“The Go-To Guide”

A Guide for Foster and Kinship Caregivers

Information You Need To Know…
But not all of it!

Arizona Department of Child Safety

Introduction

Prepared by the Arizona Foster Care Supports Team

This Guide provides basic information about the child welfare system in Arizona to help you understand how children come into care, why they are there, and the rules and policies that have been created to protect children in out-of-home care. It has information about the roles and responsibilities of the people connected to the child welfare and court systems who may work with a child, his or her family, and your family.

The information in this guide is primarily focused on the needs of persons (adult caregiver givers and other household members) providing care to children in the custody of the Department of Child Safety (DCS). Each DCS foster family should have a copy of the following resource handbooks and handouts. They are the must have reference guides for all families.

- Title 21 Chapter 6, the Licensing Rules
- DCS Discipline Policy Resource Guide
- CMDP (Comprehensive Medical and Dental Program) Member Handbook
- Confidentiality, Guidelines for Foster Parents
- Family Foster Home Agreement
- Child Placement Rates and Special Allowances Approval Matrix (CSO 1109)

If you do not have copies of this information, please contact your licensing agency or DCS Specialist for assistance in obtaining these documents.

Foster and Kinship Caregivers with the Department of Child Safety (DCS)/Division of Developmental Disabilities (DDD) or Department of Health Services (DHS)/Regional Behavioral Health Authority (RBHA)/Home Care Treatment Care for Home Care Clients (HCTC) will need some or all of these reference guides in addition to the information specific to either program services.

Terms used in the Guide:

Foster parent(s)—means a licensed foster, kinship and adoptive parents, and unlicensed kinship parents.

DCS Specialist (CSS) —means the same as Child Safety Worker (CSW) or Child Safety Case Manager (CSCM)

Child—singular refers one child or children

Disclaimer: This information is subject to change based upon the availability of new interpretations, new standards, new policies, federal and state laws, new eligibility requirements or services offered and other developments in the field. Please refer to the DCS, CMDP or other referenced web sites for the most current available information. The material provided on this document is designed for educational and information purposes only. This information is not inclusive of all terms, provisions, providers, services and/or support necessary to care for a foster child. There is no document available that will provide you with all of the information necessary to be a competent foster or kinship parent.

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Department of Child Safety

The Department of Child Safety was created on May 29, 2014 by statute as a Department separate from the Department of Economic Security.
The Department of Child Safety was created to investigate reports of child abuse and neglect, and, when necessary, provide interventions to protect children alleged to be abused and neglected. Without compromising child safety, DCS coordinates services to achieve and maintain permanency on behalf of the child, strengthen the family and provide prevention, intervention and treatment services.

Our vision: Children thrive in family environments free from abuse and neglect.

Our mission: Successfully engage children and families to ensure safety, strengthen families, and achieve permanency.

Our guiding core principles are:

Safety: All Arizona's children are safe and protected from harm.
Permanency: All Arizona's children live in safe, loving forever families.
Well-Being: All Arizona's children are given the opportunity to thrive through the support of strong families and their communities.

Our Values Create the DCS Culture That Drives Our Processes

Child-Centered: Children belong with families – their own when it is safe to do so and when it's not, with a safe, permanent family who can meet their unique needs and will maintain their supporting, meaningful connections to continue positive values, beliefs, and their cultural legacies.

Family-Focused: Families have the primary responsibility for raising their children and keeping them safe. Families are the experts regarding their own strengths and needs and will have a voice and decision-making role regarding decisions that affect them and their children.

Successful Engagement: Children, youth, and families are best served when child welfare staff respect the family, actively listen to them, and invite participation in decision-making to achieve positive outcomes.

Partnerships and Community: The entire community shares the responsibility of keeping children safe and protected from abuse and neglect.

Professional Environment and Workforce Excellence: Our professional competence will be demonstrated by an organization and workforce that proactively responds to the changing needs of communities and provides respectful treatment to families.

Cultural Responsiveness: DCS staff are responsible to be aware of and interact with families within the context of the family's own rules, traditions, history, beliefs, and culture.

Accountability and Transparency: The child welfare system holds itself accountable to the highest standards of practice at all levels within the organization. We are transparent and responsive to our children, youth, and families as well as our staff, partners, and communities within the limits of confidentiality.

The primary objective of DCS is to keep children safe within their own families. DCS works cooperatively with parents to make that happen. Department of Child Safety is a program that seeks to help families by strengthening the ability of parents, guardians or custodians to provide safe care for their children. The program tries to balance the legal rights of parents and the needs and rights of children to live in a physically and emotionally healthful situation. DCS is the state child welfare services agency responsible for the provision of child safety services; family foster care and kinship foster care services; services to promote the safety, permanence, and well-being of children; adoption promotion and support services; and health care services for children in out-of-home care.

The Central Office of the Department is located in Phoenix. DCS has Operations and Supports sections. Operations includes Prevention, Intake, Investigations and Office of Child Welfare Investigations (OCWI), Case management/Ongoing and Permanency. The Supports section includes Comprehensive Medical and Dental Program (CMDP), Office of Licensing and Regulation (OLR), Foster and Kinship Supports, and Payment Processing.

The Comprehensive Medical and Dental Program (CMDP) is the health plan for children in foster care. The Department of Child Safety manages Child Safety Services in Arizona's fifteen counties. The fifteen counties are divided into five regions. The Central, Southwest, and Pima Regions encompass the state's urban areas. The Northern and Southeast Regions are rural. Each region has a Program Administrator (PA), and Program Managers (PM) and DCS Program Supervisors who oversee the daily work of the DCS Specialists.

The counties within each region are:

Southwest Region	Western Maricopa, Yuma and La Paz
Central Region	Eastern Maricopa and Pinal
Pima Region	Pima
Northern Region	Apache, Coconino, Mohave, Navajo and Yavapai
Southeast Region	Cochise, Gila, Graham, Greenlee and Santa Cruz

Each region provides:

- Investigation of reports of abuse and neglect,
- Case management,
- Permanency planning,
- In-home services (prevention and support)
- Out-of-home services, (foster care and adoptions)
- Independent living and young adult programs
- Contracted foster and adoptive home recruitment, study, training and supervision.

Reporting Abuse and Neglect

Arizona Child Abuse Hotline Intake Center

The Hotline receives all concerns of suspected child abuse and neglect statewide. The Hotline is part of the Department of Child Safety (DCS). Concerns of abuse and neglect should be called in to the Hotline. The statewide toll free number is 1-888-SOS-CHILD **(1-888-767-2445).**

Reporting Suspected Child Abuse

State law, specifically Arizona Revised Statute (ARS) § 13-3620, states that any person who reasonably believes that a minor is or has been the victim by a parent, guardian, custodian or adult member of household of inflicting or allowing the infliction of physical, sexual or emotional abuse, neglect, exploitation or abandonment must report the suspected child abuse.

Suspected child abuse or neglect may be reported to the police, to the Department of Child Safety, or both. If the report concerns a person who is not the parent, guardian or custodian of the minor, the report is made to the police. In cases where the report is concerning a parent, guardian or custodian and the allegations are criminal conduct allegations, such as sex abuse, a call is made to DCS and the police. DCS will coordinate its investigations with law enforcement. Although DCS cooperates with the police, the focus of its assessment is different. DCS is responsible for protecting children while maintaining and stabilizing families, not arresting or prosecuting parents.

Mandated Reporters of Suspected Child Abuse

State law, specifically Arizona Revised Statute (ARS) § 13-3620 defines the following persons as mandated reporters:

- Any physician, physician's assistant, optometrist, dentist, osteopath, chiropractor, podiatrist, behavioral health professional, nurse, psychologist, counselor or social worker who develops the reasonable belief in the course of treating a patient.
- Any peace officer, member of the clergy, priest or Christian Science practitioner.
- The parent, stepparent or guardian of the minor.
- School personnel or domestic violence victim advocates who develop the reasonable belief in the course of their employment.
- Any other person who has responsibility for the care or treatment of the minor. This includes Foster Caregivers.

A person making a report or providing information about a child is immune from civil or criminal liability unless such person has been charged with, or is suspected of, the abuse or neglect in question. Failure to report is at minimum a Class 1 misdemeanor.

Likewise, a person acting with malice who either knowingly or intentionally makes a false report of child abuse and neglect or who coerces another person to make a false report is guilty of a crime. A person who knowingly and intentionally falsely accuses another of maliciously making a false report of child abuse and neglect is also guilty of a crime.

A.R.S. §13-3620 changed the mandated reporter law to allow for the electronic submission of non-emergency reports regarding child abuse, neglect and abandonment. Non-emergency reports are those in which a child is not at immediate risk of abuse or neglect that could result in serious harm.

Investigating Reports of Abuse and Neglect

DCS Specialists are responsible for applying protocols and using the Family Functioning Assessment (FFA) to assess the safety of children who are part of a report alleging child maltreatment. DCS Specialists document all relevant information gathered during the assessment. The assessment describes what is known about the family and documents how decisions were made about child safety and what level of intervention, if any, is required.

When a safety threat is identified and there is no in-home safety plan that can be put in place to keep the child safe, this could result in the removal of the child from their home and the child may be placed in foster care, sometimes called out-of-home placement. The DCS Specialist will work with the family to rule out all other alternatives before removing the child.

Interviewing Children and Families

The law requires the Department of Child Safety to investigate reports of suspected child abuse or neglect by a parent, guardian or custodian. To do this, the law allows DCS to talk to alleged victims and their siblings without parental permission. Often this occurs at school because it is a neutral environment. A DCS Specialist will visit the family home to discuss the report and to talk about the family situation. The DCS Specialist will talk to all children, parents, guardians or custodians and other adults living in the home but may also speak to family members or others who may provide information. It is hoped that the family will cooperate with the DCS Specialist since that will allow the family to clarify issues of concern and allow for a more accurate investigation. After gathering information, the DCS Specialist will complete a child and family (Family Functioning) assessment to determine whether the child is safe or unsafe and whether services are necessary to assist the family.

Parents and other individuals have the right to refuse to be interviewed by the DCS representative, to provide information and refuse services offered. However, DCS may proceed with the investigation and file a dependency petition in the juvenile court when it is necessary to protect a child.

Removing a Child from the Home (Temporary Custody)

Arizona state law gives DCS the authority to protect and to aid children who are at risk in their own homes. Law enforcement officers and/or DCS Specialists may remove a child from the parents if a child is suffering or will imminently suffer abuse or neglect, or for a medical examination to determine if the child has been abused. These same laws provide safeguards for the rights of children and their parents. Parents whose children have been removed from the home are given either a Temporary Custody Notice (within six hours from the time the child was removed) or a copy of the court order placing the child in the temporary custody of DCS. If a dependency petition is filed, parents are notified of the date, time and location of the hearing when the court will review the temporary custody of their children.

In certain situations, the parent**,** guardian or custodian and DCS may agree to place a child in voluntary foster care as an alternative to a dependency petition. This service, limited to a 90-day

period, is entered into only when families are willing and able to resolve problems within the allowed time frames. Written consent of the parents as well as the child, if age 12 or older, is required.

In reality, few of the children who are reported to Department are removed from their homes. In most situations where verified family problems exist, the families and DCS work together to resolve them. However, as noted above, under certain circumstances, the law allows a police officer or a DCS Specialist to temporarily remove a child for up to 72 hours (not including weekends and holidays) for protection while the investigation takes place. DCS must decide within that 72 hours whether to return the child to the parent's custody or if a dependency petition must be filed with the juvenile court. DCS must seek court authorization to take temporary custody of a child unless temporary custody is clearly necessary to protect the child because **exigent** circumstances exist. (These are situations where a child may suffer harm during the time it takes to obtain court authorization.) Depending on the circumstances, DCS may also seek a court order to remove a child from the parent's custody by filing a dependency petition. If the juvenile court judge grants the order, the child will be removed until a hearing is held, which happens within 5-7 working days.

A child may be removed for up to 12 hours for a medical evaluation. If the DCS investigation shows that the child must remain out of the home for a longer period to protect him/her from harm, DCS arranges for safe, temporary care.

The Findings of the Investigation

After DCS completes an investigation, the parent, guardian or custodian involved will receive a letter stating whether or not the information found during the DCS investigation concludes there is reason to believe the allegations of abuse and/or neglect are true; this is referred to as either a "proposed substantiated" or "unsubstantiated" finding. If the finding is proposed substantiated, that means there is reason to believe the abuse/neglect did take place. An unsubstantiated finding means there was insufficient evidence to conclude the abuse or neglect took place. When the DCS Specialist is proposing a substantiated finding, the parent, guardian or custodian involved will also receive a letter explaining how an appeal of the decision may be requested. This letter will also inform the parent, guardian or custodian how they can request a copy of the DCS report which contains the information reported to DCS alleging abuse and/or neglect.

If an appeal hearing is requested, the Department of Child Safety (DCS), Protective Services Review Team (PSRT), will review all information and determine if there is enough evidence to agree with the decision made by DCS. If the PSRT disagrees with the decision made by DCS, the parent, guardian or custodian will be notified of this in writing and the allegation will not be substantiated.

If the PSRT agrees with the DCS decision, a hearing will be scheduled for the person with the Office of Administrative Hearings. At this hearing, an Administrative Law Judge will hear all the evidence and make a decision about the allegation and the finding.

