsibilities
- Assists caregivers in understanding DFCS' policies and procedures related to caregiver responsibilities
- Provides support and connects caregiver to additional support services
- Can act as a liaison between the resource family and child's social worker
- Provides oversight and ensures caregivers are complying with written directives.
- Provides monitoring and conducts investigations when complaints or allegations are made against a caretaker

The primary role of the Resource Family Social Worker is to support the caregiver and ensure the caregiver is placement ready

What the Resource Family Social Worker does not do:

- The RFA SW **cannot** seek or change court orders.
- The RFA SW **cannot** seek, authorize or approve funds for child related services or activities.
- The RFA SW **does not** manage or oversee the child or parent case plan.
- The RFA SW **cannot** seek or change visitation orders and schedules
- The RFA SW **does not** make placements and cannot terminate a placement.

We understand that it may be difficult to know which social worker to present concerns, requests, etc. However, if unclear as to which social worker is to be notified, consulted or asked for assistance, the Resource Family is encouraged to contact either the child's assigned social worker or the Resource Family Social worker, who can help you determine who is responsible for working with the Resource Family on the particular issue.

WHAT IS CHILD ABUSE & NEGLECT?

Recognizing indicators of child abuse & neglect and understanding reporting requirements

WHAT IS CHILD ABUSE & NEGLECT?

Child abuse is legally defined as:

- ◆ A physical injury which is inflicted by other than accidental means on a child by another person.
- ◆ Sexual abuse, including both sexual assault and sexual exploitation.
- ◆ Willful harming or endangering of a child.
- ◆ Cruel or inhumane corporal punishment of injury to a child.



Neglect is legally defined as:

- ◆ Child has suffered or is at risk of suffering physical harm or illness as the result of the child's parent or guardian's failure to adequately care, supervise protect the child.

INDICATORS OF CHILD ABUSE

Physical Abuse

Physical abuse may be defined as any act which results in non-accidental injury.

Indicators of physical abuse:

- ◆ Bruises, burns, abrasions, lacerations or swelling cause by other than accidental means.
- ◆ Belt or buckle marks, handprints, bite marks and pinch marks.
- ◆ Child states the injury was caused by abuse.
- ◆ Injury unusual given the child's age.
- ◆ A history of previous or recurrent injuries.
- ◆ Unexplained injuries; conflicting explanations or reasons for injury.
- ◆ Child excessively passive, compliant or fearful.
- ◆ Caretaker attempts to hide injuries.

Sexual Abuse

Sexual abuse is defined as acts of sexual assault on and/or the sexual exploitation of minors. Sexual assault, includes but is not limited to penetration, fondling or intentional touching of the genitals or intimate body parts.



Indicators of sexual abuse:

- ◆ Child reports sexual activities to a trusted person.
- ◆ Detailed or age-inappropriate understanding of sexual behaviors (especially in younger children).
- ◆ Child wears torn, stained or bloody underclothing.
- ◆ Child is victim of other forms of abuse.
- ◆ Child attaches very quickly to strangers or new adults in their environment.

Neglect

Neglect is essentially the failure of a parent, guardian, or other caregiver to provide for a child's basic needs which results in significant harm or risk of significant harm.

Neglect may be:

- **Physical:** Failure to provide food, shelter (a safe and clean), weather appropriate clothing, or lack of appropriate supervision.
- **Medical:** Failure to provide the necessary medical, dental or mental health care for a child's condition.
- **Educational:** Failure to enroll a school-age child in school or to provide necessary special education. Allowing excessive absences from school.
- **Emotional:** Provide emotional support, love, and affection to a child. Exposure to spousal, pet or drug and alcohol abuse.

Indicators of neglect:

- ◆ Child adequate medical or dental care.
- ◆ Child is always sleepy or hungry.
- ◆ Child is always dirty or inadequately dressed for weather conditions.
- ◆ Evidence of poor supervision of child.
- ◆ Conditions in home are extremely or persistently unsafe or unsanitary.



REPORTING

The law requires certain professionals to report the suspicion and/or knowledge of child abuse, which includes physical abuse, sexual abuse, neglect and cases of severe emotional abuse that constitutes willful cruelty or unjustifiable punishment of a child.

Community members also have an important role in protecting children from abuse and neglect. The life of a child may be saved if community members become involved and report cases of suspected child abuse. If a member of community, who is not required by law to report, does not want to identify himself or herself, the report may be made anonymously.

To report suspected child abuse contact:

- ◇ Department of Family and Children's Services – (833) 722-5437 (KIDS)
- ◇ Police or Sheriff's Department

Information from the Child Abuse Brochure developed by Crime and Violence Prevention Center of the California Attorney General's Office and What is Child Abuse and Neglect? Recognizing Signs and Symptoms published by Child Welfare Information Gateway-Children's Bureaus-ACYF

Sample Suspected Child Abuse Report form (SS8572)



STATE OF CALIFORNIA
BCIA 8572
(Rev. 04/2017)

DEPARTMENT OF JUSTICE
Page 1 of 2

SUSPECTED CHILD ABUSE REPORT (Pursuant to Penal Code section 11166)

[Print Form](#) [Clear Form](#)

To Be Completed by Mandated Child Abuse Reporters
PLEASE PRINT OR TYPE

CASE NAME: _____

CASE NUMBER: _____

A. REPORTING PARTY	NAME OF MANDATED REPORTER			TITLE			MANDATED REPORTER CATEGORY			
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS						DID MANDATED REPORTER WITNESS THE INCIDENT?			
	Street		City		Zip		<input type="checkbox"/> YES <input type="checkbox"/> NO			
REPORTER'S TELEPHONE (DAYTIME)			SIGNATURE				TODAY'S DATE			
B. REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT			<input type="checkbox"/> COUNTY PROBATION			AGENCY			
	<input type="checkbox"/> COUNTY WELFARE / CPS (Child Protective Services)									
	ADDRESS			City			Zip			
						DATE/TIME OF PHONE CALL				
OFFICIAL CONTACTED - NAME AND TITLE						TELEPHONE				
C. VICTIM One report per victim	NAME (LAST, FIRST, MIDDLE)				BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY		
	ADDRESS			City			Zip		TELEPHONE	
	PRESENT LOCATION OF VICTIM				SCHOOL			CLASS		GRADE
	PHYSICALLY DISABLED?		DEVELOPMENTALLY DISABLED?		OTHER DISABILITY (SPECIFY)				PRIMARY LANGUAGE SPOKEN IN HOME	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO							
	IN FOSTER CARE?		IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE:				TYPE OF ABUSE (CHECK ONE OR MORE):			
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> DAY CARE		<input type="checkbox"/> CHILD CARE CENTER		<input type="checkbox"/> FOSTER FAMILY HOME		<input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL	
		<input type="checkbox"/> FAMILY FRIEND		<input type="checkbox"/> GROUP HOME OR INSTITUTION		<input type="checkbox"/> RELATIVE'S HOME		<input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLECT		
								<input type="checkbox"/> OTHER (SPECIFY) _____		
RELATIONSHIP TO SUSPECT				PHOTOS TAKEN?		DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH?				
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK				
D. INVOLVED PARTIES	VICTIM'S SIBLINGS									
	NAME		BIRTHDATE		SEX	ETHNICITY		NAME		BIRTHDATE
	1. _____		_____		_____	_____		3. _____		_____
	2. _____		_____		_____	_____		4. _____		_____
VICTIM'S PARENTS/GUARDIANS	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY			
	ADDRESS			City		Zip		HOME PHONE		BUSINESS PHONE
	NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY			
	ADDRESS			City		Zip		HOME PHONE		BUSINESS PHONE
SUSPECT	SUSPECT'S NAME (LAST, FIRST, MIDDLE)			BIRTHDATE OR APPROX. AGE		SEX	ETHNICITY			
	ADDRESS			City		Zip		TELEPHONE		
	OTHER RELEVANT INFORMATION									
E. INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER: _____									
	DATE/TIME OF INCIDENT				PLACE OF INCIDENT					
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incident's involving the victim(s) or suspect)									

DO NOT submit a copy of this form to the Department of Justice (DOJ). The investigating agency is required under Penal Code section 11169 to submit to DOJ a Child Abuse or Severe Neglect Indexing Form BCIA 8583 if (1) an active investigation was conducted and (2) the incident was determined to be substantiated.

