UNACCOMPANIED REFUGEE MINOR PROGRAM MANUAL:


LUTHERAN SOCIAL SERVICES OF THE NATIONAL CAPITAL AREA
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WELCOME

Welcome to the Unaccompanied Refugee Minors Program Foster Care Program Manual!

The purpose of this manual is to provide you with important and updated information about your individual roles in providing family based foster care services to the children and youth of the Unaccompanied Refugee Minor’s program of the District of Columbia. In this document, you will find protocol related to the expectations set forth by LSS and the District of Columbia’s Child and Family Services Agency (CFSA) in providing quality services. Lutheran believes that it is our responsibility to provide a safe and stable foster care placement within a structured treatment environment, that fosters positive and progressive youth development, as well as proactive case management services that leads to the achievement of permanence.

Remember, this manual is to be used as a reference “guide” – thus may not include all elements of your respective roles and responsibilities. You are therefore encouraged to seek the advice, direction and support of your respective supervisor or designated LSSNCA representative.

INTRODUCTION

The United Nations High Commissioner for Refugees (UNHCR) defines unaccompanied refugee minors (URMs) as children who are separated from both parents, or do not have an adult who is responsible for them. The URMs are children under the age of 18, and originate from overseas. The URMP is a United States Department of State and Office of Refugee Resettlement (DOS/ORR) program. The cases are approved by DOS before being accepted into the URMP.

LSS/NCA began their unaccompanied minor program in 1980. Since then we have resettled over 200 minors from Vietnam, Central America, and Africa. LSS/NCA receives referrals from Lutheran Immigration and Refugee Services (LIRS). After receiving a referral for a URM case, we contact our foster parents who are interested in the refugee population. These are foster parents who have completed 16 hours of additional training revolving around fostering a refugee minor. If they are willing to accept the minor into their home, LSS/NCA will confirm placement with LIRS. At this time coordination of placing the child with foster parent will begin.
Upon arrival into LSS foster care program, the minor will be committed to foster care by the Washington, DC Superior court. They will receive all services provided to children in traditional foster care in Washington, DC. LSS staff will provide case management services working together with the foster family.

Unaccompanied minors will be provided the same case management services provided to all children/youth in foster care. In addition, they will receive full range of culturally sensitive services including ESL services, vocational/occupational services, mental health counseling, recreational and enrichment services, and legal services to help them acquire citizenship status prior to emancipation from foster care.

As a service provider within the family based foster care continuum, LSSNCA will also meet the requirements set forth by the Adoption and Safe Families Act (ASFA, H.R. 6893), the LaShawn A. V. Fenty Amended Implementation Plan (AIP), and Foster Connections to Success and Increasing Adoptions Act (Public Law 105-89).

1. TARGET POPULATION: Unaccompanied Refugee Minors

The Unaccompanied Refugee Minor’s Program serve children that fall within one of two categories and enter the country in different ways.

Admitted Refugee Minors- URM

Through war or natural disasters, many children in developing countries find themselves separated from their family of origin and end up in a second country where they receive a Refugee status and are registered with the UNHCR (United Nations High Commission on Refugee)

Unaccompanied Alien Children-SIJS

- Each year thousands of children enter the US without their parents and without legal documentation.
- Those who are apprehended by the Border Patrol or Immigration and Customs Enforcement (ICE) are turned over to ORR Division of Children Services for care and custody while their legal cases are adjudicated.
- Most of them are from Central America and Mexico.

Most of the referrals that we receive to place URM’s are for 17 year old Males.

II. INTAKE AND ADMISSIONS:

A- Admission to the United States Unaccompanied Refugee Minor’s Program.

URM-

- The processing of unaccompanied children varies with the location of the child. However, it generally contains the following components:
• A child arrives at a refugee camp or country of first asylum.
• Depending on the location, the child could be living in a children facility or be attached to friends or other adults who agree to care for the child.
• Camp authorities will attempt to trace the child’s parents or other family members.
• The child is registered by UNHCR and may be identified as an unaccompanied minor.
• The child goes for a Refugee Status Determination interview. If the child is determined to be a refugee, a best interest determination (BID) is conducted to determine the best care plan for him/her.
  o SIJS-
  
• In assessing whether a child should be placed in the URM program, ORR will make a decision based on the best interests of the child. In making this decision, ORR will consider whether the child has family members in the United States who can care for him or her and whether such care would be better for the child than the care that could be provided under the URM program.

• If ORR determines that a child should be placed in the URM program, then ORR will determine the best URM placement for a child taking into consideration the information submitted in the application; the available URM placements in the network; the location of relatives with whom the child has a relationship; and the child’s ability to access other needed benefits and services in the State or local community.

B- A Best Interest Determination (BID) consists of:

  ▪ A psychological assessment of the child
  
  ▪ Evidence of tracing for the child’s parents and relatives
  
  ▪ An assessment for family reunion when parents or other adults relatives are located; and
  
  ▪ A recommendation for alternative long-term placement with ongoing supervision.
  
  ▪ The child is referred to the US (or other countries accepting refugees) refugee camp officials for an interview.
  
  ▪ An NGO helps the child prepare for the interview. The interview is conducted by an Asylum Officer of the Department of Homeland Security.

  ▪ If the child meets the US standards of being a refugee, the child is referred for a medical checkup.

  ▪ The child also undergoes a background check. After the child clears the background check, he prepares for travel.

  ▪ The case is referred by Department of State to either LIRS or USCCB.
- LIRS refers the case to Lutheran Social Services (or another URM provider)
- LSS will receive a copy of the child’s BID and Biodata.

**C. Admission to LSSNCA’s URM Program:**

- Once a referral is received, the Program Manager will review the information and decide if it can provide the child an appropriate foster home.

- From the list of available homes, two or three families are selected to review the referral. The information from the biodata is shared with the foster family. If an appropriate foster family is found, the program director will contact LIRS to “assure” the case.

- Once the program receives a re-classification letter from the Office of Refugee Resettlement, LSS contacts Child and Family Services, office of Attorney General (OAG) to inform them that we have assured a case in order for it to be petitioned to the District of Columbia courts.