Deciding if a DCS Case Will Be Opened

After completing the investigation, DCS determines whether to close the case, or open a case for services. If a case will be opened for ongoing services, DCS decides whether or not to request juvenile court oversight. At every stage, DCS engages the child's family to the greatest extent possible in planning for interventions that minimize Department intrusion while ensuring the safety of the child.

When the investigation results in a determination that all children in the home are **safe**, DCS works with the family to identify areas where the family may need supports or services to strengthen the family in order to reduce the risk of future abuse or neglect. If the needed services are available in the community and DCS involvement is not necessary, an aftercare plan will be developed with the family and the case will be closed. If services are needed and DCS monitoring is required, a case will be opened for in-home services.

When the investigation results in a determination that a child in the home is **unsafe**, DCS will open a case for services. DCS will work with the family to implement a safety plan. In some cases, juvenile court oversight will be necessary, and DCS will file a dependency petition.

Note: The DCS publishes a semi-annual report for the periods ending June 30 and December 31 of each year related to child welfare data and services entitled Semi-Annual Child Welfare Report. These reports are published 90 days after the end of the reporting periods (September 30 and March 31) These reports are located on the DCS website at https://www.dcs.az.gov

Family-Centered Practice

Family-centered practice is a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on the needs and welfare of children within the context of their families and communities. Family-centered practice recognizes the strengths of family relationships and builds on these strengths to achieve the best outcomes. Family is defined broadly to include birth, blended, kinship, and foster and adoptive families. Family-centered practice includes a range of strategies, including advocating for improved conditions for families, supporting them, stabilizing those in crisis, reunifying those who are separated, building new families, and connecting families to the resources that will sustain them in the future.

Family-centered practice is based upon these core values:

- The best place for children to grow up is in families.
- Providing services that engage, involve, strengthen, and support families is the most effective approach to ensuring children's safety, permanency, and well-being.

Family-centered practice is characterized by mutual trust, respect, honesty, and open communication between parents and service providers. Families are active decision-makers in selecting services for themselves and their children. Family and child assessment is strengths-based and solution-focused. Services are community-based and build upon informal supports and resources.

Team Decision Making (TDM)

A TDM meeting is a strength-based decision making process involving DCS, the family, the child when age appropriate, family supports, community members, partnering agencies, and may include tribal representatives. The purpose of a TDM meeting is to discuss safety concerns, strengths in the family/child that may help keep the child safe, protective capacities which reduce safety threats, and placement decisions for the child. If the child is in out-of-home care, the discussion will include how the child and family will be supported while the child is in foster care. TDMs will be held when a child has been removed; when the decision at the end of the investigation is that the child is unsafe; for placement disruption prevention; when a permanency goal may change; when a child is going to reunify with the parents; and when a youth is reaching the age of majority.

A TDM related to a potential placement disruption will include a decision regarding the cause of potential placement disruption and a plan to determine if services can preserve the placement; a decision regarding respite or short-term placement and a plan to transition the youth back to the original placement. If the placement cannot be preserved and a new placement type is identified, a transition plan will be developed in the TDM meeting.

A TDM related to a youth reaching the age of majority will include decisions and planning for a youth to remain in foster care under a Voluntary Foster Care Agreement, and supports for the youth to make a successful transition to adulthood, including a plan for discharge when the youth exits foster care (at age 18 or older).

SAFE AZ MODEL

SAFE AZ is a clearly defined decision-making process used to make the right safety decision for every child and to have the best outcomes for every family.

SAFE AZ engages parents, children/youth, and caregivers as partners in assessment and planning to strengthen families. Parents, children/youth, and caregivers are all encouraged to be actively involved in identifying their needs, strengths, goals, and services. Safety assessment and case planning occur on an ongoing basis at case plan staffings, court hearings, Team Decision Making meetings, and every interaction with the parents, children/youth, and caregivers.

A **safety plan** is a written arrangement between the parent, guardian, and/or custodian; the responsible adult(s) who will take action to control danger threats; and the Department. The safety plan establishes how impending danger threats to child safety will be controlled. The safety plan describes safety actions that must be taken in order to control anticipated danger and prevent harm to the child.

Safety plans are not the same as case plans. Safety plans describe actions intended to control danger threats and may contain safety services to support those actions. **Case plans** include services and supports designed to effect long-term behavioral change by enhancing parental protective capacities to eliminate the need for a safety plan.

“Conditions for return” describe the circumstances and behaviors that must exist in order for a child to safely reunify with his or her parents. When a child is in out-of-home care, the DCS Specialist will develop the conditions for return, and provide them in writing to the parents, children/youth, and caregivers. Conditions for return are not the same as the parents’ treatment goals or services. Sometimes, other responsible adults (such as relatives and others in the family’s community) can keep the child safe in the home while the parents continue to participate in treatment services. The safety plan identifies actions to be taken by responsible adults to keep the children safe all the time. When the conditions for return are met and the family is ready for the children to transition home, an in-home safety plan may be developed. DCS will not recommend court case dismissal until there is no further need for a safety plan and court oversight.

Permanency Planning

Determining a Permanency Goal

In selecting the permanency goal for the child, the department seeks to maintain and support the child's relationship to his or her biological parents, extended family members and other individuals with whom the child has an emotional attachment. The initial permanency goal for children in out-of-home care is usually family reunification. **The preference order of permanency goals is:**

- Remain with Family
- Family Reunification
- Adoption (when in a child's best interests)
- Permanent Guardianship (when in a child's best interests)
- Another Planned Permanent Living Arrangement (APPLA-only available to youth age 16 and older, when in their best interests).

The Family Centered Case Plan

A case plan is required for every child and family receiving ongoing services from DCS, consistent with the requirements of federal and state law. The case plan is a document that identifies what behavioral changes required from the parent and/or the child to address the safety threats and risk factors that caused the child to be removed from the home and/or prevent the child from living safely at home without DCS involvement. The case plan identifies the permanency goal for the child, services/supports to be provided to achieve the behavioral changes, persons responsible, and planned date of review. The case plan also must include what services/supports will be provided to assure the child's health, behavior, educational, and preparation for adulthood needs. The case plan is written and developed with the family. The DCS Specialist must provide parents with a copy of the case plan. This case plan or "proposed case plan" must be included in the report that is submitted to the court at the time of the Preliminary Protective Hearing.

A case plan staffing is a meeting held with parents and others who are providing services to the family to develop or review the case plan. At the first staffing, the initial case plan is developed. Parents are encouraged and expected to be involved in this planning process. Staffings also provide an opportunity for all participants to discuss progress, exchange ideas and suggestions, and to work together cooperatively to resolve family problems. Regular staffings are scheduled at least every six months to discuss case progress.

The family-centered case plan includes the following components:

- *Permanency Goal* for the child, and expected date of achievement. The permanency goals are remain with family, reunification, adoption, permanent guardianship and another planned permanent living arrangement (see below for more information). A concurrent permanency plan will be initiated when a child is unlikely to reunify with their parent within 12 months of the child's initial removal, or within 6 months if the child was under the age of three years old at removal;
- *Behavioral Change Goals* for the parents. The behavioral change goal **statements** are included in the written case plan and describe the behaviors that will be observed when the diminished caregiver protective capacities have been enhanced. The desired behavioral **changes** indicate the positive behaviors or conditions that will result from the change. Protective capacities are personal emotional, behavioral, and cognitive characteristics that contribute to a parent's ability to ensure the safety of his or her children. Services for parents focus on enhancing specific parent protective capacities.

- The *Case Plan* specifying the kinds of services and supports that will be offered to the family in order to achieve the permanency goal. The services and supports are to be tailored to meet the specific needs (including cultural considerations) of the family;
- *The Out-of-Home Care Plan* including the available information as follows:
  - ✓ the child's special needs;
  - ✓ the name and address of the child's school,
  - ✓ the child's educational status including child's grade level, academic performance, special education services if applicable, attendance and any other relevant education information;
  - ✓ how the placement type meets those needs;
  - ✓ services provided to the child;
  - ✓ services provided to the caregiver to help them meet the child's needs;
  - ✓ actions the DCS Specialist will take to ensure safety in the out-of-home setting;
  - ✓ when applicable, tasks and services to achieve a concurrent permanency goal or a permanency goal other than family reunification; and
  - ✓ for any child placed substantially distant from the parent's home or out-of-state, the reason the placement is in the best interest of the child.
- *The Health Care Plan*, specifying for each child, the most recent information available regarding the child's health status including:
  - ✓ name and address of the child's healthcare providers;
  - ✓ the child's immunizations;
  - ✓ the child's known medical problems;
  - ✓ the child's known medication;
  - ✓ any other relevant health information; and
  - ✓ actions to assure the child's health needs are met.
- *Contact and Visitation Plan*, specifying for every child in out-of-home care the plan for frequent and consistent visitation between the child and the child's parents, siblings, family members, other relatives, friends, and any former foster parents/family, especially those with whom the child has developed a strong attachment; and
- *Specific documentation* of how the family and other team members actively participated in the development of the plan.

DCS encourages the following persons to participate the case planning process: parents, children age 12 and older, out-of-home care providers and when appropriate, extended family members, the behavioral health team, and any other safe adult who is important to the child/youth.

Concurrent Permanency Planning

Concurrent permanency planning occurs for all children in care with a permanency goal of family reunification where the prognosis of achieving family reunification is unlikely to occur within 12 months of the child's initial removal.

Adoption

It is a legal process that makes the child a member of the adoptive family as if the child had been born to the family. Adoptive parents are certified by the court in the county of their residence. When an adoptive family is selected for a child or children, the ability of the family to meet the child's safety, social, emotional, physical and mental health needs governs the selection. No single factor is the sole determining factor in the selection of a family.

Before selecting an adoptive family, the placement needs of a child of the child are assessed. They are:

- Characteristics of the child: age, gender, religion, primary language, physical, emotional, social and educational needs,
- Child's history: past placements, ties to current or past caregivers, experience with bonding and attachment,
- Child's relationships: relatives, siblings, foster parents or other significant adults,
- Parent's preferences regarding placement, except the parent's preference regarding race, color or national origin is not be considered); and
- Child's preference regarding placement.

The factors considered in selecting an adoptive home, in no order of preference, include, but are not limited to:

- The prospective adoptive family's ability to meet the child's needs and the ability to financially provide for the child.
- Placement with the child's siblings.
- An established relationship between the child and the prospective adoptive family including placement with a grandparent or another member of the child's extended family which includes a person or foster parent who has a significant relationship with the child.
- The marital status, length and stability of the marital relationship of the prospective adoptive parents.
- The wishes of the child.
- The wishes of the child's birth parents unless the rights of the parent have been terminated or the court has established a case plan of severance and adoption.
- The availability of relatives, the child's current or former foster parents or other significant persons to provide support to the prospective adoptive family and child.

If all relevant factors are equal and the choice is between a married man and woman certified to adopt and a single adult certified to adopt, placement preference shall be with a married man and woman. The department shall make reasonable efforts to place a child with the child's siblings. If that is not possible, to select a family who will maintain visitation or other ongoing contact between the child and the child's siblings, unless a court determines this would be contrary to the child's or a sibling's safety or well-being.

For the selection of adoptive parent(s), the order of preference for Non-American Indian children is:

- grandparent;
- kinship care with another member of the child's extended family, including a person who has a significant relationship with the child;
- non-relatives with no prior relationship to the child.

A meeting to share non-identifying information is held with the perspective adoptive family prior to meeting the child. All non-identifying information including health and genetic history on the child and non-identifying information on the birth parents and members of the birth family is presented in writing to the prospective adoptive parent(s). The information shared will also include: the child's history, his or her physical, emotional, social and educational needs, and the birth parents' wishes regarding sharing of identifying information. The department will assist the prospective adoptive family in consulting with other professionals who have worked with the child and identifying community resources to provide support for the child and family.

Permanent Guardianship

Permanent guardianship is one way to provide permanency to a child. It may be the permanency goal when 1) guardianship is in the child's best interest, family reunification is not possible and the potential for adoption is not optimistic at the time, or 2) termination of parental rights is not in the child's best interest. Guardianship by relatives usually has priority over non-relatives. The Juvenile Court grants this form of guardianship. The guardian has the power and responsibilities of a parent to:

- Authorize medical or other professional care, treatment or advice.
- Enroll the child in school.
- Determine where the child will reside.
- Consent to social or recreational activities

The permanent guardianship may be rescinded if there is a significant change of circumstances including the child's parent is able and willing to properly care for the child; or the child's guardian is not able to properly care for the child.

Difference between Adoption and Guardianship

In an adoption, the adoptive parents are the legal parents. The birth parents' rights have been permanently legally terminated. The adoptive parent makes all decisions concerning the child. The adoptive parent has the final say about contact and visitation with the birth family. In a permanent guardianship, birth parents' rights are suspended – ending their right to make day-to-day decisions for a child. Permanent guardians have the right to: physical custody of the child; make everyday decisions; make decisions about health issues, both major and minor; make decisions about where the child will live; and decisions about school. The guardian has the final say about contact and visitation (unless the court has entered orders about contact).

Foster Parent Adoptions

Licensed foster parents may be considered as the adoptive family for a legally free child in their home. The following are some of the considerations the department makes in selecting the adoptive family:

- Will the family offer the child a positive connection to his/her heritage and to extended family members?