Instructions for Completing Suspected Child Abuse Report (SS8572A)

DEFINITIONS AND GENERAL INSTRUCTIONS FOR COMPLETION OF FORM BCIA 8572

All Penal Code (PC) references are located in Article 2.5 of the California PC. This article is known as the Child Abuse and Neglect Reporting Act (CANRA). The provisions of CANRA may be viewed at: <http://leginfo.legislature.ca.gov/faces/codes.xhtml> (specify "Penal Code" and search for sections 11164-11174.3). A mandated reporter must complete and submit form BCIA 8572 even if some of the requested information is not known. (PC section 11167(a).)

I. MANDATED CHILD ABUSE REPORTERS

Mandated child abuse reporters include all those individuals and entities listed in PC section 11165.7.

II. TO WHOM REPORTS ARE TO BE MADE ("DESIGNATED AGENCIES")

Reports of suspected child abuse or neglect shall be made by mandated reporters to any police department or sheriff's department (not including a school district police or security department), the county probation department (if designated by the county to receive mandated reports), or the county welfare department. (PC section 11165.9.)

III. REPORTING RESPONSIBILITIES

Any mandated reporter who has knowledge of or observes a child, in his or her professional capacity or within the scope of his or her employment, whom he or she knows or reasonably suspects has been the victim of child abuse or neglect shall report such suspected incident of abuse or neglect to a designated agency immediately or as soon as practically possible by telephone and shall prepare and send a written report thereof **within 36 hours** of receiving the information concerning the incident. (PC section 11166(a).)

No mandated reporter who reports a suspected incident of child abuse or neglect shall be held civilly or criminally liable for any report required or authorized by CANRA. Any other person reporting a known or suspected incident of child abuse or neglect shall not incur civil or criminal liability as a result of any report authorized by CANRA unless it can be proven the report was false and the person knew it was false or made the report with reckless disregard of its truth or falsity. (PC section 11172(a).)

IV. INSTRUCTIONS

SECTION A – REPORTING PARTY: Enter the mandated reporter's name, title, category (from PC section 11165.7), business/agency name and address, daytime telephone number, and today's date. Check yes/no whether the mandated reporter witnessed the incident. The signature area is for either the mandated reporter or, if the report is telephoned in by the mandated reporter, the person taking the telephoned report.

IV. INSTRUCTIONS (*continued*)

SECTION B – REPORT NOTIFICATION: Complete the name and address of the designated agency notified, the date/time of the phone call, and the name, title, and telephone number of the official contacted.

SECTION C – VICTIM (One Report per Victim): Enter the victim's name, birthdate or approximate age, sex, ethnicity, address, telephone number, present location, and, where applicable, enter the school, class (indicate the teacher's name or room number), and grade. List the primary language spoken in the victim's home. Check the appropriate yes/no box to indicate whether the victim may have a developmental disability or physical disability and specify any other apparent disability. Check the appropriate yes/no box to indicate whether the victim is in foster care, and check the appropriate box to indicate the type of care if the victim was in out-of-home care. Check the appropriate box to indicate the type of abuse. List the victim's relationship to the suspect. Check the appropriate yes/no box to indicate whether photos of the injuries were taken. Check the appropriate box to indicate whether the incident resulted in the victim's death.

SECTION D – INVOLVED PARTIES: Enter the requested information for Victim's Siblings, Victim's Parents/Guardians, and Suspect. Attach extra sheet(s) if needed (provide the requested information for each individual on the attached sheet(s)).

SECTION E – INCIDENT INFORMATION: If multiple victims, indicate the number and submit a form for each victim. Enter date/time and place of the incident. Provide a narrative of the incident. Attach extra sheet(s) if needed.

V. DISTRIBUTION

Reporting Party: After completing form BCIA 8572, retain a copy for your records and submit copies to the designated agency.

Designated Agency: *Within 36 hours* of receipt of form BCIA 8572, the initial designated agency will send a copy of the completed form to the district attorney and any additional designated agencies in compliance with PC sections 11166(j) and 11166(k).

ETHNICITY CODES

1 Alaskan Native	6 Caribbean	11 Guamanian	16 Korean	22 Polynesian	27 White-Armenian
2 American Indian	7 Central American	12 Hawaiian	17 Laotian	23 Samoan	28 White-Central American
3 Asian Indian	8 Chinese	13 Hispanic	18 Mexican	24 South American	29 White-European
4 Black	9 Ethiopian	14 Hmong	19 Other Asian	25 Vietnamese	30 White-Middle Eastern
5 Cambodian	10 Filipino	15 Japanese	21 Other Pacific Islander	26 White	31 White-Romanian

Sample of Unusual Incident/Injury Report



UNUSUAL INCIDENT/INJURY REPORT

INSTRUCTIONS:

NOTIFY THE FOLLOWING PEOPLE BY THE NEXT BUSINESS DAY OF THE INCIDENT: THE RFA SOCIAL WORKER AND THE CHILD'S SOCIAL WORKER. LICENSING
 SUBMIT WRITTEN REPORT WITHIN 7 DAYS OF OCCURRENCE.

NAME OF RFA FAMILY		RFA NUMBER	TELEPHONE NUMBER
ADDRESS		CITY, STATE, ZIP	

CHILD INVOLVED	DATE OF INCIDENT	AGE	SEX	REQUIRED MEDICAL ATTENTION

TYPE OF INCIDENT

AGENCIES/INDIVIDUALS NOTIFIED (SPECIFY NAME AND TELEPHONE NUMBER)

<input type="checkbox"/> Unauthorized Absence	<input type="checkbox"/> Alleged Client Abuse	<input type="checkbox"/> Rape	<input type="checkbox"/> Injury-Accident	<input type="checkbox"/> Medical Emergency
<input type="checkbox"/> Aggressive Act/Self	<input type="checkbox"/> Sexual	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Injury-Unknown Origin	<input type="checkbox"/> Other Sexual Incident
<input type="checkbox"/> Aggressive Act/Another Child	<input type="checkbox"/> Physical	<input type="checkbox"/> Suicide Attempt	<input type="checkbox"/> Injury-From another Client	<input type="checkbox"/> Theft
<input type="checkbox"/> Aggressive Act/Staff	<input type="checkbox"/> Psychological	<input type="checkbox"/> Other	<input type="checkbox"/> Injury-From behavior episode	<input type="checkbox"/> Fire
<input type="checkbox"/> Aggressive Act/Family, Visitors	<input type="checkbox"/> Financial		<input type="checkbox"/> Epidemic Outbreak	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Alleged Violation of Rights	<input type="checkbox"/> Neglect		<input type="checkbox"/> Hospitalization	<input type="checkbox"/> Other (explain)

DESCRIBE EVENT OR INCIDENT (INCLUDE DATE, TIME, LOCATION, PERPETRATOR, NATURE OF INCIDENT, ANY ANTECEDENTS LEADING UP TO INCIDENT AND HOW CLIENTS WERE AFFECTED, INCLUDING ANY INJURIES:

PERSON(S) WHO OBSERVED THE INCIDENT/INJURY:

EXPLAIN WHAT IMMEDIATE ACTION WAS TAKEN (INCLUDE PERSONS CONTACTED):

MEDICAL TREATMENT NECESSARY?

YES

NO

IF YES, GIVE NATURE OF TREATMENT:

WHERE ADMINISTERED:

ADMINISTERED BY:

FOLLOW-UP TREATMENT, IF ANY:

ACTION TAKEN OR PLANNED (BY WHOM AND ANTICIPATED RESULTS:

RFA SUPERVISOR COMMENTS:

REPORT SUBMITTED BY:		DATE
REPORT REVIEWED/APPROVED BY:	NAME AND TITLE	DATE



AB 458 FACT SHEET

THE CALIFORNIA FOSTER CARE NON-DISCRIMINATION ACT



AB 458 FACT SHEET

THE CALIFORNIA FOSTER CARE NON-DISCRIMINATION ACT

AB 458, the Foster Care Non-Discrimination Act, was signed into law on September 6, 2003 and went into effect on January 1, 2004. AB 458 prohibits discrimination in the California foster care system on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status. Because training is crucial to enable service providers to fulfill their responsibilities to provide safe and nondiscriminatory care, placement, and services to foster children, AB 458 also mandates initial and ongoing training for all group home administrators, foster parents, and department licensing personnel.