- The URM social worker provides the information to prepare the foster parents to receive the minor – basic information on the child’s culture and circumstances, cross cultural communication and the post-arrival logistics.

- The social worker or foster parent will make appointments for school registration and health checkups.
- Gather the necessary clothing and personal items.
- Make arrangements to pick up the child at the airport.
- Once an arrival date is known, the court hearing is scheduled within days of the child’s arrival in order for the child to be committed to the District of Columbia’s child welfare system.
- The child must be below the age 18 when they enter the foster care program. If they are older than 18, the only permanency goal for a URM is APPLA. URM’s usually age-out of the foster care system at the age of 21.

**III. CHILD WELL BEING: What Services are provided to Each Child and/or Youth?**  

We have an extraordinary responsibility to provide for the individual and “unique” needs of each child and/or youth that come into our care. In the design and development of the case plan, there are several key areas that will need to include throughout the assessment, treatment planning, case planning and permanency planning process. These areas include but are not limited to:
A. Daily Routine and Schedule:

Foster parents will develop and implement a structured routine and schedule of events and activities that promote healthy development and improve social and behavioral functioning.

B. Mental Health Services & Supports:

While every child entering the child welfare system will present with his or her own “unique” needs that will span the mental health continuum, our goal will be to provide (through direct practice or resource referrals) relevant, competent and when available, culturally appropriate mental health services that will adequately address the needs of each URM in our care.

The Case Managing Social Worker (CMSW) in consultation with CFSA’s OCP will address the mental health needs for each child and/or youth. There will be collaboration with D. C. Department of Mental Health via a network of Choice Providers or Core Service Agencies to secure the needed mental services.

The ITP (which is a component of the ISP) will outline the services needed for the child and/or youth; and will be based on information gleaned from the assessment/evaluation conducted by the mental health service provider.

Foster parents will provide transportation to related mental health service appointments. In the event of extraordinary circumstances in which the foster parent is unable to provide transportation to a mental health service appointment, the foster parent will work directly with LSSNCA staff to coordinate alternate transportation.

The CMSW will ensure that children and/or youth have access to individual and group counseling, and/or grief, loss and separation counseling when indicated.

The CMSW will facilitate access, service linkage and monitoring of all mental health services to ensure that each child and/or youth receive authorized services as identified in the ITP.

C. Health Care Services & Coordination

Each child and/or youth will receive regular and timely medical, dental and visual health care.

The CMSW will plan, facilitate and coordinate all preventive, routine and emergency health care needs for each child and/or youth in coordination with the child or youth’s IHP and CFSA’s Clinical Health Services Administration. All services will be initiated through D.C. Medicaid when possible and follow the Early and Periodic, Screening, Diagnosis and Treatment (EPSDT) requirements.

The IHP will fully identify the health needs of each child and/or youth and describe the services needed to address each of those needs.

The foster parent will be responsible for ensuring that children obtain all required immunizations and routine/annual health care (medical, dental and vision health care).
In the event of a medical emergency, the foster parent will be advised based on the nature of the problem. This may require a foster parent to contact the child’s primary health care physician, to escort the child to the nearest hospital or to call 911. The foster parent will be expected to contact that on-call worker at LSSNCA to notify him or her of the situation. If it is determined that the child or youth will require more than routine medical care, the CMSW will be notified and will immediately contact the CFSA hotline and follow the given protocol for obtaining authorization for further medical treatment.

Unless otherwise indicated, the foster parent will be responsible for the administration of any prescribed medication for the child and/or youth. The foster parent will be instructed in the administration of medication and will subsequently be monitored by LSSNCA’s consultant registered nurse.

The CMSW will refer all pregnant youth and other special health populations to the OCP and Health Services Administration. The OCP will coordinate, with the CMSW, appropriate community-based prenatal care through a Medicaid Obstetric and Gynecological Provider for those youth needing such services.

D. Educational & Vocational Support Services

LSSNCA will be responsible for meeting the educational and vocational needs of all children/youth. Each school aged resident will attend an educational program in accordance with all applicable federal, state and local laws as well as the youth’s ISP and IEP (if indicated). For Youth with English as their second language, after an assessment is made, the county may refer them to an ESOL school which may not be the foster parent’s neighborhood school.

With the support of the treatment team, the foster parent will have primary responsibility for enrolling and transporting all school age children and youth to educational, extra-curricular, vocational and/or mentoring activities.

The CMSW will refer the youth for a complete Educational Assessment for each school aged child and/or youth (aged 5-18 years of age) within 30 days of placement in the foster home.

The CMSW will make copies of all educational information - to be made available to CFSA on a monthly basis (and more often if there is pertinent information available).

The CMSW and foster parent will ensure that all children and youth in need of Special Education receive an assessment by the assigned school or another authorized Special Educational evaluator approved by the District of Columbia Public Schools (DCPS).

Foster parents will facilitate educational enrichment programs and activities for children and youth. Foster parents will be responsible for ensuring that each child and/or youth attend school regularly and have all necessary school supplies. Learning aids, such as a dictionary and thesaurus are expected to be available in the foster home. An area is to be designated for study and foster parents are expected to provide any needed assistance to a child in completing homework assignments and other school based projects. Foster parents are to maintain
regular contact with the child and/or youth’s teacher, attend any scheduled school conferences or activities (i.e. parent-teacher conferences, science fairs, plays, open house, etc.).

LSSNCA will facilitate tutoring, mentoring and other supportive services via the school, community-based providers or via CFSA’s OCP.

E. Preparing the Teen for Independence

At age 15 all youth in foster care are to be referred to CFSA’s Office of Youth Empowerment for assistance in preparation for successful transition to emancipation and adulthood. OYE provides a continuum of services which includes the Ansell Casey Life Skills Assessment, educational services such as tutoring, career exploration, college preparation, and financial assistance; vocational services ranging from identifying career goals, employment and retention, and other work related services; daily life skills, and assistance with acquiring and maintaining housing. The case management social worker, foster parents, the OYE specialist, and other relevant service providers should work in collaboration with the youth through a series of youth conferences to develop case plans that ensures that the youth have the most appropriate and viable opportunity of transitioning self-sufficiency and independence.