- What kind of relationship does the family have with the child's biological parent(s) and how will this relationship impact the placement?
- To what extent can this family meet the child's physical, social and emotional needs?
- Is there any background information which would adversely affect the person's ability to provide a safe, nurturing environment for the child?
- How long has the child had a relationship with the family?
- What is the attachment between the child and family?
- To what extent might removing the child from this family cause emotional harm?
- Does the family have the capacity to claim the child and view the relationship as permanent?
- If applicable, to what extent will the family cooperate with future sibling and/or relative contact?
- If applicable, is the family going to continue with foster parenting after the adoption is final, and what is the potential impact for the adopted child?

Independent Living Services Program

This DCS sponsored program offers an array of services that prepare young adults for attaining independence and self-sufficiency in the community. All youth in out of home care who are age 14 and older will have a preparation for adulthood plan (also known as an Independent Living plan) to help prepare them for adulthood. The program assists youth by providing services including:

- Participation in the Arizona Young Adult Program specialized DCS case management (where available);
- Independent living skills training;
- Education and Training Voucher (ETV) and other funding for post-secondary educational/vocational pursuits (which is available under certain conditions until the age of 23);
- Independent Living Subsidy;
- Voluntary continued out-of-home care for young adults 18 through 20;
- Re-entry into DCS supervised services after exiting care at age 18 or older, and
- Other activities such as local youth advisory boards, youth conferences, etc.

All young adults who are in the custody of the department and in an approved out-of- home placement (i.e., ILSP, group care, foster home, relative placement, unlicensed relative or non-relative placement) when they turn 18 are assisted to create a plan to remain in continued out-of-home care under the supervision of the department during the period of the Voluntary Agreement. This includes youth who are dually adjudicated (dependent and delinquent) and released from a secure setting prior to or on their 18th birthday. (This may not include youth who are not legal residents of Arizona.)

Youth transitioning to adulthood also receive a credit report and assistance in interpreting the results as well as resolving any inaccuracies found in the report.

Speak with the DCS Specialist for more information as to options and programs available to youth turning 18 years of age and becoming adults or see https://www.dcs.az.gov

More details about the program can be found in the DCS Policy and Procedure Manual on the internet at: https://www.dcs.az.gov

For more information about other DCS programs and services go to: https://www.dcs.az.gov.

Placements

Children in Out-Of-Home Care

Arizona's children needing temporary and permanent families are teenagers, toddlers, and infants. Some of the children do have special behavioral and medical needs. The Department also seeks to place sibling groups together whenever possible.

The Child Welfare Reporting Requirements Semi-Annual Report provides extensive information about the children in care including the number of children:

- By age and ethnicity;
- By case plan goal and placement type;
- By length of time in care;
- By legal status;
- Leaving out-of-home care by reason;
- With case plan goal of adoption; and
- With a finalized adoption.

These reports can be located on the website at https://www.dcs.az.gov main menu find the *Child Welfare Report* link.

Selection of an Out-of-Home Care Provider

All out of home placements in licensed homes are made through the Centralized Placement Unit that operates statewide. DCS seeks to place every child who requires out-of-home care in a placement that addresses his or her unique needs. No single factor shall be the sole determining factor in the selection of a placement. Within the constraints of available resources and when consistent with the needs of the child, DCS seeks to place a child:

- With minor siblings who are also in care, unless there is documented evidence that placement together is detrimental to one of the children.
- In close proximity to the parents' home; preferably within the child's own school district;
- In a setting that can promote stability for the child by minimizing placement moves.
- In the least restrictive placement that will meet his/her needs;
- With caregivers who can communicate in the child's language

The order of placement preference, unless otherwise dictated by the child's need is:

- a parent, a grandparent, adult siblings and members of the child's extended family; or with persons who have a significant relationship with the child;
- licensed foster home;

- therapeutic foster care;
- group home;
- therapeutic group home;
- residential treatment facility.

No placement will be denied or delayed on the basis of race, color or national origin of the Foster Caregiver or child. [Note: This is a federal requirement from the Multi-Ethnic Placement Act/Interethnic Placement Act (MEPA/IEPA)].

For American Indian children, the order for placement preference is according to the requirements of the Indian Child Welfare Act (ICWA) as follows:

- a member of the child's extended family;
- a foster home licensed, approved or specified by the child's tribe;
- an Indian foster home licensed or approved by an authorized non-Indian licensing authority;
- an institution approved by the Indian tribe, or operated by an Indian organization which has a program suitable to meet the Indian child's needs. (25 U.S.C.§1901 et seq.)

Kinship Foster Care

Kinship foster care is placement of a child by DCS with relatives or persons who have a significant relationship with the child. A kinship caregiver must be at least 18 years of age. The caregiver and each adult in the home must have a criminal and DCS child abuse history clearance check. The caregiver's family is evaluated and approved by DCS as able to meet the health and safety needs of the child.

DCS shares with the kinship caregivers all known information about the child to enable the caregiver to meet the needs of the child and to assist the caregiver in carrying out the case plan.

DCS supports kinship caregivers who express a desire to become licensed Foster Caregivers. DCS provides information to all kinship caregivers about the following financial benefits:

- Foster care reimbursement only if they become licensed as family foster parents;
- Monthly personal and clothing allowance for the child, and
- Special payments that may be available for the child.

The federal Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) requires DCS to strive to identify and notify all adult relatives within 30 days of the child's removal. The notice gives the relatives the option to become the caregiver of the child.

Initially most kinship caregivers will be unlicensed. If they choose to become licensed foster parent, they will work with a licensing agency to complete the licensing process. While kinship caregivers are in the licensing process, DCS assists the kinship Foster Caregivers to apply for

Temporary Assistance to Needy Families (TANF) for the children placed in their care through the DES, Family Assistance Administration (FAA). Once the kinship provider is licensed as a foster parent, the kinship Foster Caregivers is no longer eligible for TANF for the children placed in their care by DCS.

Kinship caregivers may also receive non-financial services including child care, parent aide, respite care, case management, family assessment, transportation, housing search and relocation, supportive intervention and guidance counseling, emergency services, and additional services that DCS determines are necessary to meet the needs of the child and family.

Kinship Stipend referral:
The Kinship Foster Caregiver Stipend is a monthly payment of approximately $75/month/per child. A Kinship Foster Caregiver includes a grandparent, any level of a great-grandparent, an aunt, an uncle, or any other adult relative (or non-related adult who has a significant relationship to a child) with whom the Department of Child Safety has placed a foster child. Kinship Foster Caregivers may become licensed as foster parents in order to receive additional financial and other supports to assist in providing 24/7 care for the child in their care.

Kinship Foster Caregivers are eligible for this Stipend if they are not receiving a licensed foster home payment, or an adoption subsidy or guardianship subsidy payment for the child AND if their annual household income is less than 200% of the current Federal Poverty Level. For example, if your total family household size is 4 persons (including you, your spouse, your birth children, and the kinship foster children), and your annual household income is under $50,208, you will qualify for the stipend. If your total family household size is 2 persons (you and your kinship foster child), and your annual household income is under $32,928, you will qualify for the stipend. If you are unsure if you will qualify, please submit an application and DCS will review it for eligibility.

You should receive an application in the U.S. Mail when you receive your first “billing document”, asking you to verify if the child is in your home. If you do not receive an application, you may call 1-877-KIDSNEEDU Option 3, or 1-877-543-7633 Option 3 and request one, or you may e-mail Kinshipstipend@azdcs.gov and an application will be sent to you.

Medically Complex/Fragile Placements

This is a category of care specifically for children meeting specific criteria. Please discuss this with your DCS Specialist and licensing worker if you believe the child in your care is eligible. A medically complex child is a child with special health care needs as determined by the Department and includes children who have or are at risk for chronic physical, developmental or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally. A child must have special needs in at least one (1) of the following categories to be assessed as Medically Complex: Substance Exposed/Premature Infant, Serious Medical Condition, or Substantial Developmental Delays.

Additional training is required to provide this service.

Interstate Compact on the Placement of Children (ICPC)

The Interstate Compact on the Placement of Children (ICPC) is a uniform law intended to standardize procedures to ensure suitable placement and supervision for children placed across state lines. It defines the responsibilities of the sending and the receiving state. The sending state is

where the child currently lives. The receiving state is where the child may be placed. ICPC regulations apply when:

- A child in DCS custody is to be placed in another state with a parent or relative, or in a foster home, group care or residential facility;
- A child in foster care is to move to another state with his or her foster parents;
- A child is to be placed on a pre-adoptive basis in a home in another state; or
- A child in a pre-adoptive home is to move to another state with his or her prospective adoptive parents.

Placement of a child may not be made until the sending state's Compact Administrator has received written approval from the receiving state. Questions for consideration before or at the time of placement:

Placement Packet

The DCS Specialist should provide the Foster Caregiver with a placement packet for each child placed, at the time of placement or within five days. A Placement Packet should include the following:

- *Notice to Provider (Out-of Home Care, Educational & Medical)* gives the information about the child and the child's family, care instructions, DCS and team contact information, visitation information and who is not allowed contact with the child. It also lists prior school and medical provider information and it:
  - ✓ Establishes the Foster Caregivers' right to obtain medical care for the child and to receive health care records and information about the child's health care condition and treatment. For a child eligible for CMDP health coverage, it confirms DCS is the responsible party for payment for medical services. If a child is ALTCS eligible, it includes enrollment verification information. It is used at medical appointments until you get the health identification card.
  - ✓ Informs the school that the child is in the care, custody and control of DCS and confirms the Foster Caregiver is the authorized caregiver for the child.
  - ✓ Reaffirms the Foster Caregiver's responsibility to maintain confidentiality of records and the child's whereabouts.
  - ✓ Confirms that the placement is temporary and that care and supervision of the child will be consistent with the Department of Child Safety Discipline Guidelines.

- *Child Placement Summary Agreement* gives name, and contact information for the DCS Specialist, DCS Program Supervisor, and providers working with the child. Other information is: visitation arrangements and who can and not visit the child; parental and sibling information; medications and allergies; currently scheduled appointments; responsible party for transportation; next case plan staffing date; next Foster Care Review Board and Dependency Court Hearing date and if applicable, the next delinquency hearing, location and time. The Agreement has Foster Caregivers confirm that they have been advised of the child's legal status, payment rate, and current case plan goal; acknowledgement that the placement is temporary; and agree to abide by the conditions of the Foster Home Agreement. By signing the Agreement the Foster Caregiver acknowledges that he or she has read, understood and agreed to the placement terms.

It should also include:

- A *Placement Packet Checklist (Information for Out-of-Home Providers):* a listing of the forms and documents that are the responsibility of DCS Specialist to provide as they become available or updated. The checklist includes the Medical Summary Report from CHILDS, case plan, immunization records, copy of birth certificate, future hearing date notices, FCRB report, *Notice of Rights for Children and Youth in Foster Care* and, if applicable, *Child Information Guide* [See more information about these items below.] It also lists that forms below that are the responsibility of Foster Caregivers to complete.
- *Child's Health and Medical Record* blank: Used to keep a record of all medical and dental appointments, information resulting from the appointment and the provider's name.
- *Allowance/Purchase Ledger* blank: Used to document, with receipts, all purchases made for the child in care while in their care and all amounts received by the caregiver for purchases. The child signs (when age/developmentally appropriate) to acknowledge receipt the personal allowance.
- *Child's Contact Record*: Used to document visits, phone calls, letters, cards or gifts, and includes space for comments.
- *Child Information Guide* blank: Is completed by the caregiver upon the child's leaving their care. It documents information about daily care, behaviors, effective discipline techniques, school and interests. It has sections for younger and older children.
- *Child's Basic Wardrobe Checklist and Property Inventory* blank: Used to document the clothing and property at the placement and what is needed. It also documents the purchases. It can also be used to document the child's clothing and property when the child leaves a foster home.
- *Significant Incident,* blank: Used to document an incident defined as: unexplained marks or bruises, an accident involving injury or trauma, runaway/missing, unauthorized visit, behavior not witnessed before, significant information not previously known, death, police contact, damage or theft of property, and other unusual events as stated in the Foster Parent Licensing Requirements R21-6-326. Send or e-mail a copy to the DCS Specialist, your licensing agency, and the licensing authority (OLR). Keep one copy for your records.

DCS should provide the following reports, forms and items at the time of placement, if available, or within five working days of placement. These reports and forms will take time to develop and acquire when a child initially enters out-of-home care. They are:

- *Medical Summary Report.*
- A copy of the case plan
- Copy of the child's immunization record;
- Copy of the child's birth certificate;
- Medical ID card (CMDP)
- Copy of any minute entry setting a future dependency or delinquency hearing involving the child;
- Copy of the most recent Foster Care Review Board report, if the initial review has been held.
- *Notice of Rights for Children and Youth in Foster Care*
- *Child Information Guide* completed by a prior caregiver, if applicable.

- DCS should share with the provider at the time of placement, if available, or within five working days of receipt, all information which will assist in providing care for the child, including:
    - Special needs and health/dental conditions;
    - Behavioral and mental health concerns and any diagnosed conditions;
    - Visitation plans;
    - Planned appointments and other agency involvement;
    - Previous placement information;
    - Cultural practices and religious involvement;
    - Sexual orientation/gender identity;
    - Food and activity preferences;
    - Educational history and needs;
    - Extracurricular activities; and
    - History of abuse or neglect that may affect the child's behavior or needs.