This law is the first of its kind in the United States to explicitly include protections for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and adults involved with the foster care system.

SPECIFICALLY, THE LAW PROVIDES:

- All foster children¹ and all adults engaged in the provision of care and services to foster children² have a right to fair and equal access to all available services, placement, care, treatment and benefits.
- All foster children³ and all adults engaged in the provision of care and services to foster children⁴ have a right not to be subjected to discrimination or harassment on the basis of actual or perceived sexual orientation or gender identity.
- Adds these rights and protections to the California Foster Child List of Rights.
- All group home administrators,⁵ foster parents,⁶ and department licensing personnel⁷ must receive initial and ongoing training on the right of a foster child to have fair and equal access to all available services and to not be subjected to harassment or discrimination based on their actual or perceived sexual orientation or gender identity.
- All community college districts that provide orientation and training to relative caregivers must make available to relative and extended family caregivers orientation and training courses that cover the right of a foster child to have fair and equal access to all available services, placement, care, treatment, and benefits and the right of foster youth not to be subjected to discrimination or harassment on the basis of actual or perceived sexual orientation or gender identity.⁸

AB 458 FACT SHEET FOSTER CARE NON-DISCRIMINATION ACT

ENDNOTES

¹ Cal. Welfare & Inst. Code § 16001.9(a)(22).

² Cal. Welfare & Inst. Code § 16013(a).

³ Cal. Welfare & Inst. Code § 16001.9(a)(22).

⁴ Cal. Welfare & Inst. Code § 16013(a).

⁵ Cal. Health & Safety Code § 1522.41(c)(1)(H). Failure to comply with this section shall constitute cause for revocation of the license of the facility. Cal. Health & Safety Code § 1522.41(b)(3).

⁶ Cal. Health & Safety Code § 1529.2(b)(3)(F); § 1529.2(b)(4)(F).

⁷ Cal. Health & Safety Code § 1563(c)(5).

⁸ Cal. Welfare & Inst. Code § 16003(a)(1).

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This fact sheet is intended to provide general information regarding legal rights. Because laws and legal procedures are subject to frequent change and differing interpretations, the National Center for Lesbian Rights cannot ensure the information in this fact sheet is current, nor can NCLR be responsible for any use to which it is put. Do not rely on this information without consulting an attorney or the appropriate agency.



NCLRIGHTS.ORG

THE NATIONAL CENTER FOR LESBIAN RIGHTS—

YOUTH PROJECT has been advocating for LGBTQ youth in schools, foster care, juvenile justice settings, and the mental health system since 1993. The Project provides direct, free legal information to youth, legal advocates, and activists through a toll-free line; advocates for policies that protect and support LGBTQ youth in these different arenas; and litigates cases that are creating new legal protections for youth in schools, foster care, juvenile justice, and other settings.

FOR MORE INFORMATION, CONTACT:

Jody Marksamer, Staff Attorney

415.392.6257 x308

jmarksamer@nclrights.org

Toll-free Legal Helpline: 1.800.528.6257

National Center for Lesbian Rights

870 Market Street, Suite 370

San Francisco, CA 94102

info@nclrights.org

Resource Family caregivers shall ensure children, youth and/or non-minor dependents placed in their care and home are provided with a safe, healthy and nurturing home environment in accordance with the personal rights described in Welfare and Institutions Code § 16001.9, which are summarized below.

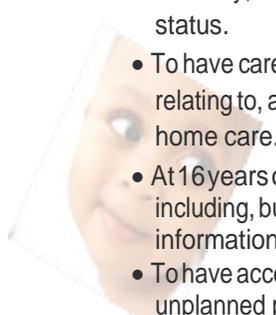
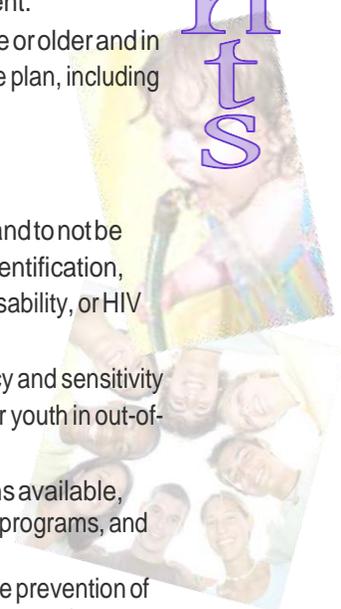


All children, youth and non-minors in foster care shall have the following rights:

- To live in a safe, healthy, and comfortable home where he or she is treated with respect.
- To be free from physical, sexual, emotional, or other abuse, or corporal punishment.
- To receive adequate and healthy food, adequate clothing, and, for youth in group homes, an allowance.
- To receive medical, dental, vision, and mental health services.
- To be free of the administration of medication or chemical substances, unless authorized by a physician.
- To contact family members, unless prohibited by court order, and social workers, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASAs), and probation officers.
- To visit and contact brothers and sisters, unless prohibited by court order.
- To contact the Community Care Licensing Division of the State Department of Social Services or the State Foster Care Ombudsperson regarding violations of rights, to speak to representatives of these offices confidentially, and to be free from threats or punishment for making complaints.
- To make and receive confidential telephone calls and send and receive unopened mail, unless prohibited by court order.
- To attend religious services and activities of his or her choice.
- To maintain an emancipation bank account and manage personal income, consistent with the child's age and developmental level, unless prohibited by the case plan.
- To not be locked in a room, building, or facility premises, unless placed in a community treatment facility.
- To attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with the child's age and developmental level, with minimal disruptions to school attendance and educational stability.
- To work and develop job skills at an age-appropriate level, consistent with state law.
- To have social contacts with people outside of the foster care system, including teachers, church members, mentors, and friends.
- To attend Independent Living Program classes and activities if he or she meets age requirements.
- To attend court hearings and speak to the judge.
- To have storage space for private use.
- To be involved in the development of his or her own case plan and plan for permanent placement.
- To review his or her own case plan and plan for permanent placement, if he or she is 12 years of age or older and in a permanent placement, and to receive information about his or her out-of-home placement and case plan, including being told of changes to the plan.
- To be free from unreasonable searches of personal belongings.
- To the confidentiality of all juvenile court records, consistent with existing law.
- To have fair and equal access to all available services, placement, care, treatment, and benefits, and to not be subjected to discrimination or harassment on the basis of actual or perceived race, ethnic group identification, ancestry, national origin, color, religion, sex, sexual orientation, gender identity, mental or physical disability, or HIV status.
- To have caregivers and child welfare personnel who have received instruction on cultural competency and sensitivity relating to, and best practices for, providing adequate care to lesbian, gay, bisexual, and transgender youth in out-of-home care.
- At 16 years of age or older, to have access to existing information regarding the educational options available, including, but not limited to, the coursework necessary for vocational and postsecondary educational programs, and information regarding financial aid for postsecondary education.
- To have access to age-appropriate, medically accurate information about reproductive health care, the prevention of unplanned pregnancy, and the prevention and treatment of sexually transmitted infections at 12 years of age or older.

Foster

Youth Rights





CHOOSING THE RIGHT SEAT: CHILD PASSENGER SAFETY TIPS



THERE ARE MANY CAR SEATS ON THE MARKET, BUT DO YOU KNOW HOW TO CHOOSE THE SEAT THAT BEST FITS YOUR CHILD'S NEEDS? SELECT A CAR SEAT BASED ON YOUR CHILD'S AGE AND SIZE, CHOOSE A SEAT THAT FITS IN YOUR VEHICLE, AND USE IT EVERY TIME.



BIRTH-12 MONTHS

Your child under age 1 should always ride in a rear-facing car seat. There are different types of rear-facing car seats.

- Infant-only seats can only be used rear-facing.
- Convertible and All-in-one car seats typically have higher height and weight limits for the rear-facing position, allowing you to keep your child rear-facing for a longer period of time.

4-7 YEARS

Keep your child in a forward-facing car seat with a harness and tether until he or she reaches the top height or weight limit allowed by the car seat's manufacturer.

Once your child outgrows the forward-facing car seat with a harness, it's time to travel in a booster seat but still in the back seat.