F. Therapeutic and Cultural based Recreation

Foster parents will facilitate recreational programming for each child and/or youth in care. Recreational programming may include positive and pro-social activities that enhance child and youth development; that reduce the risk of engaging in antisocial behaviors; and that serve as protective and supportive elements as the child and youth transition from foster care to the community.

Such recreational activities are purposed to spark the interest of the child and/or youth, enhance self-confidence, nurture the development of hobbies and serve as long-term activity. Child and/or youth participation in music, arts and sports is encouraged.

The foster parents are also encouraged to find out more about the youth’s culture of origin and to look for opportunities within the city for the youth to interact with others with the same ethnic background.

G. Life and Social Skills Development

LSSNCA will ensure that each child and/or youth is adequately prepared by the foster parent(s) in the area of life and social skills and related developmental activities.

It is the philosophy of LSSNCA that older youth be placed in the most stable and family like setting possible. Moreover, we will continue to emphasize the inclusion of youth as necessary participants and valuable resources in the case planning process to determine their permanency goals and to assess their strengths and needs in fulfilling such goals on their pathway to self-sufficiency.
Foster parents will involve child and/or youth in age appropriate activities related to household management including meal preparation, cleaning, laundry, grocery shopping, budgeting, paying bills, opening and using checking and savings accounts; this will create an environment and standard of care in which the foster parent models and teaches key life skills for self-sufficiency and independence.

The CMSW will facilitate or coordinate group and/or individual life skills sessions as part of programming. The curriculum topics may include:

- Family planning;
- Sexually transmitted diseases;
- Health and dental care;
- Interviewing for jobs, the application process & workplace conduct;
- Housing resources;
- Legal services;
- Aftercare services;
- Self-care;
- Stress management;
- Money management;
- Utilizing resources in public libraries; and
- Social, cultural, religious and recreational activities.

The CMSW will conduct Youth Connection Conferences with youth 14 and older to develop an Individual Transition Independent Living Plan. Conferences and other related activities will be coordinated in collaboration with the Office of Youth Empowerment.

**IV. CASE MANAGEMENT RESPONSIBILITY:**

*What are the Key Components in Case Management?*

The primary role of the CMSW is to ensure the safety and well-being of each child brought into our care, to assess and evaluate the needs of the child and family, to work toward achieving permanency for each youth that come into our care, and to identify and coordinate services necessary to achieve permanency goals.

A. **Assessment**

Each child (and/or youth) and family comes to us with individual and “unique” needs that span the service continuum. The CMSW will conduct ongoing assessments that are purposed to capture these “unique” needs and incorporate them into the Individual Service Plan.

B. **Teaming**
Because of the fundamental importance of collaboration, engagement and inclusion in the case management process, LSSNCA will utilize the “teaming” model in our approach to service provision. Teaming is defined as shared decision making processes led by and coordinated by the CMSW. It involves the engagement; collaboration and participation of family members (when available) and professionals related to the child and/or family who are then charged with execute service planning and service delivery. The Team members may include the biological family, fictive kin, lifelong connections, mental health professionals, education-based professionals, foster parents, the CMSW, the clinical supervisor, the behavioral support specialist, the guardian ad litem, the assistant attorney general and/or other CFSA staff directly related to the child and/or youth in care.

C. Case Planning

The Case Plan drives service provision and must include:

✓ Child and/or youth strengths;
✓ Child and/or youth needs;
✓ Short and long-term goals that are specific, measurable, achievable, and relevant to the achievement of permanence;
✓ A service plan that includes:
  o Assessments
  o Service needs
  o Interventions or coordination of services
  o Progress of services and barriers to service provision
  o Updates related to goal attainment

The CMSW and/or Supervisor will participate in all Quality Service Reviews (QSR’s), Administrative Reviews, Individual Service Plan (ISP)/Individual Transitional Independent Living Program (ITILP) reviews.

D. Service Planning

The Service Plan will simply reflect the supports and activities needed to carry out the Case Plan. The Service Plan shall include (but is not limited to) the:

✓ Behavior Management Plan (BMP).
✓ Individualized Treatment Plan (ITP).
✓ Individualized Education Plan (IEP); while the CMSW cannot take the lead in the IEP process, since it is a function of the Local Education Agency, participation in subsequent IEP meetings is important.
✓ Individual Family Service Plan (IFSP) (children birth though age two).
Individualized Health Plan (IHP).

The foster parent and CMSW have critical roles in the execution of the child and/or youth’s ISP. Working with the child and youth to meet his or her short and long-term ISP goals is an important aspect of the service provision process. By providing a structured and safe treatment environment that promotes curative care, appropriate service referrals and linkages and participation in case monitoring and planning, such ISP goals may be adequately addressed.

The CMSW will assemble a multi-disciplinary team for regularly scheduled Case Plan and ISP reviews for each child and/or youth. The multidisciplinary team should include the CMSW, family members, foster parents, current and relevant professional staff that may be managing or taking part in the delivery of services or assessment/evaluation process (as related to the ISP).

E. Achieving Permanence & Development of Life-Long Resources

One of the most important aspects of our role in each child and/or youth’s life is related to our ability to help him or her to achieve permanency and develop life-long connections and resources. The CMSW will seek permanent resources for the child as earlier as the initial Family Team Meeting.

In the case of URMs the CMSW works on assigning a mentor to the youth, and also facilitate opportunities to interact with members with similar ethnic background, who may not be able to serve as a foster parent, however, who may be interested in serving as a lifelong connection.

Because most URM may not have any contact with their family of origin finding a lifelong connection for them becomes a very crucial part of the permanency work.

F. Immigration Status Adjustment
   a. Unique to the needs of the URM is assisting them with their immigration process. (All URM’s have received a legal immigration status at the time that they enter our program, however, that status is a temporary one and the CMSW also has a responsibility to assist the youth with the services needed to transition to a permanent status prior to emancipation.
   b. Adjustment of status of a Refugee: The URM’s with Refugee status are eligible to apply to receive their permanent resident card.