  * Placement packets should be continuously updated as a record of the child's life events, well-being, accomplishments, needs, etc. The packet is intended to "follow" the child should he/she move into another living arrangement prior to returning home or moving into another permanent living arrangement (including adoption/guardianship).

Normal Expectations in the First Month of Placement

The Foster Caregiver is to:

- Participate in planning to maintain the child in the school of origin (the school the child was enrolled in at the time they entered the foster home) unless it is determined that it is in the child's best interests to be enrolled into a new school. (See Best Interests Determination/Transportation Plan)

- If enrolling in a new school, enroll the child as soon as possible or within 5 days (schools may not delay enrollment due to a lack of "paperwork" or other items, such as uniforms, that are normally required for enrollment.

- Select a primary care practitioner (PCP) and dentist for the child and give the information to CMDP

- Have the child seen by the PCP within 30 days

- Have the child seen by a dentist within 30 days

- Practice the emergency evacuation plan within 72 hours of placement (if age appropriate). See section on Emergency Evacuation Plan on page 68.

- Create your contact list as soon as possible

- Find out from the DCS Specialist the date, time and location of the following: family/sibling visitation; medical/dental appointments previously scheduled; any behavioral health medication reviews and counseling appointments, Court and Foster Care Review Board Hearings; case plan staffing; and Child and Family Team Meeting (CFT).

- Contact local WIC agency about new or existing enrollment, and obtaining food benefits (for children under the age of 5).

DCS Specialist is required to:

- Provide you with the *Notice To Provider, Medical and Educational* information at the time of placement

- Call you within 24 hours of placement

- Visit you within 10 days of placement

- Give the child the Notice of Rights of Children and Youth in Foster Care

Your Agency Licensing Worker is required to visit you within 7 days of placement.

The Regional Behavioral Health Authority (RBHA) should conduct a behavioral health assessment within 7 days, if this is the first out-of-home placement for the child.

Answers for Newly Placed Children

Removal from their family is very traumatic for a child. A well planned transitional move from one foster home to another foster home or other living arrangement is equally traumatic. The child experiences a sense of loss, fear and confusion. Awareness of these emotions and providing a safe way for the child to talk about these emotions can minimize the trauma. Here are some tips for providing simple information and starting a conversation to make a child feel comfortable the first day/night of placement.

- Have a conversation as to what the child would like to call you.
- Have a conversation about rules and expectations for the home. Think about what the youth can have a say in, also consider what rules and expectations they have for you.
- Help the child feel safe by telling him/her about your family and the neighborhood.
- Explain and show the child where he/she will sleep and, if applicable, who shares the room.
- Give the child a tour of the home and consider putting signs on the doors of rooms such as the child's bedroom, bathroom, laundry etc. until the child is comfortable with where everything is located.
- Talk with the child about household routines including meal, bath and bedtime, phone, TV, computer and other electronics usage, etc.
- Tell the child if he/she is hungry what is OK to eat? Have healthy snacks easily accessible. Can the child go into the refrigerator?

- Explain where the bathroom is and that a light will be left on so the child will be able to find it easily. Inform the child what towels and washcloths to use as well as personal care and other sanitary needs items.
- Ask if the child would like help putting his/her things away and where to put their belongings.
- Ask about favorite foods, physical activities, toys, clothing and music.
- Confirm the child has the telephone number of the DCS Specialist and reassure the child that he/she can call at any time.

Ask the DCS Specialist:

- When the child can call parents, siblings, friends and others.
- When the first family visit will occur. [Note: Research tells us that children who visit with their parents regularly are much less traumatized than children who go for long periods without seeing their family.]

DCS Specialist's Visits with the Child

The DCS Specialist's ongoing supervision of children in care is to ensure the safety, permanency and well-being of the child and to promote the achievement of the permanency goal. The assigned DCS Specialist has a face-to-face visit with the child and the foster caregiver at least once a month. The visit is usually in the foster home. *The DCS Specialist must spend part of every visit alone with the children who are verbal and able to communicate with the specialist*. Any of these visits can be unannounced.

DCS Investigators, DCS Specialists, Supervisors or an authorized representative must have access to the child even when arriving unannounced. DCS staff must identify themselves, show photo identification and state the reason they are there. Remember, they are there to ensure the health, safety and well-being of the child while respecting your rights as a caregiver. The vast majority of DCS visits will be prearranged at a convenient time for you and the child.

Whenever possible, the DCS Specialist will talk with the child alone and in a safe and neutral setting. It is not unusual for the DCS Specialist to take the child out of the home for some one-on-one time or social interaction.

Children in care receive a copy of the *Notice of Rights for Children and Youth in Foster Care*. It lists their rights and gives contact information. The notice states:

A. A child in foster care has the following rights:

1. To appropriate care and treatment in the least restrictive setting available that can meet the child's needs according to the best judgment of the foster parent.
2. To live in a safe, healthy and comfortable placement where the child can receive reasonable protection from harm and appropriate privacy for personal needs and where the child is treated with respect.
3. To know why the child is in foster care and what will happen to the child and to the child's family, including siblings, and case plans.
4. Whenever possible, to be placed with a foster family that can accommodate the child's communication needs.
5. To be disciplined in a manner that is appropriate to the child's level of maturity.

6. To attend community, school and religious services and activities of the child's choice to the extent that it is appropriate for the child, as planned and discussed with the child's placement worker and caseworker and based on caregiver ability if transportation is available through a responsible party.
7. To go to school and receive an education that fits the child's age and individual needs.
8. To training in personal care, hygiene and grooming.
9. To clothing that fits comfortably and is adequate to protect the child against natural elements such as rain, snow, wind, cold and sun.
10. To have personal possessions at home, that are not offensive to the foster family and to acquire additional possessions within reasonable limits, as planned and discussed with the child's foster parent, placement worker and caseworker, and based on caregiver ability.
11. To personal space, in the foster home preferably, in the child's bedroom for storing clothing and belongings.
12. To a variety of healthy foods in well-balanced portions that are appropriate for the child's age.
13. To comply with any approved visitation plan, and to have any restrictions explained to the child in a manner and level of details deemed age appropriate by the foster parent in agreement with the caseworker and documented in the child's record.
14. If the child is six years of age or older, to receive contact information for the child's caseworker, attorney or advocate and to speak with them in private if necessary.
15. To participate in age appropriate child's service planning and permanency planning meetings and to be given a copy or summary of each service plan and service plan review. The child may request someone to participate on the child's behalf or to support the child in this participation.
16. To attend the child's court hearing and speak to the judge.
17. To have the child's records and personal information kept private and discussed only when it is about the child's care except the foster parent shall have full access to the records to determine if the child will be successful in the home. During the foster placement, if the foster parent requests to view the record upon experiencing problems with the child's adjustment, the full record shall be made available for viewing by the foster parent.
18. To be free of unnecessary or excessive medication.
19. To receive emotional, mental health or chemical dependency treatment separately from adults who are receiving services, as planned and discussed with the child's placement worker and caseworker, as is financially reasonable for the foster parent.
20. To report a violation of personal rights specified in this section without fear of punishment, interference, coercion or retaliation, except that an appropriate level of punishment may be applied if the child is proven to have maliciously or wrongfully accused the foster parent.
21. To be informed in writing of the name, address, telephone number and purpose of the Arizona protection and advocacy system for disability assistance.
22. To understand and have a copy of the rights listed in this section.

B. A child in foster care who is at least sixteen years of age has the following rights:

1. To attend preparation for adult living classes and activities as appropriate to the child's case plan, as is financially reasonable for the foster parent.

2. To a transition plan that includes career planning and assistance with enrolling in an educational or vocational job training program.
3. To be informed of educational opportunities before the child leaves foster care.
4. To assistance in obtaining an independent residency when the child is too old to remain in foster care from the child's caseworker, attorney or advocate.
5. To request a court hearing for a court to determine if the child has the capacity to consent to medical care that is directly related to an illness, disease, deformity or other physical malady.
6. To receive help with obtaining a driver license, social security number, birth certificate or state identification card, except that the foster parent shall have discretion to determine if the child is responsible and mature enough to become a licensed driver.
7. To receive necessary personal information within thirty days after leaving foster care, including the child's birth certificate, immunization records and information contained in the child's education portfolio and health passport.

C. This section does not establish any legally enforceable right or cause of action on behalf of any person.

Foster Home Transition Conference

Parents and all interested parties shall be notified if a change in placement is considered. A Placement Stabilization TDM will be held. If the TDM results in a decision to move the child from the home of a licensed foster parent and the licensed foster parent disagrees with the plan to move the child from the home, the DCS Specialist will inform the foster parent that he/she has 24 hours to request a Foster Home Transition Conference to review the reasons for the change of placement. A Foster Home Transition Conference is not an option when the change of placement is to:

- Protect the child from harm or risk of harm;
- Place the child in a permanent placement;
- Reunite the child with siblings;
- Place the child in a least restrictive setting or in a therapeutic setting; or
- Place the child in accordance with Indian Child Welfare Act (ICWA).

The change of placement will be made only after completion of the Foster Home Transition process unless removal is necessary to protect the child from harm or risk of harm.

The DCS Specialist, the DCS Specialist's supervisor, the licensed foster parent, and two members of the Foster Care Review Board, at minimum, shall participate in the Foster Home Transition Conference. A child age 12 older may participate, if appropriate. DCS must hold the Foster Home Transition Conference within 72 hours after the licensed foster parent notifies DCS of his/her disagreement with the change of placement. Weekends and holidays are excluded from the 72 hours.

The child will remain in the foster home if the majority of the Foster Home Transition Conference participants disagree with the plan to move the child. If the majority of the Foster Home Transition Conference participants agree with the plan to move the child and the foster parent continues to disagree, DCS shall advise the foster parent of the Conflict Resolution Conference process. The child will remain in the foster home pending a final decision and DCS will expedite the process to make the final decision.

Overcapacity of a Licensed Foster Home

A.R.S. §8-514 (A) permits DCS to place a child in excess of the number of children allowed and identified in the foster parent's license, if the department reasonably believes the foster home has the ability to safely handle additional children and if there are no outstanding concerns, deficiencies, reports, or investigations regarding the foster home and if the child meets one of the following criteria:

- The child is part of a sibling group that currently resides in the foster home;
- The child is part of a sibling group that is being considered for placement in the foster home but because of the maximum child limit, would otherwise have to be separated;
- The child previously resided in the foster home; or
- The child is a kinship placement for the foster home.

The child cannot be placed without the approval of DCS staff and an amendment to the foster home license. The overcapacity policy is not authorized for use after-hours, weekends or holidays. This law applies only to foster homes licensed under Title 21, Chapter 6 by OLR.

Foster and Kinship Parenting

Foster Parent Rights

Foster parents in this state have the following rights:

1. To be treated with consideration and respect for the foster parent's personal dignity and privacy.
2. To be included as a valued member of the team that provides services to the foster child.
3. To receive support services that assist the foster parent to care for the child in the foster home, including open and timely responses from agency personnel.
4. To be informed of all information regarding the child that will impact the foster home or family life during the care of the foster child.
5. To contribute to the permanency plan for the child in the foster home.
6. To have placement information kept confidential when it is necessary to protect the foster parent and the members of the foster parent's household.
7. To be assisted in dealing with family loss and separation when a child leaves the foster home.
8. To be informed of all agency policies and procedures that relate to the foster parent's role as a foster parent.
9. To receive training that will enhance the foster parent's skills and ability to cope as a foster parent.
10. To be able to receive services and reach personnel on a twenty-four hour, seven days per week basis through your HRSS provider or the DCS hotline.
11. To be granted a reasonable plan for respite from the role of foster parent.
12. To confidentiality regarding issues that arise in the foster home.
13. To not be discriminated against on the basis of religion, race, color, creed, sex, national origin, age or physical handicap.
14. To receive an evaluation on the foster parent's performance.

This legal statement of rights does not establish any legally enforceable right or cause of action on behalf of any person.

Confidentiality

Family Foster Parent Licensing Requirements, Title 21 Chapter 6, requires that Foster Caregivers treat all information concerning a child in care and his/her family as confidential. Foster Caregivers must protect and not discuss or release confidential information and records without authorization from the DCS Specialist or other authorized DCS representative. This information remains confidential even when the child is no longer in your home.

The appropriate release of personally identifying information is a case-by-case decision on a "need to know" basis. For example, a Little League coach needs to know the child's name to sign him/her up for a team and in order for the child to participate. The coach does not "need to know" why the child is in foster care.

The child's immunization record, his/her birth certificate, the current Individual Educational Plan (IEP), if appropriate, and any other relevant educational information may be provided to enroll a child in school. The Notice to Provider (Educational) form identifies the child as a court ward in the care of the Foster Caregiver. If the school requests additional documentation, Foster Caregivers are to contact the DCS Specialist for authorization prior to releasing any additional information.

Foster Caregivers may release any pertinent information about the child to medical and dental care professionals without prior approval. Please see the Health Care - General Health subsection for HIPPA requirements especially for e-mail communications**. When sending an e-mail to a DCS Specialist, please use the child's initials (first and last name) only.**

Information may also be disclosed to the Foster Care Review Board, the Court Appointed Special Advocate, the child's Guardian ad Litem (GAL) and the child's attorney without prior authorization.