1-3 YEARS

Keep your child rear-facing as long as possible. It's the best way to keep him or her safe. Your child should remain in a rear-facing car seat until he or she reaches the top height or weight limit allowed by the car seat's manufacturer.

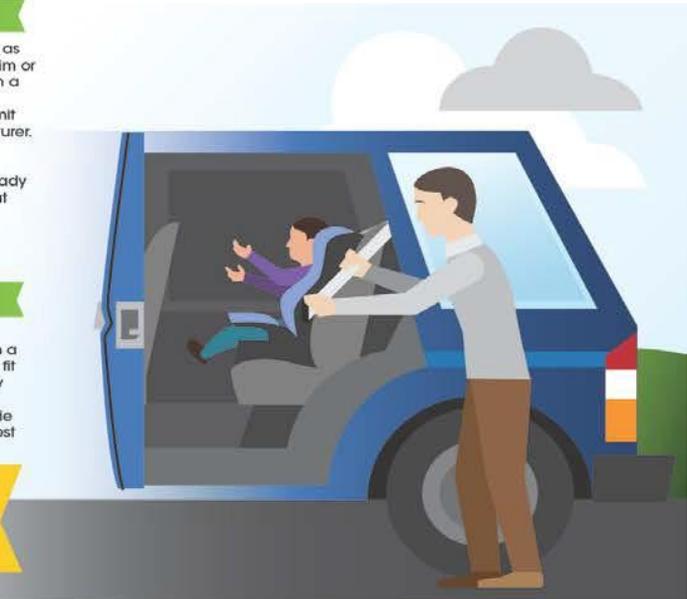
Once your child outgrows the rear-facing car seat, your child is ready to travel in a forward-facing car seat with a harness and tether.

8-12 YEARS

Keep your child in a booster seat until he or she is big enough to fit in a seat belt properly. For a seat belt to fit properly the lap belt must lie snugly across the upper thighs, not the stomach. The shoulder belt should lie snugly across the shoulder and chest and not cross the neck or face.

REMEMBER:

KEEP YOUR CHILD IN THE BACK SEAT AT LEAST THROUGH AGE 12.



DID YOU KNOW?



• In 2012 alone, 121,000 children under age 13 were injured as passengers in car crashes.

• In 2012, among children under the age of 5 in cars, an estimated 284 lives were saved by child restraints.



• In 2012, over one-third (37%) of children killed in car crashes were not in car seats, booster seats or seat belts.



• EVERY 34 SECONDS, ONE CHILD UNDER AGE 13 IS INVOLVED IN A CRASH.



• More than 3,390 children were killed in car crashes during a 5-year period (2008-2012). In addition, an estimated 613,000 children were injured.

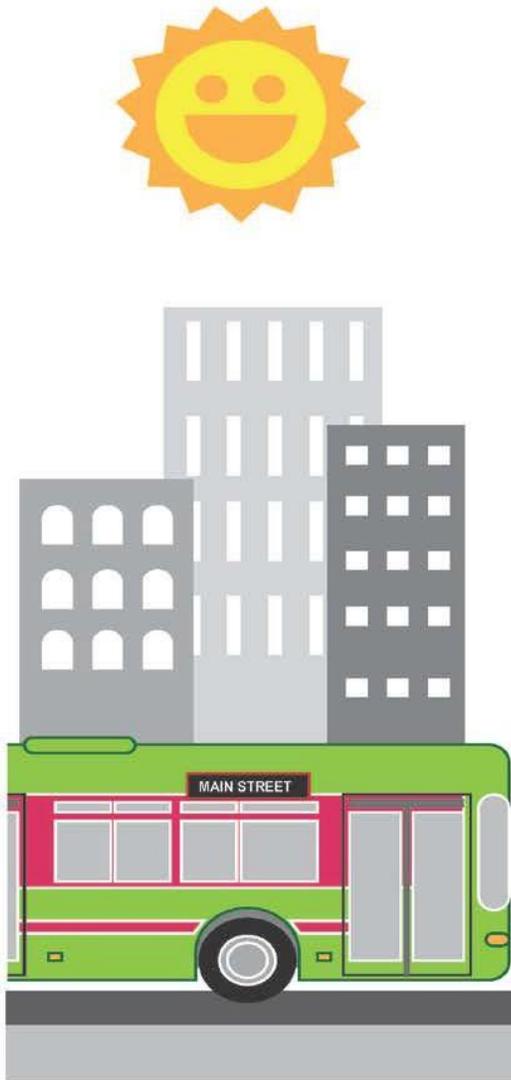
• All 50 states, the District of Columbia and Puerto Rico have laws requiring children to be restrained while riding in cars.



Visit safercar.gov/therightseat
Register your car seats and booster seats.

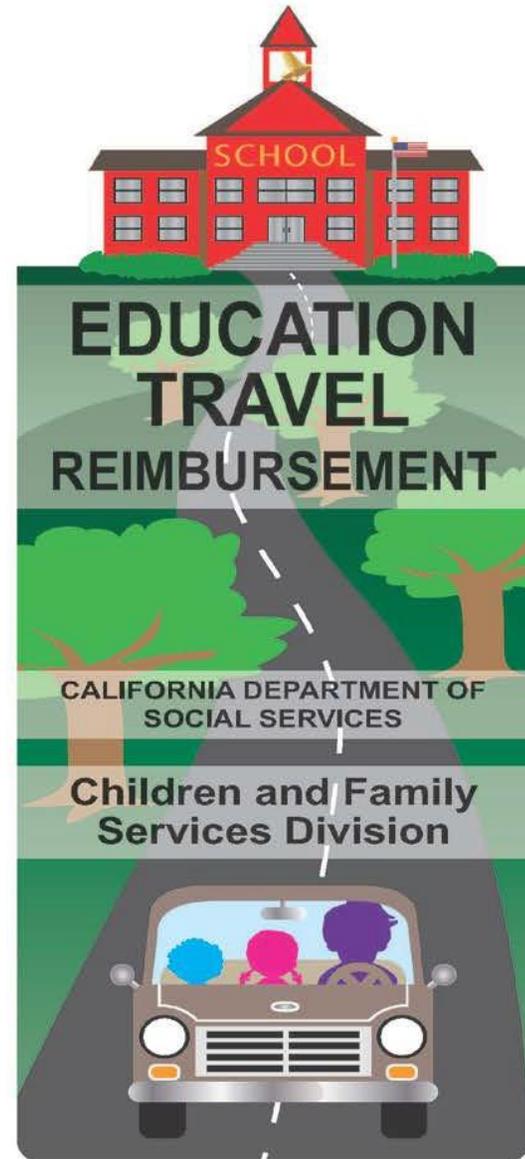


Education Travel Reimbursement



STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES

PUB 463 (10/13)



The Education Travel Reimbursement Program

Public Law (PL) 110-351 amended Title IV-E of the Social Security Act to require that a case plan includes a plan for ensuring the educational stability of the child while in foster care.

PL 110-351 also provides for the cost of reasonable travel for the child to their school of origin as an allowable foster care maintenance cost.

Assuming that all other eligibility conditions are met, payment begins at the same time as the child's eligibility for a foster care maintenance payment.

For more detailed information see All County Letter 11-51.

Who is Eligible?

The rates listed below are to be paid to foster family home providers including licensed foster parents, approved relatives, certified foster parents, small family licensees and Non-Related Extended Family Members (NREFMs), for each foster child, whose educational stability plan indicates that the child will remain in the school of origin.

- The education travel reimbursement is for eligible youth in grades kindergarten through 12th who return to their school of origin.
- The foster parent reimbursement payment allows for 4 one-way trips (driving foster child to school, driving back home, picking foster child up from school and driving home).
- This payment would be for a 12 month period and payment does not stop for any reason other than a physical placement move for the child. This payment also requires transport for the child to extra-curricular activities, parent teacher conferences, etc.