G. Placement Stability

With the support and oversight of the clinical supervisor and program director, the CMSW will ensure that a child is placed in a foster care environment that is safe, stable and promotes a curative and nurturing environment; supports the achievement of well-being goals while the permanency goal is being pursued.

The CMSW will regularly engage the foster parent to monitor the progress and development of the youth. The CMSW will engage the foster parent to the extent that he or
she is able to make sound recommendations regarding the training needs and/or support
needed (on behalf of the foster parent) to maintain a stable placement.

All placement changes will have the approval signature of the Program Director with prior
approval of CFSA’s Placement Services Administration (this includes interagency foster home to
foster home placement). All placements including “emergency” based placement changes,
must be coordinated through CFSA’s Placement Services Administration.

H. Visitation

- Twice monthly visits with CMSW and child and/or youth
  and caregiver in the placement setting.
- If the URM has identified extended family members who
  live within the US, LSSNCA will make every effort to
  facilitate at least once a year visitation with that family.

I. Court Activities

As a child advocate and lead team member, the CMSW will be responsible for attending
court hearings to represent the child and/or youth’s case to the court. The CMSW will be able
to advise the court on the case plan for permanency, the safety and well-being of the child
and/or youth and the barriers (and subsequent plan of intervention) to the achievement of ISP
goals.

The CMSW will have a draft court report prepared and submitted to CFSA’s Assistant
Attorney General (AAG) at least 5 business days before the filing deadline. The court report will
(minimally) address the following:

- Any unresolved orders and services;
- Engagement and contact with foster caregiver, service
  providers, school and family members;
- Summary of work that has taken place since last court
  hearing;
- Efforts toward the achievement of permanency goal (and
  barriers);
- Updates on services that advance the well-being of the
  child and/or youth.

The CMSW will notify foster parents of court hearings and encourage their participation.

The CMSW will prepare interim reports needed as a result of an emergency, change to
placement, abscondance, or arrest; when the agency receives allegations of abuse or neglect;
or any other event the court may need to be update on prior to the next hearing. The CMSW
will consult with their supervisor and the AAG to determine whether an emergency hearing is
warranted.
Since the CMSW will be proactively addressing the needs of each case, it is unlikely that the court will issue orders required by LSSNCA. In the event that the court issues a court order, the CMSW will ensure that the team complies with the order within the given timeframe. If there are difficulties in the execution of the order, the CMSW will immediately consult with his or her supervisor and the AAG. Similarly, if the CMSW believes that an order should be modified, the CMSW will consult with his or her immediate supervisor and then the AAG to determine whether a modification can be made.

J. Post Permanence Period Support and Closure of Case Management Responsibility

When a youth exits the system to live independently, the CMSW will:

- Assist with the establishment of lifelong connections; and
- Develop and implement (with the youth) a comprehensive plan that includes work, housing, education and other essential life skills;
- Continue post permanency services for six months to assist the youth in the achievement and success of his or her permanency plans/goals.

K. Case Management Transfer

LSSNCA is currently the only Unaccompanied Refugee provider Program in the District of Columbia, so URM cases generally don’t get transferred and we retain case responsibility until the child has reached permanency.

L. Office of Refugee Resettlement Reporting (ORR- Forms)

In addition to the documentation required by CFSA, the LSSNCA- URM program is also mandated by our contract to provide ongoing documentation to the state’s coordinators of ORR. (See appendix E and F regarding detailed explanation of the reason and frequency of filling out ORR 3 and ORR4s.)

- ORR3 forms to be completed within 30 days from the first placement and within 30 days for each change of placement.
- ORR 4 forms: At the one year anniversary of the initial placement.

M. BIRTH PARENTS

In some cases URM may still have contact with their birth parents in their home country. LSSNCA works with the foster family to facilitate contact and communication with biological immediate and extended family members. This can be done in form of buying phone cards for
the youth to facilitate inexpensive international calls or allowing the youth to have access to the internet and when possible using, Skype, email and any other available technology that can facilitate continued relationship.

LSSNCA does not provide any services to URMs birth parents.

V. FOSTER PARENT REQUIREMENTS

A. Foster Home Licensing

It is our goal to ensure that each child and/or youth is placed in a licensed and fully trained foster home. It is our expectation that each foster home is fully licensed, monitored and renewed in accordance with the regulations that govern the foster home licensing. As included in the home study process, the new applicant must comply with the requirements for:

- Criminal Record Checks (every two years)
- The Child Protection Register Check (once per year)
- Driver’s License, Car Insurance and Driving Record
- The Home Study Process

As it relates to the licensing renewal process, it is critical and mandatory that foster parents work in conjunction with LSS/NCA to ensure that all relevant relicensing documentation is submitted within the designated timeframe, such that there are no lapses in their respective license certification. As a part of the relicensing process, the CMSW will be responsible for ensuring that active foster homes retain current licensure (DC) or approval (MD) status.

At six months prior to license expiration, the Licensing and Placement Coordinator will send foster parent (s) an application for license renewal and a cover letter requesting required documents. If all required documents have not been submitted within two months of the license expiration date, the CMSW will convene a team meeting with the foster parent and social work supervisor. The team will outline and review barriers to relicensing. A weekly timeline for resolving stated barriers will be implemented; consequences for continued noncompliance hereafter will be reviewed and followed closely. The CMSW will provide a status report to the social work supervisor and program director on a weekly basis. At one month prior to the expiration of the foster home license, if it is determined that the foster parent is unable to come into full compliance with license expectations, LSS/NCA will begin and follow the process for facilitating a new placement. All new placements will follow CFSA policies and procedures. The Licensing and Placement Coordinator will review the case with the program director and close the file on the foster home.