No information is to be given to the attorneys for the mother, father and other interested parties without prior authorization from the DCS Specialist.

A determination of whom and what confidential information may need to be known is an ongoing process. Keeping information about a child confidential is not intended to unnecessarily limit the child's normal activities such as school pictures, field trips, staying overnight with a friend or participating in sports, clubs and organizations. The intent is to protect the privacy of the child and his/her family and to ensure the safety and well-being of the child. If a Foster Caregiver thinks the child is inappropriately sharing information about him/herself or his/her family, discuss this with the child and the DCS Specialist.

Finally, when in doubt, do not share the information and consult with the DCS Specialist. Please refer to the *Confidentiality Guidelines for Foster Parents* handbook CSO 1169A for more detailed information.

Discipline

The goal of discipline is to teach the child self-control, self-reliance, self-esteem and orderly conduct through approved and prescribed interventions. Use of unacceptable methods of discipline upon children in state custody will not be tolerated under any circumstances. Caregivers will not punish or maltreat a child and will not allow any other person to do so. Family Foster Parent Licensing

Requirements, Title 21 Chapter 6, specifies that punishment or maltreatment of a child or youth in care includes but is not limited to the following actions:

- any type or threat of physical hitting or striking inflicted in any manner upon the body;
- verbal abuse, including arbitrary threats of removal from the resource home;
- disparaging remarks about a child or their family members or significant persons;
- deprivation of meals, clothing, bedding, shelter or sleep;
- denial of visitation or communication with a child's family member or significant persons when such a denial is inconsistent with the child's case plan;
- cruel, severe, depraved or humiliating actions;
- locking a child in a room or confined area inside or outside of the resource home;
- requiring a child to remain silent or be isolated for time periods that are not developmentally appropriate;
- the use of mechanical restraints;
- the use of physical restraints unless specified in the child's case plan and the Foster Caregiver has been trained in the proper use of such restraints.

Please refer to foster home licensing rules, the DCS Discipline Guidelines and the Discipline Policy Resource Guide you can find these at www.DCS.AZ.GOV. Please also seek alternative forms of discipline such as Positive Parenting and reward.

Members of the Child Welfare Service Team

The Service Team includes individuals directly involved in the provision of services to a child and/or the child's parent(s).

The service team may include the DCS Specialist, out-of-home care provider, licensing worker, Court Appointed Special Advocates (CASA), Regional Behavioral Health Authority (RBHA) case manager, persons providing services (i.e., physicians, psychologists, therapists, and parent aides). The team may also include school personnel, law enforcement and probation personnel, and attorneys. The team should also always include the biological parents who are engaged in reunification services.

Remember you are an important and professional member of the child welfare team. Roles and responsibilities of other members are:

- *DCS Specialist/Case Manag*er: The DCS Specialist is the team coordinator. The DCS Specialist works with the child's family, with the foster/kinship family, reports to the court and the Foster Care Review Board (FCRB), and other advocates, provides regular progress reports, and authorizes services.

- *Guardian Ad Litem (GAL):* The guardian ad litem may be an attorney, a volunteer special advocate or another qualified person. The GAL represents the child's best interests, which is not necessarily the same as the child's wishes. This usually occurs when the child is of an age to assert his/her own opinion but the child's wishes are not in his/her best interests (e.g. return home when child's safety cannot be assured).

- *Court Appointed Special Advocate (CASA):* A volunteer who provides advocacy for children involved in the Juvenile Court process. They are appointed by a judge for the life of the case. CASAs have access to all documents and information about the child

and the birth family history. CASAs provide information to the court to assist in making decisions concerning what is in the child's best interest.

- *Mental Health Professionals:* Those persons who provide Behavioral Health services or supports including psychologists, psychiatrists, therapists, etc. In general, these professionals will be employees of or contracted by the Regional Behavioral Health Authority (RBHA). The RBHA Case Manager is the coordinator for behavioral health services.

- *Licensing Specialist:* An employee of a contracted foster care agency. Each foster family has an assigned licensing specialist. He/she provides support, assistance and advocacy for the foster family.

- *Parent Aides:* A paraprofessional who provides support services which may include teaching and modeling of parenting and home management skills, teaching the use of informal and formal community resources, scheduling and supervising parent/child visitation, and transportation tasks. A parent aide may be department employees, volunteers, or employees of a parent aide services contract provider.

- *Attorneys:* For DCS this is an Assistant Attorney General (AG); for children parents they are private counsel and attorneys.[See more about the role of attorneys in the Legal Process section.

- *Others:* Such as medical providers, school and tribal personnel, and probation or parole officers, etc.

Communication and Documentation with Service Team Members

Effective and timely communication is essential to the coordination of information, services and supports. Discuss with each person their preferred method of communication such as email, telephone calls, in-person talks and/or written documentation.

Whenever possible, use e-mail to document your correspondence. E-mail is a wonderful tool to communicate with and provide information to a DCS Specialist. E-mail allows you to communicate on your time schedule and maintains a complete record of all information and messages.

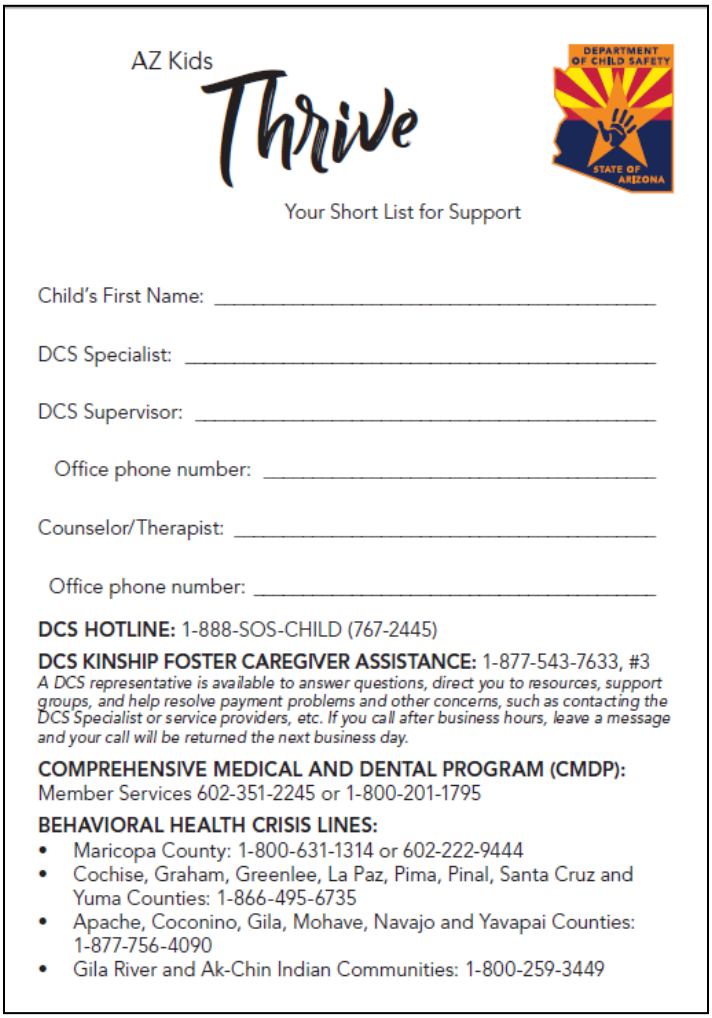
Please remember when sending information about the child or the child's family via email to refer to them by their first and last initials only. (See the Heath Care - General Health subsection for more HIPAA information)

Contact List

With the help of your DCS Specialist and your licensing worker, create a contact list for future use. You will need it! Consider including the following:

- DCS Specialist of each child
- DCS Program Supervisor of each DCS Specialist

- Child Abuse Hotline number
- Licensing Agency
- Your Licensing worker
- After Hours contact information for the Licensing Agency
- Regional Behavioral Health Authority (RBHA)
- RBHA contracted behavioral health providing agency
- After-Hours behavioral health crisis line
- School teacher
- School principal
- Parent contact
- Comprehensive Medical and Dental Program (CMDP)
- Primary Care Physician of each child
- Dentist of each child
- Any specialty health care providers of each child
- WIC office information, if applicable
- Guardian Ad Litem(GAL) of each child
- Child's Attorney of each child, and
- Court Appointed Special Advocate (CASA) of each child, if applicable.



AZ Kids Thrive

DEPARTMENT OF CHILD SAFETY
STATE OF ARIZONA

Your Short List for Support

Child's First Name: _____

DCS Specialist: _____

DCS Supervisor: _____

Office phone number: _____

Counselor/Therapist: _____

Office phone number: _____

DCS HOTLINE: 1-888-SOS-CHILD (767-2445)

DCS KINSHIP FOSTER CAREGIVER ASSISTANCE: 1-877-543-7633, #3
A DCS representative is available to answer questions, direct you to resources, support groups, and help resolve payment problems and other concerns, such as contacting the DCS Specialist or service providers, etc. If you call after business hours, leave a message and your call will be returned the next business day.

COMPREHENSIVE MEDICAL AND DENTAL PROGRAM (CMDP):
Member Services 602-351-2245 or 1-800-201-1795

BEHAVIORAL HEALTH CRISIS LINES:
- Maricopa County: 1-800-631-1314 or 602-222-9444
- Cochise, Graham, Greenlee, La Paz, Pima, Pinal, Santa Cruz and Yuma Counties: 1-866-495-6735
- Apache, Coconino, Gila, Mohave, Navajo and Yavapai Counties: 1-877-756-4090
- Gila River and Ak-Chin Indian Communities: 1-800-259-3449

Advice or Assistance

When you need advice or assistance, who do you turn to? Remember there are no dumb questions and every situation is different. Seek assistance from your licensing agency, the DCS Specialist, the biological family; an agency sponsored Mentor Family, medical professionals, resource information documents, the DCS Policy and Procedure Manual, and the Regional Behavioral Health Authority.

Another option is the "DCS Warm Line" which seeks to provide Foster Caregivers with information, timely communication, and support from DCS. The Warm Line is not intended to take the place or substitute for regular communication between the DCS Specialist and the Foster Caregiver. Call 1-877-KIDSNEEDU (1-877-543-7633) and select Option 3. A Warm Line designee will be available during the hours of 8:15 am to 4:30 pm Monday through Friday. In addition, the caller will have the option to leave a message 24/7.

Complaint Management

Disagreements among Foster and Kinship Caregivers and DCS personnel, such as the DCS Specialist, should be discussed and resolved in a cooperative and professional manner. Foster Caregivers and children, age 12 and older, have the right to express dissatisfaction with services and/or treatment received. Foster Caregivers and children are encouraged to work through the DCS chain of command. First discuss the issue with the assigned DCS Specialist. If the issue is not resolved then speak with the DCS Unit Supervisor. Please allow each person time to discuss the issue with you, to research the complaint, and finally present a resolution. Licensing issues are not addressed under this process.

The formal complaint management process includes discussions that involve the individual, DCS Specialist and DCS Unit Supervisor. If the issues cannot be resolved at this level, the DCS Specialist shall inform the individual that he or she may file a grievance and provide them with the *Client Grievance Level I* form.

For Foster Caregivers the DCS's Office of the Ombudsman determines who within the Department should respond to the complaint based upon who is making the complaint and the nature of the complaint. The formal grievance process has three levels. The process is detailed in the on-line *DCS Policy and Procedure Manual*, Administrative Policy, Office of the Ombudsman. For more information, you may contact the DCS Ombudsman at dcsombudsman@azdcs.gov or by calling 602-364-0777 or 877-527-0765.

Also, use the "DCS Warm Line" to seek information, timely communication, and support. See the section above on Advice and Assistance.

Significant Incident Notification

Resource families are required to notify DCS **within two hours** after a child suffers any of the following events: death; serious illness or injury requiring hospitalization, urgent care or emergency room treatment; any non-accidental injury or sign of maltreatment; unexplained absence; severe psychiatric episode; fire or other emergency requiring evacuation of the resource home.

Foster Caregivers are to notify DCS **within 48 hours** of an occurrence or event likely to affect the well-being of the child in the foster caregiver's care such as: a child's involvement with law enforcement; serious illness or death involving a member of the foster family's household or

significant person; change in the foster family or household composition and absence of one Foster Caregiver from a two parent household for more than seven continuous days.

The initial notification can be by telephone, email or in person. Within 24 hours of giving the initial required notice as specified above, a licensed foster parent is to send DCS and their licensing agency a written report on the event. The *Significant Incident form* is to be used. A *Significant Incident form* is part of the Placement Packet and should be available from your licensing agency. (See Family Foster Parent Licensing Requirements, Title 21 Chapter 6)

Document, Document, Document!

Write and keep records and dates, regarding your children's health status, emotional issues, feeding trends and routines, social interactions, school issues, birth family visits and appointments. Describe issues in behavioral and factual detail, include any nutritional needs or concerns. If there has been a significant event, complete a Significant Incident form and provide a copy to your agency worker and the child's DCS Specialist.

Remember to also retain copies of all clothing receipts and clothing inventories, individually, for each child and retain them for at least a year, after the child has left your care.