Mileage Rate

Distance from Foster Care Placement to School of Origin (in miles) One Way Educational Travel Rate per Month per Child

Up to 3 miles	\$0
4 to 8 miles	\$58
9 to 13 miles	\$154
14 to 18 miles	\$250
19 to 23 miles	\$347
24 or more miles	\$443

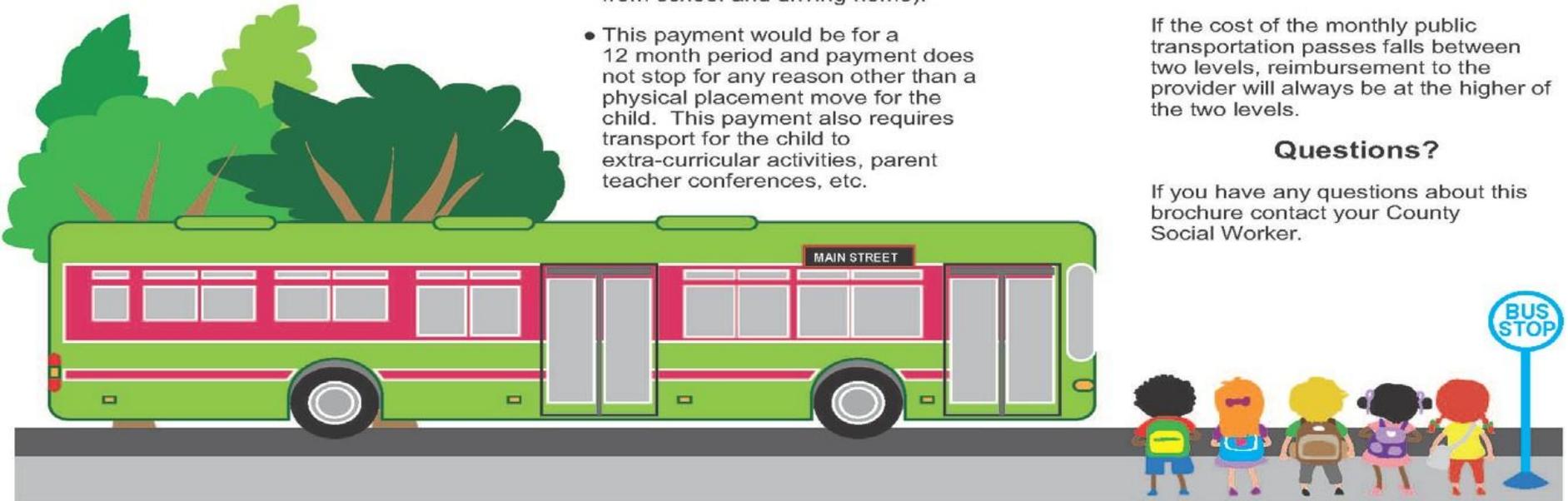
Public Transportation Rate

Public transportation passes are reimbursed at the flat rates of \$25, \$50, or \$75 dollars per month per child, as determined by the placing agency.

If the cost of the monthly public transportation passes falls between two levels, reimbursement to the provider will always be at the higher of the two levels.

Questions?

If you have any questions about this brochure contact your County Social Worker.



Deaths Due to Unsafe Sleeping Practices in Santa Clara County

FACT SHEET

Deaths Due to Unsafe Sleeping Practices in Santa Clara County

The Santa Clara County Child Death Review Team (CDRT) and Medical Examiner-Coroner work together to prevent accidental infant & childhood deaths. This is done through identifying emerging trends and safety issues, and by increasing awareness of risks to infants & children. The Medical Examiner-Coroner's (MEC) death scene re-enactments and investigations have made it clear that **between 2005 and 2011, nearly one-third of all infant deaths investigated by the MEC were linked to unsafe sleeping practices.**

Fact 1: Every year babies die while sleeping, due to unsafe sleeping practices.

Unsafe sleeping practices are when adults, older children or large pets share a bed or sleep with an infant. Unsafe sleeping practices also include putting an infant to sleep on an adult bed, couch, sofa bed, or a soft surface. It is also unsafe to put an infant to sleep with pillows, blankets or other soft items.

In Santa Clara County, since 2005:

- 41 infant deaths were caused by unsafe sleeping practices (Figure 1).
- The average age of these 41 infant deaths was 3 months old, with 98% of these babies having died at less than 7 months old.
- Most of these babies (77%) were full term and healthy.
- Most of these babies (71%) had not had an acute illness in the 2 weeks prior to their deaths.
- Two-thirds (67%) of these infants died on an adult bed, sofa bed or couch (Figure 2).
- Almost half (20) of these babies died while sleeping with an adult and/or an older child.
- Soft bedding objects were present in the sleeping environment over 50% of the time. These objects include pillows, blankets, sofa cushions, and nursing pillows.
- All babies in our community are at risk—all ethnicities, educational levels and income levels have been affected.
- Deaths in African American and White babies are disproportionately represented.

Nationally, the estimate is that over 35% of families sleep with their babies frequently, and 76% of families sleep with infants at least sometimes.¹

Figure 1: Death Classification (N=41)

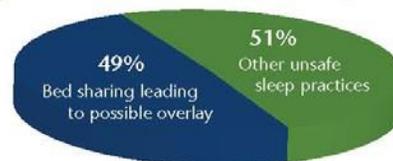
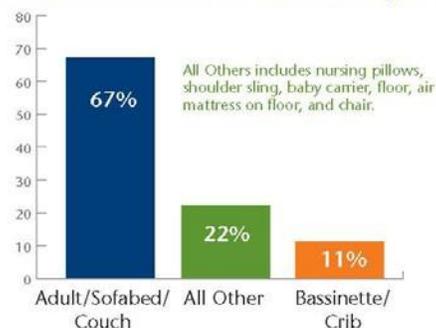


Figure 2: Location of Infant Death (N=36)



Source: Santa Clara County Child Death Review Team and Medical Examiner-Coroner Office, 2005-2011.

Fact 2: These infant deaths are unnecessary and can be prevented.

Infant deaths due to unsafe sleeping practices can be prevented. To keep babies safe, every parent and caregiver needs to be aware and follow these safe sleeping guidelines.

- Babies should not sleep with adults, older children or large pets.
- Babies need to sleep alone in a crib or bassinet with a firm mattress and a well-fitted sheet.
- Babies should be put to sleep on their backs during naps and at nighttime. Babies should not be placed on their sides to sleep because they may accidentally roll onto their stomachs and suffocate.
- The crib or bassinet should be free of toys, stuffed animals and soft bedding including pillows, blankets, comforters, and bumper pads.
- Babies should not sleep on adult beds, chairs, sofas, waterbeds, cushions or nursing pillows.
- To avoid getting a baby too hot, a baby should be dressed lightly and the room temperature should be set to a range that is comfortable for lightly clothed adults.

Fact 3: SIDS is less common than we thought.

Sudden Infant Death Syndrome— or SIDS—is a sudden, unexplained natural death of an infant younger than 1 year of age. SIDS is NOT an accidental death caused by unsafe sleeping practices. Infant deaths due to SIDS typically occur in the first 3 to 4 months of life.

Since 1994, the overall SIDS death rate in the United States has declined by half.¹ Since 1984 this reduction has been countered by an increase in infant deaths due to accidental suffocation and strangulation in bed.^{2, 3}

In Santa Clara County, since 2005:

- The Santa Clara County Medical Examiner-Coroner Office has investigated 139 infant deaths.
- The Santa Clara County Medical Examiner-Coroner Office has documented only two (2) infant deaths due to SIDS.

Sources: 1. National Institute of Child Health and Human Development (2007). Infant Sleep Position and SIDS. Questions and Answers for Health Care Providers (NIH Pub. No. 07-7202). Rockville, MD. 2. Shapiro-Mendoza, C. K., Kimball, M., Tomashek, K.M., Anderson, R.N., & Blanding, S. (2009). U.S. Infant Mortality Trends Attributable to Accidental Suffocation and Strangulation in Bed From 1984 Through 2004: Are Rates Increasing? *Pediatrics*, 123 (2):533-539. 3. Shapiro-Mendoza C.K., Tomashek K.M., Anderson R.N., & Wingo, J. (2006). Recent national trends in sudden, unexpected infant deaths: more evidence supporting a change in classification or reporting. *American Journal of Epidemiology*, 163(8):762-769. 4. Lahr, M. B., Rosenberg, K. D., & Lapidus, J. A. (2007). Maternal-infant bed sharing: Risk factors for bed sharing in a population-based survey of new mothers and Implications for SIDS risk reduction. *Maternal and Child Health Journal*, 11, 277-286.

The Public Health Department is a division of Santa Clara Valley Health & Hospital System, owned and operated by the County of Santa Clara.