Should an occasion arise whereby there are suspicions of abuse or neglect (allegedly) perpetrated by the foster parent, LSS/NCA will immediately contact the CFSA Hotline. During the investigatory process, there may be cause to have the child removed prior to the completion of the investigation. If the allegations are substantiated however, the foster parent’s license will be terminated immediately.
B. Foster Parent Training

One of the most important aspects to providing positive outcomes for our children and youth involves training foster parents to be prepared and equipped to respond to their multifaceted and “individual” needs. The training process should be considered a journey; a journey of learning; a journey of self-exploration and growth. LSS/NCA’s training model denotes that the training process is an ongoing course of action that takes place within a structure of supervision, coaching and experiential learning. It is LSS/NCA’s expectation that foster parents will be able, willing and prepared to accept foster children and/or youth as needed and on a 24 hour a day basis.

C. Pre-Service Training

Prospective foster parents are expected to complete the ten-week, thirty-hour Pre-Service Training using the PRIDE Curriculum, in accordance with D.C. Licensing Regulations. The topics covered in the Pre-Service Training include: connecting with PRIDE, teamwork toward permanence, meeting developmental needs, attachment, loss, strengthening family relationships, discipline, continuing family relationships, planning for change-making an informed decision, and universal precautions.

D. In-Service and URM Training

In addition to the PRIDE training, foster parents interested in serving as URM resource parents are required to take 10 hours of their required pre-service training of URM specific training. The curriculum was developed by LSS and has been approved by the training department of Child and Family Services Agency for in service training hours. The 10 hours curriculum is offered 4 parts and detailed as follows.

- Unaccompanied Refugee Minor’s foster care Program part 1 (3 hours)
  o History of URM Program
  o Characteristics of URM Program.
  o Care giving to youth prior to resettlement
  o How a URM gets to LSSNCA
  o Benefits of URM Program
  o Initial adjustment of youth
  o Working and caring for a URM.

- Unaccompanied Refugee Minor’s foster care Program part 2 (3 hours)
  o Review of how kids enter the URM program/
  o Classifications; Refugees, Asylees, Haitian and Cuban entrants and Victims of Trafficking.
  o Teaching Independent Living skills to young adult Refugees
  o Challenges of Parenting Refugee Teenagers.
  o Characteristics of Refugee Youth.
  o Misconceptions
  o Common Adjustment Issues.
- **Unaccompanied Refugee Minor’s Foster Care Program Part 3 (3 hours)**
  - The important role of foster parents in the life of a URM.
  - Understanding trauma and Post Traumatic Stress Disorder.
  - Supporting/caring for a youth with mental health needs.
  - Advocating for the special needs of your URM.
  - Protecting and being good to yourself (don’t take it personally)
  - Recognizing signs of depression and risk of suicide in your URM.

- **Unaccompanied Refugee Minor’s Foster Care Program Part 4 (1 hour)**
  - Training and introduction on specific child background and culture of youth.
    - This one hour training is tailored and developed once a youth has been matched with a foster parent and the program and family prepare for the anticipated arrival of the youth.

Foster parents in conjunction with team members are charged with having the skill set and knowledge base to skillfully respond to the full range of needs of each child and/or youth. LSS/NCA has developed a comprehensive clinical training curriculum for foster parents and staff that will teach, develop, enhance the skill set of, and enable foster parents to adequately, safely and effectively engage the mental and behavioral health needs of each child and/or youth. The clinical training curriculum includes the following topics:

- Psychotropic Medications: When are they necessary? What can I expect?
- Sexually Abused Children in Foster Care
- Aggressive Adolescents
- Parenting Styles: Do You Know Your Parenting Style?
- Communication: What Did You Say? What did you mean?
- Consequences: Natural and Logical
- Childhood Trauma
- Part I: Childhood Trauma: What is the Impact
- Part II: The Impact of Trauma Revisited
- Part III: What Can Foster Parents Do to Help Child Victims of Trauma?
- Behavior Management Constructs
- Therapeutic Crisis Intervention Training (All Therapeutic Foster Parents must complete the full TCI Training including certification)

**Providing Care to Children and Youth**

We consider it an honor and privilege to care for and provide services to Unaccompanied Refugee Minors. A special attitude of caring and an unconditional commitment to the welfare of children is essential to being able to respond to the unique and
individual needs of each youth. As partners and team members, LSS and foster parents will band together to meet the needs of each youth.

Foster parents will have primary responsibility for implementing daily structured programming, behavior management and any transportation to required appointments. The foster family will not only be expected to provide immediate foster care, but will be expected to create stability for the youth, help prepare the child for permanency planning, and respond to the full range of psychosocial needs of each child.

It is LSS/NCA’s explicit expectation that foster parents will create warm, caring, loving and nurturing home environments and interactions with the foster child. All children and/or youth are to be treated as a full member of the family. Foster parents will serve in the full capacity of surrogate parents and will be responsible for providing:

- Comfortable and adequate surroundings;
- Three balanced and nutritious meals and daily snacks;
- Cleaned and properly fitted clothing;
- Bathing/showing facilities; and
- Any other required accessory.

Foster parents are expected to facilitate appropriate educational and/or child care placements, medical health examinations, social and therapeutic recreational activities, therapy/counseling sessions, family/sibling visitation, and any other activity that is necessary to meet the needs of the child. The foster parents are expected to assist the child in maintaining contact with his or her family and work actively to support and enhance these relationships, unless otherwise contraindicated in the child’s case plan.

A. Decision Making

As appropriate, foster parents are to allow the child and/or youth to participate and engage in decisions that directly affect them. This may be achieved on a one on one basis as well as through family conferences. Foster parents provide guidance and support to the child and/or youth throughout the decision making processes.

B. Discipline

LSS/NCA avoids the use of the word “punishment” because of its implications for physical force or abuse. Foster parents are expected to use age appropriate ‘consequences’ to correct or modify undesirable behaviors or infractions of rules. Under no circumstances will corporal punishment be administered; nor the denial of access to family members or educational programs. Food, medical care, and/or other basic necessities will never be withheld from any child and/or youth.
C. **Religion**

Foster parents respect the religious and cultural practices of the child and/or youth. If the foster parent attends religious services regularly, the foster child is to accompany the foster parent unless the child is old enough to make the decision that she or he does not wish to attend. If the foster parent does not attend religious services or attends services of a different denomination than the foster child, the foster parents are to make the necessary arrangements to ensure that the foster child is able to attend his or her desired religious service.