Emergency Contact Information

Life Threatening Medical Emergency	Dial 911
Crisis with the child during work hours	Call the DCS Specialist or DCS Supervisor
Crisis with the child after hours	Call Arizona's Child Abuse Hotline 1-888-767-2445 (1-888-SOS-CHILD)
Crisis in foster home during work hours	Call the foster home licensing specialist or licensing agency
Crisis in the foster home after hours	Call the after-hours number of your licensing agency Call Arizona's Child Abuse Hotline 1-888-767-2445
Behavioral Health Emergency, if life threatening	Dial 911
Behavioral Health Emergency, non-life threatening	Call the RBHA Emergency Line and ask for a Crisis Team to come to your home

Run Away Children

If a child runs away, or is absent without explanation, notify the police, the child's DCS Specialist or if after hours, weekends or holidays contact the Child Abuse Hotline Intake Center at 1-888-767-2445 immediately. Also, be sure to contact your licensing agency.

To assure the police report receives the proper attention, alert the police that the child is in custody of the DCS and is a Court Ward. A photograph is a very important tool to provide to law enforcement. If the child is at risk due to medication needs, physical conditions, emotional status, or is a danger to

self or others, make sure the police include this information in the report. Remember to get a Report Number from the police. Use your neighborhood supports, friends and family in the search. One foster family member needs to stay home and answer the phone in case the child is found to then notify everyone else. When the child is found, notify the police, DCS, your licensing agency and anyone else assisting in the search.

A *Significant Incident* form needs to be completed and provided to all appropriate persons. (Refer to Significant Incident Notification) Document what was occurring leading up to the incidents of the day.

Level of Supervision

Level of supervision is the degree of supervision required based upon the age, level of maturity, and the special needs of the child. The "level of supervision" can range from being left alone for short periods, to a need for the child to have constant monitoring and direction.

The level of supervision is the basis of a child care plan which needs to be developed in consultation with and approved by the Child Safety Case Manager, unless the care qualifies as Short Term Care. The child care plan may give the Foster Caregiver discretion to allow the child to go on overnight visits with specifically named persons.

Talk with your licensing worker or DCS Specialist about the Reasonable and Prudent Parent Standard (See Appendix 4 Pages J-R).

Child Care by the DES Child Care Administration (CCA)

DCS may provide DCS child care services as a support service for foster families through the Child Care Administration (CAA). DCS child care may be provided for up to a maximum of 23 days per month per child in care. Children 12 years of age and younger are eligible.

Within funding limits, DCS child care may be provided to children in care for the following purposes:

- to enable a foster caregiver to work;
- to enable a foster caregiver to participate in educational activities;
- to enable a foster caregiver to attend medical, dental or behavioral health appointments, case plan staffings, administrative case reviews, court and FCRB hearings or participate in activities associated with visitation with another child;
- to enable a foster caregiver to handle an emergency situation such as death, medical emergency, or family or personal crisis, or
- to enable the child to participate in socialization and/or specific skills development in cognitive, social or psycho-motor areas.

If child care services are approved through DCS, it is the responsibility of the foster family to consult with Child Care Resource and Referral (CCR&R), 1-800-308-9000 to identify a child care provider and verify that an identified provider has a current DES registration agreement and has a vacancy for the child. DES/CCA reimburses child care providers up to a maximum rate negotiated with each provider. Foster Caregivers must cover the difference between the provider's rate and the DES reimbursement rate, if they wish to use that child care provider. Additional fees charged by some providers are not reimbursed by DES/CCA. If the facility charges a registration fee or enrollment fee, DCS will not cover these fees. A foster family

can bear the financial responsibility or request that the facility waive the fee for this specific child.

The foster caregiver is to visit the facility and ask all necessary questions to satisfy them that the child care provider is able to meet the identified social, medical or behavioral needs of the child.

Then the foster/kinship parent contacts the DCS Specialist who must complete the necessary referral form. The referral request for DCS child care is not to exceed six months. The DCS Specialist is to review the need for continued DCS child care services at least every six months. The DCS Specialist must send another referral to the CCA to change child care providers or authorized hours or to reauthorize the service.

Foster caregivers are able to make arrangements for child care through a licensed, non-contracted CCA provider or facility. They can also choose to use a facility with no current CCA openings but is available to take a child at the expense of the foster caregiver. In this case, the foster/kinship family is solely responsible for the financial obligations for the cost of child care. If the non-contracted CCA provider is not licensed, the provider must pass a fingerprint background check. The DCS Specialist and the licensing agency should be immediately notified of this arrangement.

For more information about DES/CCA and Child Care Resource and Referral go to http://azdes.gov and click on the Child Care link, then click on the link to CCR& R on the menu. For DCS Policy information, see the DCS Policy and Procedure Manual, Chapter 3, Section 9.1 Child Care Services.

Respite

Formal respite is short term, care and supervision of the child, to temporarily relieve a foster caregiver of such duties. Respite can be a formal or an informal arrangement. Formal respite care is provided by another licensed or certified caregiver. Each home has 144 hours of available respite, per year (July 1 – June 30). Respite hours are per family and not per child. Speak to your licensing agency worker about the procedures for the use of respite hours in your agency. Foster Caregivers are encouraged to contact their licensing worker with as much advanced notice as possible to make respite arrangements. The DCS Specialist should be notified as to the location of the child once arrangements have been made. Informal respite is explained below in short term caregiver section.

Short Term Caregiver/Reasonable and Prudent Parent Standard

A.R.S. § 8-511 - This Arizona law gives Foster Caregivers the ability to have another adult (18 years of age or older) caregiver provide short-term care for a child in foster care. The law allows foster caregivers to use their 'reasonable judgment' in selecting short-term caregivers for children in foster care. Specifically, the law states that foster caregiver must:

- Use reasonable judgment in their choice of an adult to provide care.
- Notify the DCS Specialist before the care exceeds 24 hours in a non-emergency situation.
- Notify the DCS Specialist before the care exceeds 72 hours in an emergency.

The intent of this law is to allow Foster Caregivers to choose an adult to care for a child in care for a short-term period without having to obtain advance approval from the DCS Specialist and the licensing agency. The major change is that prior to this law all arrangements had to be pre-approved by the DCS Specialist and the licensing agency.

No notification to the DCS Specialist is required if the short term care is less than 24 hours for a non-emergency situation or less than 72 hours if an emergency situation.

When selecting a short-term caregiver, Foster Caregivers must keep in mind the ability of the short-term caregiver to meet the specific needs of the child including administering medication and medication storage, school/child care schedules, medical and behavioral health appointments, visitation and transportation to and from these appointments. For continuity of care, the short-term care giver should have the CMDP card and a contact list including: how the Foster Caregiver can be reached, the DCS Specialist, school information, primary care physician, behavioral health provider, and transportation provider for visits.

Examples of non-emergency situations could include going out to dinner, to a movie, running errands, grocery shopping or allowing children to be in the nursery at church.

An emergency situation may include a death in the family, serious illness in the family or extended family, another child in the home in the hospital, Foster Caregiver illness, unexpected heating, cooling or plumbing issues in the home or home damage from a storm.

The short-term caregiver arrangement does not apply to typical and recurrent day care or respite care situations. Any payment arrangements must be made privately between the foster caregiver and the short-term caregiver. No payment will be made by DCS or the licensing agency to short-term caregivers.

Remember, use of short-term caregivers does not apply to a child with a developmental disability, a child in a therapeutic/treatment foster care placement or a child determined by DCS to be medically fragile. For these children an alternate care plan approved by DCS is required if the Foster Caregiver must leave the child in the care of another person.

As a suggestion, think about the people you would use as short-term caregiver and talk with them about what would be expected of them. Then let your licensing worker and the DCS Specialist know who you might use as a short-term caregiver.

Unsupervised Time Away from Foster Home for Child in Care

Unsupervised time away from the resource home is defined as time spent away from the home without adult supervision. Unsupervised alone time must be approved by the service team as part of the case plan. The child, Foster Caregiver and DCS Specialist decide and approve the frequency, duration, location, conditions and any requirement for confirming the completion of an approved activity during the unsupervised alone time.

In order to be considered for unsupervised alone time, the child:

- Has resided in the current placement for a minimum of 14 days;
- Is 13 years of age or older;
- Must be assessed as capable of being able to be away from the home without adult supervision. This assessment must give consideration to the child's current level of functioning.

Transportation

Foster Caregivers are expected to transport the child to all medical, dental, behavioral, school, social and extra-curricular activities. The cooperation of Foster Caregivers may be requested to transport

children to and/or from the parental visits. DCS shares responsibility for transportation of children in out-of-home care. (See Title 21 Chapter 6, Transportation)

Vehicle Requirements

Vehicles transporting children in care must be in safe operating condition. Vehicles must be covered by liability insurance. The driver must have a current, valid driver's license. Children must be in appropriate and correctly installed child car seats. (Refer to Car Seats/Child Restraint Systems) All other children must be appropriately and correctly restrained. Vehicles must have enough seat and seat belts for all passengers. Children in care may not ride in the bed of trucks.

Car Seats/Child Restraint Systems

Arizona law requires all children under the age of eight and not more than 4"9" tall to be properly secured in a child restraint device meeting federal standards. The driver can be assessed with a $50 penalty for failing to take this action.

- *Infant Seats*: Infants birth to 20 pounds and at minimum one year of age should be in an infant car seat in the infant position to protect the delicate neck and head. The infant car seat should be semi-reclined to no more than 45 degrees. All straps should be pulled snugly. The car seat must face the rear of the car and should never be used in a front seat where there is an air bag. The infant must face the rear so that in the event of a crash, swerve, or sudden stop, the infant's back and shoulders can better absorb the impact. Household infant carriers and cloth carriers are not designed to protect an infant in a car and should never be used. Please never place any toys or mirrors around or near the child's face. During a crash these objects become flying projectiles and will injure your child. New recommendations suggest that children remain rear-facing to age 2.

- *Convertible Seats:* Convertible seats should be kept rear facing until the child reaches the maximum height and weight allowed by the manufacturer which is usually between 30 and 40 pounds and age 2 and under 5 years of age. Fasten the convertible car seat with a vehicle seat belt, properly inserting the belt through the car seat frame according to the manufacturer's instructions. Read the vehicle owner's manual for specific instructions. A locking clip is needed when using a vehicle lap/shoulder belt with a latch plate that moves freely along the belt.

- *Booster Seats*: Booster seats are now required by Arizona law for children between 5 and 8 years of age and not more than 4' 9" tall

- *Car Seat Belts*: ARS 28-909 (A): Each front seat occupant must have the lap and shoulder belt properly adjusted and fastened while the vehicle is in motion. If only a lap belt is installed, the lap belt must be properly adjusted and fastened while the vehicle is in motion. All children in care must be appropriately and correctly restrained in car seats no matter where they are seated in the vehicle.

Driver's License for a Youth in Care

When a youth is a ward of the court, the Department of Child Safety or any representative **cannot** sign for a driver's instruction permit or a driver's license. Neither DCS nor any representative accepts responsibility for the actions of the minor when driving a motor vehicle.

The Department of Motor Vehicles requires that the following person or persons sign and verify, before a person authorized to administer oaths, the application of a person under eighteen years of age for an instruction permit, a class G or M driver license or an endorsement to a class G or M driver license:

- If neither parent of the applicant is living, the person or guardian who has custody of the applicant or an employer of the applicant;
- If the applicant resides with a **foster parent, the foster parent may sign**; and.
- If there is no guardian or employer of the applicant, a responsible person who is willing to assume the obligation imposed by this chapter on a person who signs the application of a minor.

The person who signs the application of the minor accepts all responsibility for the actions of the minor when driving a motor vehicle. DCS does not accept responsibility for the actions of the minor when driving a motor vehicle.

Travel – Out of Town

When traveling out of town overnight, notify the DCS Specialist and your licensing agency of dates of travel, destination and telephone number where you can be reached. In preparing to travel, make sure you have the following: a copy of the court order placing the child in the care, custody and control of DCS; a copy of the child's birth certificate; any photo ID if available such as a school ID; the CMDP Card; all medications in their original bottles and placed in a locked container for travel, and your contact list should you need to notify anyone of an incident or changes in your travel plans.

A court order is necessary if the out of town travel is more than 30 days.

Travel – Out of Country

Out of country travel with a child in care requires the approval of the DCS Specialist and a court order, so allow as much time as possible for the DCS Specialist to seek the Court's approval. The child will require a passport and all necessary immunizations. Notify the DCS Specialist and your licensing agency of dates of travel, destination and telephone number where you can be reached. In preparing to travel out of the country, make sure you have the following: passport, a copy of the court order approving out of country travel; a copy of the court order placing the child in the care, custody and control of DCS; a copy of the child's birth certificate; any photo ID if available such as a school ID; the CMDP Card; enough medication for the duration of travel; all medications in their original bottles and placed in a locked container for travel, and your contact list should you need to notify anyone of an incident or changes in your travel plans. The DCS Specialist should be given a minimum of 30 days to complete the necessary paperwork and notify the courts.

Safe Sleeping for Baby

Babies should be placed on their backs (face-up) when they are resting, sleeping or left alone. Babies can be placed on their tummies when they are awake and supervised by a responsible person. Do not cover your baby's head with a blanket or over bundle them in clothing and blankets. Avoid letting the baby get too hot. The baby could be too hot if you notice sweating, damp hair, flush cheeks, heat rash and/or rapid breathing. Never smoke or allow anyone else to smoke in the same room as the baby.