Here are some examples of how babies in our community have died.

- 1 baby died in an extremely hot room (greater than 96° F).
- 20 babies died when sleeping with parents (in only 3 of these cases were the parents under the influence of alcohol, drugs or medicines).
- 2 babies died sleeping in their bassinets. Accidental suffocation was the likely cause of death because these babies were placed on their stomach or side with too much soft bedding & blankets in the bassinet.



Santa Clara County
PUBLIC HEALTH



FIRST 5
SANTA CLARA COUNTY

Safe Sleeping Practices

INFORMATION FOR PARENTS & FAMILIES

Safe Sleeping Practices

You can reduce your baby's risk of dying while sleeping by being aware and following safe sleeping practices, and by making sure those who care for your baby use these guidelines too.

The Safest Way for Your Baby to Sleep is Alone, on His or Her Back, in a Crib or Bassinet.

Babies have died because they were trapped between the cushions of a couch, or their faces were pressed against soft bedding or pillows and they simply could not breathe. Other babies were sleeping in an adult bed and were accidentally laid on by a sleeping adult, older child or large pets. Don't let these things happen to your baby! The safest place for your baby to sleep is alone, on his/her back, in a crib or bassinet.



- Do not let your baby sleep alone.
- Do not put babies to sleep on their backs during naps and at nighttime. Because babies sleeping on their sides are more likely to accidentally roll onto their stomachs, the side position is not as safe.
- Do not use a safety-approved crib or bassinet with a firm mattress and a well-fitted sheet.
- The crib or bassinet should be free from toys, soft bedding, blankets or pillows.
- If you must use a blanket, put your baby's feet at the end of the crib. The blanket should reach no higher than the baby's chest. Tuck the ends of the blanket under the crib mattress to make sure it is safe.

It is Easy to Make Safe Sleep Practices a Part of Everyday Life.

By following all safe sleeping practices, you will know that you are doing all you can to keep your baby safe.

- Do not let your baby sleep with an adult, older child or large pets.
- Do not put toys and other soft bedding, including pillows, blankets, comforters, bumper pads, and stuffed animals in the crib or bassinet with your baby. These things can hurt your baby's ability to breathe if they accidentally cover the baby's face.

What are unsafe sleeping practices?

Unsafe sleeping practices are when adults, older children or large pets share a bed or sleep with an infant. Unsafe sleeping practices also include putting an infant to sleep on an adult bed, couch, sofa bed, or a soft surface. It is also unsafe to put an infant to sleep with pillows, blankets or other soft items.

- **Do not** cover the baby's head with a blanket. If a blanket is needed, there should be just one and it should be placed below the chest and tucked under the mattress.
- **Do not** put your baby to sleep on adult beds, chairs, sofas, waterbeds, cushions, or nursing pillows.
- **Do not** over-bundle your baby in clothing and blankets.
- **Do not** let your baby get too hot. Your baby may be too hot if you notice sweating, damp hair, flushed cheeks, heat rash or rapid breathing. Remember to dress your baby lightly and set the room temperature to a range that is comfortable for lightly clothed adults.
- **Do not** place cribs close to windows where cords are dangling to avoid risk of strangulation
- If your baby falls asleep in a shoulder sling, baby carrier, stroller, or car seat, **as soon as you can** put your baby to sleep alone, on his or her back, in a crib or bassinet.

Tummy for Play and the Back for Sleep

Talk with your pediatrician about making tummy time a part of your baby's activities. Your baby needs tummy time when awake and when someone is watching them. Tummy time helps build strong neck and shoulder muscles. But remember, when putting your baby to sleep at nighttime or for a nap, place the baby to sleep on their back. This is the safest way for your baby to sleep.

Make Sure Others Know How to Keep Your Baby Safe

When someone else takes care of your baby like a family member, friend or child care provider, make sure that you talk with them about safe sleeping practices. Bring this fact sheet along and let the person watching your baby know how important it is to follow guidelines.

Before leaving your baby with anyone, be sure that the person agrees with these safe sleeping practices.

Do not put your baby at risk! Infant deaths due to unsafe sleeping practices can be prevented. To keep your baby safe, follow the guidelines on this fact sheet.

The Public Health Department is a division of Santa Clara Valley Health & Hospital System, owned and operated by the County of Santa Clara.

In our community, these awful and frightening things have happened:

- 1 baby died in an extremely hot room (greater than 96° F).
- 20 babies died when sleeping with parents (in only 3 of these cases were the parents under the influence of alcohol, drugs or medicines).
- 2 babies died sleeping in their bassinets. Accidental suffocation was the likely cause of death because these babies were placed on their stomach or side with too much soft bedding & blankets in the bassinet.



Santa Clara County
PUBLIC HEALTH



Reasonable and Prudent Parent Standards FAQ

(Adapted from CDSS Reasonable & Prudent Parent Standard Frequently Asked Questions)

General

Q. What is the “Reasonable and Prudent Parent Standard?”

- A. The standard used by a caregiver or licensee that is characterized by careful and sensible parental decisions that maintains the foster child’s health, safety and best interest (W&IC § 362.04(a)(2) and (c)).

Babysitting

Q. What is an “Occasional Short-Term Babysitter?”

- A. “Occasional Short-Term Babysitter” means a person who cares for a foster child in or out of the caregiver’s licensed, certified or approved home on an occasional basis for less than 24 hours at a time. (RFA-WD 10-13(c)(1)(A) thru (E))

Example: The caregiver has a date night out and has the grandparents watch the child from 4PM that evening to 10AM the following day.

Q. Does an occasional babysitter need to be fingerprinted by the county?

- A. No. The Health and Safety (H&S) Code § 1522(b)(3)(C) exempts an occasional short-term babysitter from undergoing a criminal record background check.

Q. Does the occasional sitter need Cardiopulmonary Resuscitation (CPR) training under RPPS?

- A. No. The occasional short-term babysitter is not required by any departmental regulation to have CPR training. Acting as a reasonable and prudent parent, a caregiver who feels there is a condition where CPR may be needed should use a sitter who has CPR certification

Q. Is a teenage foster child allowed to babysit a younger child in the home?

- A. Yes. The teenage foster child may be under 18 years of age, but shall have the maturity, experience, and ability necessary to provide adequate care and supervision of a child. Under no circumstances shall a foster child be required to babysit. (RFA-WD 10-13(c)(4))

Q. Can I leave my foster child alone?

- A. Yes. On an occasional basis, the caregiver is permitted to leave a foster child alone without adult supervision, but shall not leave a foster child unsupervised overnight. The caregiver shall apply the RPPS to determine the appropriateness of leaving a foster child alone without adult supervision. The caregiver shall consider:
- The age, maturity, and developmental level of the foster child;
 - The nature and inherent risk of harm; and
 - The best interest of the foster child based on the information known by the caregiver.

If the foster child is left alone, the caregiver should ensure the following:

- The foster child knows where the emergency numbers are posted,
- The foster child knows emergency procedures; and
- The foster child knows where and how to contact the caregiver.

(RFA-WD 10-12, and 10-13(c)(4)(A) thru (D))

- Q. Can a foster caregiver go on a getaway weekend and leave a foster child with a foster aunt and uncle and their children?**
- A.** If a caregiver anticipates being absent from the home for longer than 24 hours, such as to go on a getaway weekend, the caregiver is permitted to arrange for:
- a. An alternative caregiver, who provides care and supervision of the foster child in the caregiver's home on an occasional basis under the conditions specified in regulations
 - b. A licensed, approved, or certified caregiver who provides care and supervision of the foster child in the respite caregiver's home as temporary respite of parental duties that does not exceed 72 hours under the conditions specified in regulations. (RFA-WD 10-13(c)(3))
- Q. Is there a 24-hour limit on participating in out-of-the-home activities, like a weekend camping trip supervised by a church or a weekend school event where the care providers are not present?**
- A.** The regulations provide guidance that extracurricular, enrichment, and social activities may include, among other activities: sports, scouting, or 4-H activities, all of which could include activities that are out of the home or facility and exceed 24-hours in duration. There are no time restrictions in regulations that would preclude a foster child from participating in activities that are out-of-the-home or facility. The caregiver or licensee is required to apply RPPS by making careful and sensible parental decisions that maintain the foster child's health, safety, and best interest when making a decision as to whether the activity is an age and developmentally appropriate extracurricular, enrichment, or social activity. (RFA-WD 10-12 and (10-13(d))
- Q. Can a foster caregiver bring a foster child to an event and leave the foster child with a supervising adult used by other parents in the community?**
- A.** Yes, if it is the opinion of the caregiver that the supervising adult is capable of providing care and supervision to the child. (RFA-WD 10-13(a) and (c)(1)(A) thru (E))
- Q. If the caregiver hires a babysitter for the evening for two foster children, is it necessary to disclose that the children are in foster care?**
- A.** No. The RPPS allows for normalizing the foster child's life. It allows for the foster child to be treated as any other child. As for all children, the caregiver should make sure the babysitter knows how to contact the caregiver in case of an emergency. (RFA-WD 10-13(c)(1))
- Q. Can a foster child spend the night in an unlicensed facility, attend community events, or religious gatherings on their own?**
- A.** Yes. A foster child is entitled to participate in age and developmentally appropriate extracurricular, enrichment, and social activities and may attend religious services and activities of his or her choice. (RFA-WD 10-14(a) thru (c)).