**VI. FOSTER PARENT SUPPORTS**

The engagement of support of parents and foster parents is critical to our overall mission to provide quality services to children and families. While challenges may be experienced throughout the foster care process, there are a number of avenues that may be taken to lead to: 1) the successful engagement of foster parents 2) foster parents having the necessary supports to address the multidimensional needs of the child and/or youth and 3) a strong and efficient partnership and collaboration between foster parents, and staff.

A. **Matching:**

While LSS/NCA is poised to accept all referred children, it is important to exact the best “match” as is relates to selecting a foster home. However, because of the nature of the URM program, we often need the foster parents to respond to referrals within a couple of hours of receiving the call from us, as we are mandated to respond positively or negatively within 24 hours of receiving a referral.

B. **Support Resources:**

In partnership with foster parents, LSS/NCA will facilitate the creation of formal or informal foster parent support networks (i.e. support groups, the “buddy” system); foster parents will also be encouraged to join the local foster parent association or local foster parent support groups.

C. **Respite**

Foster parents shall have access to both planned and crisis respite care. Such respite must occur in homes that have been specially selected. Respite providers shall be informed of the child and/or youth’s treatment plan and will be supervised in the implementation of the plan. They shall also be provided an explanation of the child’s history.

D. **Team Membership**

It is crucial that the foster parent continue to recognized, observed and engaged as an active and key member of the treatment team. As a central agent in executing the Individual Service Plan, the foster parent will have observations, knowledge and insight that may inform treatment, services and recommendations.

E. **Crisis Intervention and In-Home Support**
LSS/NCA has developed an On-Call Crisis Intervention Policy and Procedure (see Appendix). It is expected that foster parents will have access to 24/7 crisis support. In addition, foster parents will receive regular supervision; this supervision will be developed in conjunction with the Individual Behavior Management Plan (IBMP). Regularly scheduled in-home follow up meetings will also be included in the Individual Service Plan and serve to support, guide and coach the foster parent and child/youth.

**VII. GENERAL REQUIREMENTS**

LSS/NCA was the founding/fiscal agent for the Georgia Avenue/Rock Creek East Family Support Collaborative and continues to work with them to current day. However, we have children from all parts of the District of Columbia; will also continue to work with other collaborative. We will continue to expand and rely on community based partnerships for foster family support. Also within the CFSA network, LSS/NCA will continue to work with Core Service Agencies and other programs available through the Office of Clinical Practice.

As a multi-service agency, LSS/NCA is also able to leverage some of the unique capacities of its other program areas. These include:

- Youth Have Programs for children and youth affected by HIV/AIDS;
- Disaster Preparedness;
- Refugee and Immigrant Services.

**A- Cultural and Linguistic Competence**

LSS/NCA takes great pride in having a culturally and linguistically diverse staff that both represent the communities we serve and provide culturally competent and relevant services to the families we serve. Because providing culturally competent practice is a lifelong training and learning process, it is expected that staff will continue to engage in trainings and supervision that support this effort.

**B- Community-Based Services**

LSS/NCA has long established itself as a key stakeholder in the community. Specifically, we will continue to develop service networks around the child and/or youth’s community/ethnic of origin, community of placement and potential kinship placement. Staff and foster parents will continue to support each youth in connecting with churches and communities with their ethnic background when available.

**C- Transportation**

Acting in the capacity of a surrogate parent, the foster parent is responsible for providing transportation to all scheduled appointments and activities such as:

- Medical and mental health appointments;
We are aware that there may be extraordinary circumstances or special occasions in which the foster parent is unable to transport a child and/youth to a respective appointment, activity, meeting, etc. As a team member and partner, LSS/NCA will work in conjunction with the foster parent to ensure that the child and/or youth is transported to that appointment.

All foster parents who drive are required to have a valid driver’s license and at a minimum, liability automobile insurance coverage. Copies of the license, and the name, address and telephone numbers of the insurer are to be submitted and kept in the foster home file.

D- Incident Reporting

As mandated reporters, all staff must report any alleged child abuse, neglect or other risk to residents’ health and safety to the CFSA Hotline (202-671-SAFE).

Incident Reports must be filed any time the foster child and/or staff engage in an event that is significantly distinct from normal routine or procedure of the child, the program, the staff, or any person relevant to the child.

LSS/NCA shall follow the procedure and requirements for mandatory reporting of unusual incidents and in accordance with CFSA Policy.

E- Record Keeping & Documentation Requirements

Documentation is as important to the provision of services as the delivery of the service. The CMSW shall ensure that all child and family information and documentation are entered into the FACES database as well as the case record. The CMSW shall enter/input the following into the FACES system:

- Case plan (child and family as appropriate);
- Case and progress notes;
- Documentation of required visits; and
- Service plans and updates.

On a monthly basis, the CMSW shall submit to CFSA’s Business Services Administration:

- All case and progress notes on case management;
- Summary notes on dates of service, the service providers and their credentials, the nature and extent of the service,
the duration of the service, units of service and location of service.

✓ The documents submitted shall include (minimally):

- Name of child/youth;
- Child’s Medicaid number or other identifier;
- Child’s Social Security Number;
- Name of the Provider and credentials/qualifications;
- Date of service;
- Location of service;
- Type of service (i.e. client intake, assessment, case planning, counseling/therapy);
- Coordination and monitoring and case plan reassessment;
- Duration of service;
- Progress notes describing what service was provided, why the service was provided and indicating how the service or intervention is assisting the child in meeting their case plan goals.

VIII. ADMINISTRATION

A. Staff Security Requirements

All staff, employees, consultants and subcontractors must be cleared through the:

✓ Child Protection Register;
✓ Police Department of the jurisdiction(s) in which the staff member resides during the five years prior to employment;
✓ District of Columbia Metropolitan Police Department; and
✓ The jurisdiction in which they will be providing services.