Place your baby in a safety-approved crib with a firm mattress and fitted crib sheet. The mattress should ALWAYS fit snugly in the crib frame. Keep soft objects, toys and loose bedding out of the baby's sleep area.

Sudden Infant Death Syndrome (SIDS) is the sudden, unexplained death of a baby younger than 1 year. SIDS is the leading cause of death for babies from 1 month to 12 months of age.

Honoring the Child's Culture

The child's family traditions, values, social and communication norms can be very different from our own. Foster Caregivers are to acknowledge and honor a child's culture by talking with the child about the child's culture; having healthy food choices, magazines, books, toys, etc. geared to the child's ethnic and cultural group. This includes providing the child with cultural mentors, watching TV programs and listening to music with positive messages about the child's community. Web sites devoted to the child's culture may be useful resources. Licensing rules require coordination with DCS to provide opportunities for each child to participate in cultural, ethnic and religious activities. (R6-5-5829.B.2)

Religious Practices

Foster Caregivers must recognize and support the religious beliefs of the child and the child's parents. Foster Caregivers cannot require a child to attend or participate in religious activities of the foster family or against the child's or family's wishes. Foster Caregivers cannot consent to a child joining a church or religious group, baptism, confirmation, christening or other religious event. When a child of another religion is presented placed, the Foster Caregivers need to discuss potential conflicts with the DCS Specialist before the child is placed.

Participation in Sports and Activities

A child in care can participate in school or organized sports and activities. Foster caregivers can play an influential role in the development of a child's health behavior. Per recommendations by the CDC, children and adolescents should have 60 minutes (1 hour) or more of physical activity daily. Foster Caregivers may sign permission slips for these activities. The child's parents and family members should be invited to participate in these activities unless advised otherwise by the DCS Specialist. There are non-profit organizations that can assist in the costs.

Smoking Policy

To reduce the risk from second hand smoke, it is best practice for Foster Caregivers to prohibit smoking in the foster home and in vehicles used to transport a child in care.

Haircuts

Children in care are not allowed to get haircuts that significantly alter their appearance without clearance from the biological parent or after the DCS Specialist has received parental approval. If the decision is mutually made by the Foster Caregivers and the child's parents, then the DCS Specialist should be informed by the Foster Caregiver. Remember that hair styles are often a significant part of the culture and heritage of the child and the child's family.

Tattoos and Body Piercing

A child under the age of 18 cannot get a tattoo nor have body piercing done without the physical presence of the parent or legal guardian. This is a state law that applies to all children.

This law does not apply to the ear piercing of a child who has written or verbal permission from a parent or legal guardian.

Pets for Children in Care

Many children suffer the grief and loss of separation from his/her pet when he/she enters care. You may be asked if you are willing to bring the pet into your home. Foster Caregivers should consider and use their own judgment about bringing the child's pet into their home or allowing a child to get a pet while in your home. Keep in mind that the pet may not be able to move with the child. Consider the expenses incurred for the routine and medical care for the pet.

Google It!

Become an expert on subjects related to the wellbeing of the care in your care. Ensure that your information comes from a reliable source as anyone can post anything on the internet. The whole world is at your fingertips.

Shared Parenting

Foster caregivers are encouraged to cultivate positive, supportive relationships with birth parents. In order for the relationship to be successful, everyone involved must contribute to the effort. It requires good communication, cooperation, respect, careful planning, joint decision-making, and an understanding of everyone's roles. There are a number of benefits to creating supportive relationships and sharing information with birth parents. Birth parents can provide information and insights that enable foster caregivers to meet children's needs earlier and in a more effective way. Seeing their birth and foster caregivers working together can change the way children function and enhance child development and well-being.

Creating such a relationship does not happen all at once. Like most relationships, it develops gradually. This may often start with low-level contact between the birth and foster caregivers — for example, through the exchange of email you can discuss the child's week and asking questions that only the birth parent can answer. You can also choose to create a journal to pass back and forth. As everyone grows more comfortable, the relationship between birth and foster caregivers might progress, involving steps such as recording the family reading a book and playing it for the child at bedtime.

In maintaining a child's relationship with the birth parent, foster caregivers may also model appropriate behavior and parenting techniques. Moreover, both birth and foster caregivers have more information about the child while birth parents develop an understating of the child's needs which can lead into a smoother transition back into the parent's home.

When the child returns home, lines of communication sometimes remain open. These positive connection between the foster caregivers, the child, and the child's family will not have to end, even if the placement does. Foster caregivers may continue to provide support to the child and birth parents and maintain the relationship (See Appendix 2 on Page G).

Visitation Plan

DCS will facilitate contact between a child and the child's parents, siblings, family members, relatives and individuals with significant relationships to the child. This preserves and enhances relationships with and attachments to the family of origin. All case plans for children in out-of-home care include a contact and visitation plan. It is developed with involvement of family members and the child, if age appropriate. Frequency, duration, location and structure of contact and visits are determined by the child's need for safety and for family contact with safety being the paramount concern. Visitation takes place in the most natural, family-like setting possible, with as little supervision as possible, while still ensuring the safety of the child.

Supervised Visits

By definition this is a visit between a child in care and his/her parent/caretaker, sibling, or other relative that is monitored and supported through the physical presence of a third party, a Visitation Facilitator.

Foster Caregivers may be asked to provide transportation to and from supervised visits.

Visitation Facilitator

This is any person designated by the DCS Specialist to monitor a visit between a child in care and the parent/caretaker, sibling or other relative. This may include a parent aide, transportation worker, volunteer, psychologist, therapist, out-of-home care provider, extended family member or other party.

Health Care

Health Information Portability and Accountability Act (HIPAA)

HIPAA is the federal law dictating the use, release and records maintenance of personal health care information. Foster Caregivers should have access to the medical records of children in their care. An Arizona Statute was enacted to ensure Foster Caregivers receive the health care information, participate in the services and sign for such services for the children. Please see the statue below.

> *ARS §8-514.05, effective April 13, 2003, requires a health care provider, health plan or health care institution to provide the child's medical and behavioral health records, information relating to the child's condition and treatment, and prescription and non-prescription drugs, medications, durable medical equipment, devices and related information to the out-of-home care provider in whose care the child is currently placed. Further, this law authorizes out-of-home care providers to consent to evaluation and treatment for emergency conditions that are not life threatening and routine medical and dental treatment and procedures, including early periodic screening diagnosis and treatment services, and services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions. It also states that an out-of-home provider is not authorized to consent to general anesthesia, surgery, testing for the presence of the human immunodeficiency virus, blood transfusions, and abortions.*

Health information is not subject to the HIPAA Privacy Rules if it is de-identified in accordance with HIPAA requirements. No authorization is required to use or disclose Protected Health Information (PHI) that is de-identified. PHI is considered de-identified if it does not identify an individual child and there is no reasonable basis to believe it can be used to identify a child.

E-mails to DCS Specialists and Supervisors containing information concerning medical and dental communications, are considered to be de-identified per HIPAA regulations when they do not include:

a. The name of the child;
b. The CMDP ID number;
c. The Social Security number;
d. The AHCCCS ID number;
e. Medical record numbers;
f. Photographic images; and
g. The communication does not include any other identifying number, characteristics or code that can be re-identified.
h. Please ensure all emails with identifying information are labeled as [secure] in the subject line of an email

When sending an e-mail to a DCS Specialist, please use the child's initials (first and last name) and do NOT include any of the above items. If the medical or dental information is faxed to anyone the following Confidentiality Statement must be included on the Cover Sheet.

INTENDED FOR THE NAMED RECIPIENT ONLY

Authorization for Treatment

Foster Caregivers are authorized to consent to:

- Evaluation and treatment for emergency conditions that are not life-threatening; and,
- Routine medical and dental treatment and procedures including Early Periodic Screening Diagnosis and Treatment (EPSDT) services, and services by health care providers to relieve pain or treat symptoms of common childhood illness or conditions.

Foster Caregivers are ***not*** authorized to consent to:

- General anesthesia
- Blood transfusions
- Pregnancy termination
- Any surgery or medical treatment that is not routine

Foster Caregivers are prohibited from consenting to general anesthesia, any non-routine surgery or medical treatment, blood transfusions, human immunodeficiency virus (HIV) testing, a clinical trial for HIV/AIDS treatment, and pregnancy termination or pregnancy termination related treatments.

Foster Caregivers may give emergency consent if the emergency room physician or medical provider advises that immediate treatment is necessary and further delay of treatment in order to notify the department is potentially harmful to the child.

Intake evaluations for behavioral health services, psychological evaluations or other evaluations, first visits, and hospitalizations are a few examples when many providers will request that the DCS Specialist, as the legal guardian of the child, be present to provide all known historical information and sign to authorize the service. The child's parent might be an additional resource to provide information.

Pharmacist Support

Pharmacists are a great information resource for your children's medications; they have both the availability and expertise. They also have printouts for every prescription, detailing side effects, drug interactions and appropriate usage.

Comprehensive Medical and Dental Program (CMDP) Prescribed Medications

Choose a CMDP registered pharmacy to fill or refill medications prescribed by a CMDP provider. With a prescription CMDP covers "medically necessary" over-the-counter medications. Use the CMDP ID card or the Notice to Provider form to pay for prescription medications. Major food and retail chains participate in the CMDP pharmacy management program. For help finding a pharmacy, or for any questions on pharmacy services, call or email CMDP Member Services at 1-800-788-2949 or CMDPMemberServices@azdcs.gov.

CMDP has a Preferred Medication List (PML), also known as a formulary. The PML is a list of medications approved by CMDP. CMDP health care providers should consult with the PML when prescribing medications for children in care. Not all of the approved medications are shown on the PML. Some of the medications or classes of medications need prior authorization before they are prescribed.

The PML may change to reflect current medication availability and coverage. It will be updated regularly and as often as needed to reflect important changes. The PML can be viewed on the CMDP website at https://mp.medimpact.com/pharmacylocator/ActionServlet

Regional Behavioral Health Authority (RBHA) Prescribed Medications

DO NOT use the CMDP ID card to fill a prescription for psychotropic medication from a RBHA doctor. CMDP does not cover the cost for these medications. The RBHA is responsible for payment. Ask the RBHA doctor which pharmacy to use, and give the member's RBHA ID number. The member is assigned a RHBA based on the member's court of jurisdiction. The RHBA will pay for most behavioral health services, including most prescriptions for behavioral health conditions. If you have questions or need help in getting behavioral health services, please call the RBHA phone number on the card.

The Pharmacy information is on the Member ID card. If you have problems getting prescription at the pharmacy call the Member Helpline telephone number shown on the front of the CMDP ID Card 1-800-788-2949.

CMDP is able to cover the cost for medications prescribed by a PCP for uncomplicated Attention Deficit Hyperactivity Disorder (ADHD), Depression and Anxiety; however, requests that any member receive a comprehensive evaluation that includes historical information, assessment of trauma, onset of behavioral symptoms and a mental status examination.

On-Boarding Unit

CMDP developed an On-Boarding Unit, which went live in May of 2017. The mission of the On-Boarding unit is to provide real-time education and support to new caregivers and assist in obtaining appropriate health services for them. This is done by outreaching every caregiver within the first 30 days, to encourage requirements are met for medical, dental and behavioral health services. Upon receiving telephonic outreach by the On-Boarding Unit representative, expect a packet with an immunization schedule, additional information about CMDP, age appropriate family planning and Adolescent Toolkit, Member Handbook, the All About Me and EPSDT poster, 3 handouts (Rapid Response, First 30 Days, and Notice to Caregivers), and RHBA contacts form. Two weeks from the initial call, you will receive a second call to ensure the above information was received, determine whether a PCP appointment for a comprehensive medical and dental appointment has been made as well as to ensure BH services have begun. Please be open and honest with feedback on all levels, as this team was created to support you!

Medical and Dental Care
Comprehensive Medical and Dental Program (CMDP)

CMDP is a program within DCS. The purpose of the CMDP is to ensure that children in care have appropriate access to medically necessary health care. CMDP is the health plan for most of Arizona's children in out-of-home care. The child is the member. Most CMDP members are eligible for health care services covered by the Arizona Health Care Cost Containment System (AHCCSS) AHCCCS is Arizona's Medicaid and KidsCare programs, and enrollment to receive food benefits through WIC. CMDP becomes the AHCCCS and KidsCare health plan for its members (the child). CMDP provides the same services for all members regardless of AHCCCS eligibility status. Children eligible for DDD are not CMDP members.

The Member Services Unit will be your main contact point for questions, information and assistance from CMDP. The Provider Services Unit that works with health care providers to register a variety of competent, skilled health care providers throughout the State of Arizona to meet the specific and specialized health care needs of children in foster care. The Medical Services Unit has a pediatric MD Medical Director, a pediatric nurse practitioner, RN nurses and a Medical Care Coordinator for consultation and coordination of the needs of CMDP members (the enrolled children are the members).

CMDP pays for health care services for Arizona's children in foster care placed in and outside of the state of Arizona. CMDP cares for children and youth in out-of-home placement from birth to 18 years, and up to age 21 in rare instances when the member is not Title XIX eligible. Young adults who reach the age of 18 while in care may be eligible for the Young Adult Transitional Insurance (YATI) program. The YATI program is operated by AHCCCS, not CMDP. CMDP also covers non-Title XIX eligible children in care who are not citizens, have excess income or do not qualify for Title XIX for some other reason. Title XIX is a section of the federal Social Security Act that provides federal funding for the Medicaid program.