- Q. My foster child is a high school athlete, but has been in some trouble at home and school. Under RPPS, can I prevent him or her from attending?**
- A.** While a foster parent may prevent a foster child from attending specific extracurricular activities as appropriate discipline for misbehavior, the frequency and scope of that discipline cannot result in effective denial of the foster child's right to participate in extracurricular activities. Additionally, restrictions on extracurricular activities should not be the only disciplinary options to be considered or utilized by a foster parent. Other disciplinary actions should be considered as an alternative to exclusion from extracurricular activities. For example: Your foster child attended a school dance and returned home past his/her curfew time and did not call to say he/she would be late. The foster caregiver could prohibit the child from going out with friends, television privileges, or social media participation for the next day because the child was grounded for coming in late the night before, so long as communication with the child's relatives, social workers, authorized representatives, attorneys, foster youth advocates and supporters, Court Appointed Special Advocates (CASA), and probation officers are not restricted.
- Q. Can children and youth in foster care participate in social media websites such as MySpace, Facebook, and Twitter?**
- A.** Yes, but the caregiver or licensee may impose reasonable restrictions as specified in regulations. These restrictions may include restricting internet usage when appropriate or prohibiting the use of entertainment devices. (RFA-WD 10-14(b)(8) and(9))
- Q. Does RPPS allow a child or youth in foster care to have piercings, tattoos, or permanent cosmetic application?**
- A.** The RPPS does not apply to these activities. Although getting a tattoo, body piercing, or permanent cosmetic application could be considered as typical teenage activities, H&S Code § 119302(a)-(e) pertains to the regulation of the body art industry and clarifies who can receive a tattoo, body piercing, or permanent cosmetic application from a vendor pursuant to sections 652 and 653 of the Penal Code. However, a caregiver or licensee is not authorized to give consent for a foster child under the age of 18 to obtain a tattoo, body piercing, or permanent cosmetics application (H&S Code § 119302(a) and (b)).
- Q. My foster child has a cell phone that was purchased with his or her own money from a part time job, but he or she does not follow the rules that we set for cell phones in our house. Under RPPS, am I allowed to remove or take away his or her cell phone?**
- A.** No. However, the caregiver may apply reasonable restrictions to this activity. Restrictions may be imposed by the caregiver, licensee, social worker, or probation officer on calls and correspondence. No restrictions shall be applied to telephone calls, mail, and electronic communication with a foster child's relatives, unless prohibited by court order, or with social workers, authorized representatives, attorneys, foster youth advocates and supporters, CASA, probation officers, the Community Care Licensing Division, or the State Foster Care Ombudsperson (W & IC § 16001.9(a)(8); (RFA-WD 10-08(b)(2), 10-09(b) and 10-14(b)(9))
- Q. Can a foster child use birth control?**
- A.** Yes. Family Code § 6925(a) states that a minor may consent to medical care related to the prevention or treatment of pregnancy.
- Q. Can I utilize RPPS as many hours as I want to per week or month?**

- A.** The RPPS is law that guides a caregiver or licensee in making decisions to determine whether it is age and developmentally appropriate for a foster child to participate in an activity. There is no restriction on the amount of time a caregiver or licensee spends using RPPS.
- Q. If the foster caregiver and social worker or probation officer disagrees about an activity for a foster child, does the social worker or probation officer have the final say?**
- A.** No. However, a decision based on RPPS shall not contradict court orders or the needs and services plan of a foster child. The child welfare agency or probation department has care, custody, and control of the foster child as ordered by the court, and assumes the ultimate responsibility for the health and safety of the foster child. The social worker or probation officer for the foster child may cite a reason for the denial of participation in the activity. If there is disagreement, the social worker's or probation officer's supervisor or the attorney for the foster child may intervene and discuss participation in the activity with the caregiver and social worker or probation officer for the foster child. (10-12(a)(2))
- Q. If my foster child gets hurt while under my supervision or in an activity that I have given him or her permission to participate in, will I be cited for incorrectly applying RPPS?**
- A.** Every caregiver or licensee has to apply RPPS when making the decision as to whether or not an activity is safe and enriching to a foster child. When necessary, a caregiver or licensee must be prepared to demonstrate his or her determinations in applying RPPS to the licensing agency. If RPPS is not applied in compliance with the RFA-WD 10-12, the licensing agency may issue a citation.
- Q. Can I require my foster care child to perform household chores such as vacuuming, dusting, dishwashing, and bathroom scrubbing?**
- A.** Yes, so long as the household chore is age and developmentally appropriate and it does not pose unreasonable hazards to the child. The foster parent should not impose excessive or a disproportionate amount of chores on the foster child, as by doing so the foster parent could violate the foster child's personal rights.
- Q. Can children and youth in foster care travel out of the county or with teams as part of their participation in a sport without going to court?**
- A.** Yes. The ACIN No. I-78-01, dated September 18, 2001, encouraged counties to adopt flexible travel policies that enhanced the ability of a foster child to participate in extracurricular and social activities. However, judicial approval may be warranted for trips of great length or duration. The foster child may not travel out of the county if jurisdiction has not been established.

If you have questions regarding travel, please consult the child's social worker.

Quick Guide for information Which Should Be Disclosed to Caregivers



Santa Clara County
Social Services Agency
Department of Family and Children's Services

QUICK GUIDE FOR INFORMATION WHICH SHOULD BE DISCLOSED TO CAREGIVERS

The California Legislature has found that:

It is in the Child's best interests that their Caregivers are privy to important information about them.

This information is necessary to obtain social and health services for children, enroll children in school and extracurricular activities, and update social workers and court personnel about important developments affecting foster children.
(Welfare and Institutions Code section 16010.4(c))

TYPE OF INFORMATION	DISCLOSURE REQUIREMENTS	LEGAL AUTHORITY
Child's current medication and medical treatments.	Within 48 hours of placement <u>all prescribed medications</u> for the Child that are in the possession of the agency and that are in effect at the time of the placement, AND <u>information regarding any treatments</u> that are known to the agency and that are in effect at the time of the placement.	WIC §§16010(a), 16010.4(e), 16010.5
Child's known medical problems.	Within 30 days from initial placement. Can be included in Health and Education passport.	WIC §16010(a)
Child's past health problems and hospitalizations.	Within 30 days from initial placement. Can be included in Health and Education passport.	WIC §16010(a)
Child's relevant mental health history.	Within 30 days from initial placement. Can be included in Health and Education passport.	WIC §16010(a)
Child's immunization record and allergies.	Within 30 days from initial placement. Can be included in Health and Education passport.	WIC §16010(a)
Names/Addresses of Child's Health, Dental and Educational Providers.	Within 30 days from initial placement. Can be included in Health and Education passport.	WIC §16010(a)
Child's school documentation	Within 30 days from initial placement. Any documentation or proof of the Child's age necessary to enroll the child in school or activities that require proof of age.	WIC §16010.5