FBI and local policy clearances need to be completed every two (2) years and a Child Protection Registry clearance must be completed on an annual basis.

LSS/NCA will not employ any staff unless said person has undergone both background checks evidencing that there are not any convictions of the following:

✓ Child abuse;
✓ Child neglect;
✓ Spousal abuse;
✓ A crime against children, including child pornography;
✓ A crime involving violence, including but not limited to, rape, sexual assault, homicide and assault;
✓ Or there is any information that the staff has been identified as a possible abuse or neglecter in a pending child abuse or neglect case.
LSS/NCA will screen new employees for drug and alcohol abuse, and conduct subsequent and testing on a random basis.

LSS/NCA will terminate any staff for which an allegation of any of the following has been substantiated:

- Neglect of children;
- Physical abuse of children, families or staff;
- Sexual abuse or harassment of children, families, or staff;
- Verbal or emotional abuse of children, families or staff;
- Drug or alcohol abuse on the premises or with children, families (or such that the staff is under the influence while on duty);
- Failure to report any allegation of child abuse and/or neglect to CFSA and the appropriate law enforcement or social service agency in the jurisdiction in which the allegation occurred.

LSS/NCA will place a staff on suspension or administrative leave and prohibit access to child and/or youth following an allegation, and throughout the time of investigation.

A. Staff Training and Development

It is equally important that all staff receive intensive training to meet the multidimensional and individual needs of each child and family entering our care. The social workers and supervisory social workers are expected to be trained in accordance with the Amended Implementation Plan required for pre-service and in-service training.

District of Columbia (CFSA) Training Requirements:

- New social workers are required to receive 80 hours of pre-service training prior to accepting case responsibility;
- New supervisors are required to receive 40 hours of pre-service training on supervision of child welfare workers within three months of assuming supervisory responsibility;
- Previously hired social workers are required to receive a minimum of five (5) full days of training (or minimum of 30 hours) of in-service training geared toward professional development and advanced competencies;
- Supervisors and administrators are required to receive a minimum of 24 hours of in-service training annually.

State of Maryland (COMAR) Training Requirements:

Pre-Service Training

- Supervisors: Must complete the PRIDE Training (with foster parents)
Social Workers: Must complete the PRIDE Training (with foster parents)

In-Service Training

- Supervisors: Must complete 20 hours of In-Service Trainings during each full year of employment.
- Social Workers: Must complete 20 hours of In-Service Trainings during each full year of employment.
- Social workers in the URM program will receive training specific to the URM program in addition to the required CFSA pre-service training.
1.0 PURPOSE:
This policy outlines the duties and responsibilities of the staff member(s) on-call for Luther Social Services National Capital Area (LSS-NCA). It applies to all staff within the Foster Care Continuum.

2.0 DEFINITION/POLICY:
On-call duties are defined as emergency response functions performed by the designated on-call staff member during after hours, weekends and holidays. Unless otherwise specified, the on-call duty hour’s rotation begins at 5:30p.m. through 9:00a.m. the following morning on weekdays, and 5:30 p.m. until 9:00a.m. the following Monday for weekends and holidays. During after-hours, weekends and holidays and on a rotational basis, the staff members within the Foster Care Treatment Continuum will provide continuing on-call coverage for LSS-NCA. Supervision of the designated on-call staff member will be provided by the Program Director, Clinical Supervisor. No staff will remain on-call for more than a (consecutive) one week period of time. All requests for modifications to the on-call rotation schedule should be processed through the Program Director and/or Clinical Supervisor. Unless otherwise specified, a staff will be scheduled to provide on-call services on a rotational basis. The on-call staff member will be backed up and supervised by a Clinical Supervisor, and/or Program Director. It is LSS-NCA’s aim to ensure that all emergencies are dealt with in a responsive and professional manner and with the least amount of distress and disruption to the client.

3.0 PERSONS AFFECTED:
Child and/or youth, social worker, foster parent/life skills coordinator, behavior health specialist, program director, clinical supervisor, foster parent(s), licensing & placement coordinator and biological parents.

4.0 GUIDING PRINCIPLES FOR ON-CALL SERVICE PROVISION:
Recognition of certain principles and a commitment to understanding them is an essential component in the execution, maintenance and success of the on-call, emergency response process. The following principles are consistent with best practice standards:
• The safety, welfare and well-being of the child and/or youth is of paramount consideration;
  o Prevention:
    ▪ Continued best (direct) practice;
    ▪ Education – educating all staff and foster parents on on-call policy and expectations;
    ▪ Communication – open, honest and direct communication between and among staff, senior leaders, foster parents, biological parents, clients/youth.
  o Preparation – working knowledge of existing cases, updates on high risk cases.
  o Responding – immediate response to on-call request; immediate intervention.
  o Follow up – follow up with respective team members regarding on-call incident, response and intervention.

5.0 PROCEDURES:
  5.1 The designated on-call staff member must be accessible at all times by phone.
  5.2 The on-call staff must utilize the designated on-call mobile phone that will provide by LSS-NCA.
  5.3 The on-call staff’s duties and responsibilities include the provision of emergency coverage for the full spectrum of foster care.
  5.4 The on-call staff member will provide emergency-based consultation and/or direct care services as processed via LSS-NCA’s on-call system.
  5.5 The on-call staff or another designated LSS-NCA staff member, may be required to be present at the site of the crisis/emergency, if it has been determined that phone-based consultation is insufficient, inappropriate or inadequate to meet the immediate needs of the client/youth and/or foster parent.
  5.6 The on-call staff member will respond to the on-call request immediately (within 10 minutes by phone); If there are extenuating circumstances precluding the on-call staff member from responding within this timeframe, these should be communicated to the clinical supervisor or program director back up staff member and documented by the on-call staff member.
    5.6.1 The on-call staff member will evaluate the on-call request:
      5.6.1.1 Completes a brief assessment of the crisis situation.
      5.6.1.2 Obtains clear information about the nature of the problem/crisis.
      5.6.1.3 Identifies the “imminent” needs of the client and/or foster parent.
5.6.2 The on-call staff member will prioritize the needs of the client and/or foster parent (or those involved); and will involve the appropriate team members as so indicated.