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Quick Guide Information that Should Be Shared with Caregivers – 1/30/14
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Child's school records including grade level performance.	Within 30 days from initial placement. Can be included in Health and Education passport. Including, but not limited to, academic proficiency scores and credits earned toward graduation.	WIC §16010(a)
Child's school transfer history	Within 30 days from initial placement. Can be included in Health and Education passport. Number of school transfers the child has already experienced	WIC §16010(a)
Child's birth certificate, passport, or other identifying documentation as may be required for enrollment in school and extracurricular activities.	Copy must be provided within 30 days of Agency's receipt.	WIC §§ 16010.4(e), 16010.5
Child's birth certificate when Family Reunification services are terminated	Court should order the child's caregiver receive the birth certificate, unless the child is 16 years old, or older, and it is appropriate for the child to receive his or her birth certificate	WIC §§ 361.5(j), 366.21(h)
Child's State Department of Social Services Identification Number.	As soon as possible.	WIC §16010.4(e)
Child's Medical (Medi-Cal) Identification Number or Group Health Insurance Plan Number	As soon as possible.	WIC §16010.4(e)
Child's social worker and social workers' supervisor	Name, mailing address, phone number and fax number must be provided.	WIC §16010.4(e)
Child's attorney and CASA	Name, mailing address, phone number and fax number must be provided.	WIC §§ 16010.4(e), 16010.5
Juvenile Court where case is pending, and juvenile court case number.	Name, address and department number must be provided.	WIC §16010.4(e)
Notice regarding Court hearings.	Should be advised of right to receive notice of all Review and Permanency Hearings concerning the Child during placement and right to attend Hearings or submit relevant information to Court in writing by use of the Caregiver Information Form.	WIC §16010.4(f) Form: JV-290



Information on existing services available for the caregiver.	Including transportation, translation, training, forms and other available services.	WIC §16010.4(f)
Child's needs and services.	Must include information on family and sibling visitation. As applicable, include information on problems with socialization, emotional and mental issues, physical needs and functioning.	WIC §16010.4(e) Form: LIC 625
Sibling Information and Contact	Any known siblings or half-siblings of the Child, whether the Child has, expects, or desires to have contact or visitation with any or all siblings, and how and when Caregivers must facilitate the contact or visitation.	WIC §16010.4(f)
Caregiver's Obligations regarding Reunification	Obligation to cooperate with any reunification, concurrent or permanent planning for the Child.	WIC §16010.4(f)
Copy of the child's case plan	Upon arranging child's placement.	MPP 31-405(r)
Child's family and behavioral background	Upon arranging child's placement.	MPP 31-405(s)
Any known or suspected dangerous behavior of the child.	Upon arranging child's placement.	MPP 31-405(t)
Copy of the child's transitional independent living plan, when applicable.	Upon arranging child's placement.	All County Information Notice 1-05-14



California State Regulations provide that:

At the time of placement, the Caregiver shall request the Health & Education Passport for a child and a written plan identifying the specific needs and services of the child from the placement worker, if they are not immediately provided.

If the caregiver does not receive the Health & Information Passport and the written plan, the caregivers shall ask the placement social worker, all of the following pre-placement questions:

- Does the child have any allergies?
- Does the child have a history of infections or contagious diseases?
- Is the child taking any prescription medications?
- Does the child have physical limitations?
- Is any special care needed?
- Does the child have any medical conditions that I should know about?
- Does the child have any mental health conditions I should know about?
- Does the child have a history of suicide attempts?
- Does the child have any behavioral problems?
- Does the child have a history of physical or sexual abuse?
- Does the child act out sexually? 22CCR 89468

Standing Order Authorizing Social Workers & Caregivers to Sign Permission Forms for School & Extracurricular Activities

**SUPERIOR COURT FOR THE STATE OF CALIFORNIA
COUNTY OF SANTA CLARA
JUVENILE DIVISION**

FILED

JUN 16 2008

KIRI TORRE

Chief Executive Officer/Clerk
Superior Court of the County of Santa Clara

**STANDING ORDER AUTHORIZING SOCIAL WORKERS
AND CAREGIVERS TO SIGN PERMISSION FORMS
FOR SCHOOL AND EXTRACURRICULAR ACTIVITIES**

DEPUTY

THE COURT MAKES THE FOLLOWING FINDINGS:

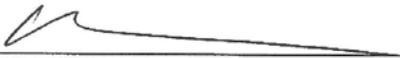
1. The Legislature has declared that the rights of children in out-of-home placement should not be infringed upon, and that when a foster child's rights conflict with the health or safety of the child or others, counties and foster care providers should find a way to preserve the child's rights in a manner that maintains the health and safety of the child and others. (Stats. 2001, c. 683, s.1.)
2. The Legislature has further declared that it is the policy of the state that all children in foster care shall have the right, among other things, to: attend religious services and activities of his or her choice; to attend school and participate in extracurricular, cultural, and personal enrichment activities, consistent with the child's age and development level; to work and develop job skills at an age-appropriate level that is consistent with state law; and to have social contacts with people outside of the foster care system, such as teachers, church members, mentors, and friends. (Welfare and Institutions Code § 16001.9.)
3. Children who are in the care of the Santa Clara County Department of Family and Children's Services (DFCS), whether in temporary or court-ordered placement, benefit greatly from the opportunity to participate in school activities, after-school-sponsored activities, and other extracurricular community, social or religious activities. Participation in such activities helps to normalize the child's life and mitigate the disruption caused by out-of-home placement. Participation in many of these activities require the signed consent of a parent or guardian. Parents of children in the care of DFCS are not always readily available to sign consent forms or other related documents necessary for their children to participate in these activities while their children are in the care of DFCS.
4. To help expedite the timely authorization for children placed in temporary or court-ordered out-of-home placement to participate in school activities, after-school-sponsored activities, and other extracurricular community, social or religious activities, it is reasonable and appropriate for the Juvenile Court to authorize the child's social worker and temporary or court-ordered caregiver to sign necessary consent forms required for participation in these activities.

5. The California Department of Social Services issued an all-county information notice (I-79-01) on September 18, 2001, which recommended that “counties seek standing orders rather than individual orders that authorize social workers or foster parents to give consent for foster youth to participate in school sponsored activities.”

THEREFORE, THE COURT MAKES THE FOLLOWING ORDER:

For any child placed in temporary or court-ordered out-of-home placement under the supervision of DFCS, the court authorizes the child’s social worker, foster parent, or approved relative and nonrelative extended family member caretaker, acting in their capacity as a prudent parent, to sign consent forms and other related documents necessary for the child to participate in school activities, extracurricular activities, cultural activities, religious activities, and personal enrichment activities, consistent with the child’s age and developmental level.

DATE: 6/16/08


HON. KATHERINE LUCERO
JUDGE OF THE SUPERIOR COURT



Internet Resources for Post-Secondary Education

Applications

- California Community Colleges applications can be found online at <http://www.cccapply.org> .
- California State Universities applications can be found online at <http://www.csumentor.edu> .
- Universities of California applications can be found online at <http://universityofcalifornia.edu/admissions> .

Contact with a Foster Youth Success Initiative (FYSI) Liaison.

FYSI liaisons at all California community colleges can be found online at <http://extranet.cccco.edu/Divisions/StudentServices/FosterYouthSuccessInitiatives.aspx> .



Financial aid

- Free Application for Federal Student Aid (FAFSA) can be found online at: <http://www.fafsa.ed.gov/options.htm> .
- Board of Governors fee waiver application for California community colleges can be found online at <http://www.icanaffordcollege.com> .
- Chafee Education and Training Voucher grant program applications for foster youth can be found online at <https://www.chafee.csac.ca.gov/default.aspx> .
- Fast web is an on-line database/search engine with links to various scholarship opportunities. <http://www.fastweb.com/>
- Foster Care to Success – on-line information about scholarships and grants. <http://www.fc2success.org/programs/scholarships-and-grants/>
- Silicon Valley Children’s Fund (SVCF) Youth Education Scholarship (Y.E.S.) - Annual scholarship for former foster youth in Santa Clara County to help meet financial need while attending college, university, career or vocational training <http://svcf.org/yes-program-scholarships/>



We believe...

*Resource Families are fully committed to nurturing
and supporting a child*

&

*Resource Families are respected and valued
team members.*

&

Resource Families support family connections.

&

*Resource Families are our neighbors who are
specially trained and skilled in meeting the diverse
needs of children in their care.*

Department of Family & Children's Services

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SANTA CLARA COUNTY
SOCIAL SERVICES AGENCY