5.6.3 The on-call staff member will develop (in collaboration with the foster parent) a crisis response plan or intervention (this plan should include specific directives, interventions that directly address the imminent needs of the client; specifically address who will do what, when, why, how and where);

5.6.4 The on-call staff member will notify direct supervisor of all crises related to the hospitalization, abuse, neglect, harm or death of a client;

5.6.5 The on-call staff member will complete an Incident Report and follow the respective Incident Reporting Protocol;

5.6.6 The on-call staff or the designated LSS-NCA staff member will conduct follow up services (may include a follow up phone call to the foster parent, or on-site intervention with a client and/or foster parent);

5.6.7 The on-call staff member will complete an on-call response form and promptly forward to the appropriate team members (specifically, all incident information should be reported to the primary case manager by the next business day). The on-call worker shall complete all designated on-call documents including: the on-call telephone log; the on-call response form and the incident reporting form.

5.6.8 If at any point in time there is more than one crisis unfolding (i.e. 2-3 clients requiring an emergency response), the on-call staff member should prioritize the crises and seek the immediate assistance of the back-up supervisory staff member.

5.7 The on-call staff member will be provided the designated an on-call mobile phone and the on-call administration notebook. The on-call administration notebook will include:

5.7.1 A copy of the on-call policy and procedure;
5.7.2 An updated foster parent telephone and address list;
5.7.3 An updated client list for the foster care continuum;
5.7.4 An updated LSS-NCA staff list;
5.7.5 A copy of the on-call staffing rotation;
5.7.6 Incident reporting forms;
5.7.7 On-call response forms (i.e. telephone log); and a
5.7.8 Community resource list(s).
6.0 POLICY ENFORCEMENT:

6.1 It is the responsibility of the Clinical Supervisor and/or Program Director to enforce this policy;

6.2 It is the responsibility of the Clinical Supervisor and/or Program Director to manage, oversee and review the overall functioning of the on-call response system and make modifications, amendments and updates as indicated.
REPORTING OF CHILD ABUSE AND NEGLECT

Policy and Procedures

Lutheran Social Services employees who know or have a reasonable cause to suspect that a child known to them in their professional or official capacity are mandated to report child abuse and neglect. Examples of abuse and neglect can include medical neglect, educational neglect, inadequate care and supervision, abandonment, physical abuse, sexual abuse, and attempted sexual abuse.

Incidences of known or suspected child abuse and neglect should be reported to Child and Family Services Agency Intake Administration by contacting the hotline at (202) 671-SAFE. CFSA Intake is responsible for investigating the incident and making recommendations. A Critical Incident Report should be completed and submitted to Child and Family Services Agency within 24 hours of the reported incident. A follow up report should be submitted to the Lutheran Social Services’ monitor at Child and Family Services within 10 days of the reported incident.

The above procedure should be followed when abuse and/neglect occurs while children are in physical care of Lutheran Social Services foster parents whether they are located in the District of Columbia or the state of Maryland. If the incident occurs in a foster home located in the state of Maryland, Child and Family Services Intake Administration will contact the proper authorities in the state of Maryland in order to initiate an investigation. A copy of the critical incident report should be submitted to the Maryland Department of Human Resources monitor.

Removal of children in the community is the responsibility of Child and Family Services Agency. The social worker with case family responsibility will assist with the initial health placement screening and placement if possible. If child abuse or neglect occurs within a Lutheran Social Service foster home which necessitates a removal, the case management social worker(s) and the Licensing and Placement Coordinator are responsible for locating an alternative foster home. The case management social worker will be responsible for providing the new foster parent(s) with adequate child information, counseling the child, and arranging a health screening. The transition to a new foster home should proceed in a manner that is the least detrimental to the child’s stability, well-being, and permanency.
Foster Parent Agreement

Agency Responsibilities:

1. Provide all available placement information including special supervision needs if applicable.
2. Involve foster parents as partners in case and service planning.
3. Assist Foster parents in advocating for all service needs for the child (e.g. school, medical).
4. Consider foster parents schedule whenever possible, while making appointments for child.
5. All removals of children from foster parent's home will be done according to law.
6. Provide 24 hour crisis services.
7. Ensure timely and accurate stipends/reimbursements.
8. Provide respite services.
9. Assist with transportation when extenuating circumstances make it necessary.
10. Provide procedures for foster parents to request emergency removals for safety/crisis reasons.
11. Provide clear process, procedures, and supportive services to prevent placement disruptions.
12. Provide quality, relevant, and competency based in-service training, including training on policy updates.
13. Provide internal grievance process and information about appeal/fair hearing processes for placement changes, investigations, and service delivery.
14. Provide clear guidance and information around emergency preparedness
15. Approve requests for travel and other activities within 14 days
16. Work with foster parents to develop permanency options and consider foster parents as potential options
17. Notify foster parents about court and other meetings
18. Feedback and transparency about concerns and usage of a foster parent's home

Shared Responsibilities:

1. Mutual respect
2. Planning towards permanency
3. Open lines of communication
4. Adherence to Practice Model
Foster Parent Responsibilities:

1. Follow policy requirements of foster parents
2. Informing agency about unusual incidents (including arrests, charges, and investigations)
3. Follow confidentiality policy
4. Maintain a current license; this includes attending 20 hours of in-service training every year, notifying the agency of any household changes, and maintaining relevant insurance such as auto insurance
5. Follow appropriate medication procedures.
6. Support a positive relationship with the child’s birth family
7. Participate as part of the child’s team
8. Foster for only one agency at a time
9. Have a back-up person.
10. Follow policy on overnight visits.
11. Follow the procedures to request the removal of a child
12. Provide child specific supervision
13. Support the child in practicing his/her own faith
14. Have an emergency disaster plan
15. Notify the agency when going out of town.
16. Provide transportation for the child.

______________________________________
Social Worker, Lutheran Social Services NCA____________________________
Date

______________________________________
Foster Parent
Date