The hours of business for CMDP are 8 a.m. to 5 p.m. Monday through Friday. CMDP is closed Saturdays and Sundays, plus all state holidays. For specific medical, dental, service, prior authorization, or provider information, visit the CMDP website at: https://dcs.az.gov/services or call (602)351-2245 or 1-800-201-1795.

CMDP Identification (ID) Card

Two ID cards are made for each member. The cards are sent to the DCS Specialist. One card is given to you and one is kept by the DCS Specialist. The card assures providers of payment for covered health care services for the child. Before you receive the card, you should have a Notice to Provider (Medical) form that includes the child's ID number. The Notice should be part of the Placement Packet given to you at the time of placement or within five days.

Choosing a Primary Care Provider/Medical Home

CMDP members should have a PCP and a PDP, who act as a personal care doctor and dentist. The PCP and PDP will provide or arrange for the needed health services. Caregivers may want to select a PCP and a PDP that has a focus on children and teens with special health care issues. The PCP and PDP work with specialists, pharmacies, hospitals and other providers to track all care a member receives. The provider list is also on the CMDP website and can be located here: https://app.azdes.gov/dcyf/cmdpe/provider/provdirectory.aspx

Contact Member Services if you need assistance in selecting a PCP and a PDP. **CMDP must know who the PCP and PDP is for each member.** To provide the name of the PCP and PDP, contact Member Services by phone, mail, or e-mail (**CMDPMemberServices@azdcs.gov**).

An Early and Periodic, Screening and Diagnostic Treatment Examination (EPSDT)

Early, Periodic, Screening, Diagnostic and Treatment (EPSDT) or Well Check, provides comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age. EPSDT services include screening services, vision services, dental services, hearing services and all other medically necessary mandatory and optional services listed in federal law 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions identified in an EPSDT screening whether or not the services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services. An EPSDT should occur within the first **30** days of placement.

An EPSDT/Well Check will include all of the following:

- Body Mass Index (BMI)
- Vision Screening
- Hearing Screening
- Developmental Screening
- Behavioral Health Screening
- Oral Health Exam
- Anticipatory Guidance
- Tuberculosis (TB) Screening
- Lead Poisoning Risk
- Program referrals (Head Start, AZEIP, WIC, DDD, CRS, Child Find)
- Specialty referrals (allergy, cardiology, dermatology, behavioral health, etc.)
- The results of the AHCCCS approved developmental screening tools: the Parent's Evaluation of Developmental Status (PEDS) Tool, Ages and Stages Questionnaire (ASQ), and the modified checklist for Autism in Toddlers (M-Chat).

https://dcs.az.gov/services/comprehensive-medical-dental-program-cmdp/members

Information to be Provided to the Primary Care Provider

All known information should be provided to the health care professional. If specific information is not known provide the PCP with any or all known information. Call the Child Safety Case Manager to obtain any other medical information including the name of the prior PCP or previous hospitalizations. Ask the Child Safety Case Manager to contact the biological family or last foster care placement to inquiry about: the child's previous health care professional, where they are located and a contact number; immunization records; are there now or have there been an medical issues or complications; does the child currently or has the child needed any durable medical equipment for conditions (such as an apnea monitor, nebulizer, etc); what childhood diseases have they had (measles, mumps, chickenpox, etc.); is the child allergic to any medications, foods, household products, etc. Ask about any previous hospitalizations, for what illness or injury and at what hospital; hospital of birth and when and where the child was last seen by a medical professional.

Immunizations

Every child in care is to be up-to-date on his/her immunizations or be in the process of becoming up to date through The Catch Up Immunization Schedule which will be determined and administered by the PCP. There are 25 immunizations due in the first two years of a child's life.

The State of Arizona has laws requiring school children and childcare enrollees to be age-appropriately immunized. A child's parents whose religious beliefs do not allow immunizations must sign a religious exemption. ***Foster Caregivers cannot request an exemption for a child in care.*** In addition, the child's doctor must sign a medical exemption form if there is evidence of immunity or a medical reason why the child cannot receive shots. A copy of the lab results must be kept on file to prove the child's immunity.

> *A.R.S. §8-509 (I) states that DES shall not require a foster parent to immunize the foster parent's own children as a condition of foster home licensure. DCS policy prohibits the placement of children from birth to age five (5) in licensed foster homes where the foster parents have not immunized their own children.*

Dental Care

CMDP recommends members begin dental visits by age one. By age 2 children are to visit the dentist every six months for routine exams and if indicated more often. A dental assessment is to be arranged within 30 days of placement and the check-up completed with 60 days of placement unless you obtain the results of a dental assessment that occurred within 30 days prior to placement in with you.

Routine dental services do not need a referral, but must be provided by a CMDP registered professional. The dentist will need advance approval for major dental services. Please seek assistance from CMDP's Member Services Unit.

Vision Care

Vision care services cover eye exams and eyeglasses. Contact lens that are medically necessary are also covered.

Tobacco Cessation

CMDP covers products for youth in care who wish to stop smoking. The PCP must prescribe the product including over-the counter products. Members can also enroll into support programs that promote tobacco cessation offered by the Arizona Department of Health Services (ADHS). (Call 1-800-556-6222, The Arizona Smokers Helpline)

Emergency Medical Care

The Foster Caregivers need to plan in advance where to go in a medical emergency. This includes knowing which facility accepts CMDP and is the appropriate facility for the suspected injury or illness.

The PCP should be the first contact if the injury occurs during office hours. The PCP may refer you elsewhere for treatment. A doctor or nurse should be able to help you determine the appropriate next steps. PCPs provide an after-hours service.

An Urgent Care Facility – Is to be utilized for care of urgent or after normal office hour issues. Tell the PCP and the DCSS when a member has had to go to urgent care. This is important for them to know.

Examples include:

- Severe Earache or Ear Infection
- Stitches
- Skin or Wound Infection
- Abdominal Pain
- Suspected Sprains
- Urinary Tract Infections
- Low-Grade Fever
- Persistent Vomiting or Diarrhea
- Cough

An Emergency Room – Is to be utilized only in emergency cases, life threatening, directed by a health care professional.

Examples include:

- Shortness of Breath
- Chest Pain
- Loss or Altered Level of Consciousness
- Animal or Human Bite
- Car Accident
- Major Cuts, Burns, and/or Bleeding
- High-Grade Fever
- Poisoning
- Fractures or Broken Bones
- Trauma or Head Injury
- Suicidal or Homicidal Feelings
- Seizures

Medically Necessary Incontinent Briefs (diapers or pull-ups)

CMDP will provide up to 240 diapers or pull-ups per month depending on approved medical condition. The child must be older than 3 years of age; has a documented medical condition that is causing him/her to not have bladder or bowel control; and the PCP has written a prescription. As soon as the request has been approved by CMDP, the Child Safety case manager will be emailed to end the Special Diaper allowance. The incontinent briefs will be delivered to the home by a designated supply company. Please contact CMDP for more information about this process and eligibility. Refer to the Financial Support of Children section of this Guide for information about the Special Diaper Allowance. For questions about diaper requests, please contact Medical Services at (602) 351-2245 or 1-800-201-1795, Option 3-4.

Child Sexual Development Education and Family Planning

DCS and Foster Caregivers, in collaboration with the child's parents, schools, public health and community agencies are to provide age and developmentally appropriate education and training concerning sexual development and human sexuality to children.

Foster Caregivers are to participate in discussions and provision of information on family planning, emphasizing abstinence, with children age 12 and over. DCS supports the promotion of abstinence. Foster Caregivers are encouraged to seek community, public education and health information programs available. Arranging for a Family Planning Consultation with the child's PCP or other health care provider is an excellent option. Foster Caregivers and the DCS Specialist are to review and discuss the CMDP written family planning information with the child.

If you, as a Foster Caregiver, oppose the provision of family planning information to a child age 12 or older, you are to inform your licensing specialist/agency and the DCS Specialist before placement of a child 12 years old or older.

Deductibles and Signing for CMDP Services

There are no deductibles and Foster Caregivers are not responsible for the CMDP authorized service claims or prescriptions. It is imperative that all forms be signed in the following manner: "your name" for DCS/CMDP. You do not want to be held financially responsible for any CMDP authorized service. Have all claims sent to: DCS/CMDP—942C; P.O. Box 29202, Phoenix, AZ 85038-9202

Behavioral Health Care
Regional Behavioral Health Authorities (RBHA)

The Arizona Department of Behavioral Health Services (ADBHS) contracts with RBHAs for behavioral health services in specific geographical area(s) of the state. The RBHAs contact with local agencies to provide the services. The vast majority of children in care qualify for RBHA services.

The Regional Contractors

Regions Served	RBHA	Phone Number
Maricopa County	Mercy Maricopa Integrated Care (MMIC) https://www.mercymaricopa.org/	Single Point of Contact: 602-453-8095 or DCS@mercymaricopa.org Member Services- **602-586-1841** or **1-800-564-5465; (TTY/TDD) 711**. Crisis Line: 602-222-9444 1-800-631-1314 (toll-free) Hearing impaired TTY/TDD 1-800-327-9254 www.crisisnetwork.org
Pima, Pinal, Cochise, Yuma, La Paz, Yuma,	Cenpatico Integrated Care (CIC) https://www.cenpaticointegratedcareaz.com/	Foster Care Hotline- 1-844-365-3144

Graham, Greenlee, Santa Cruz		Member Services- 1-866-495-6738 Crisis Line: 1-866-495-6735 , TDD/TTY: 711
Mohave, Coconino, Yavapai, Gila, Navajo, Apache	Health Choice Integrated Care (HCIC)	HCIC Dedicated Foster Care Hotline: 928-293-7038. Member Services- 1-640-2123 (TTY 711). Crisis Line: 1-877-756-4090.

Behavioral Health Services

Children in care who are CMDP eligible receive behavioral or mental health and drug and alcohol abuse services from the Arizona Department of Health Services Regional Behavioral Health Authority (ADHS-RBHA). Children are assigned to a RBHA based on the child's court of jurisdiction.

DCS refers children entering care to the local Regional Behavioral Health Authority (RBHA) for a behavioral health assessment within 24 hours of removal. The Foster Caregiver is encouraged to participate in person, in the assessment process and provide information pertinent to an effective assessment. The DCS Specialist will also participate in the assessment process.

At any time after the initial evaluation, if the DCS Specialist or the Foster Caregiver believes the child needs to be reevaluated due to a change in circumstances, responses, behaviors or professional opinion, the DCS Specialist can request another behavioral health assessment.

DCS Refers children entering care to the local Regional Behavioral Health Authority (RBHA) for a behavioral health assessment within 24 hours of removal through the Rapid Response Process and in conjunction with Jacob's Law, all time frames must be met to ensure children/ youth in care receive timely services.

Jacobs Law – HB2442
In March 2016 a law was passed in Arizona. This law is called HB2442 or Jacob's Law. This law makes it easier for foster, kinship and adoptive parents to get behavioral health services for children.

A few of the positive changes include:

- More services and new programs;
- New ways to enroll in services;
- No Wrong Door policy for children involved with DCS to receive behavioral health services;
- Better communication with foster, kinship, and adoptive families;
- 24/7 Foster Care Hotline for foster and adoptive parents to get help when needed

Jacob's Law Required Timeline(s):
From time of request, appointments must be provided within:
72 Hours → Rapid Response
2 hours for an urgent need
7 Days → Behavioral Health Assessment
24 hours for an urgent need
21 Days → Service Appointment
Work with your provider and member services.
A meaningful service should begin by day 21

Rapid Response (RR)- Is an initial in-home evaluation completed for children entering into the care of the Department of Child Safety custody. A referral can be made by any individual, however, the DCS Specialist is responsible for completion of the referral within 24 hours of the removal. The RR will assess immediate needs and triage any crisis or trauma-related issues and by law, should be completed within 72 hours. The assessment includes the following components: behavioral health evaluation, screening for developmental delays, and support to child/family placement as well as connection to ongoing services. **If your child/youth is in crisis, please contact the crisis line to immediately have your child urgently assessed.**

Behavioral Health Assessment- Upon completion of the RR, an initial assessment will be assigned through a service provider of your choice, zip code or through connection of a former service provider. The assessment should be completed, by law, within 7 days following the RR. If an urgent need arises

The DCS Specialist and Foster Caregivers, in conjunction with the Behavioral Health (BH) Provider and the RBHA, monitors the appropriateness, timeless, advocates on behalf of the child/youth and requests supports/services through the BH provider Agency.

The DCS Specialist and Foster Caregivers monitor the appropriateness and timeliness of services provided by the RBHA provider and advocate for the child's service needs.

The RBHA services include, but are not limited to:

- Behavioral management (behavioral coach, family support, peer support)
- Case management services
- Emergency/crisis behavioral health services
- Emergency and non-emergency transportation
- Evaluation and screening
- Group, individual, and family therapy and counseling
- Inpatient hospital/psychiatric facilities
- Institutions for mental diseases (with limitations)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Psychotropic medication
- Psychotropic medication adjustment and monitoring

- Respite care (with limitations)
- Partial care (supervised day program, therapeutic program and medical day program)
- Rehabilitation (living skills training, health promotion, pre-job training, education and development, job coaching and employment support)
- Home Care Training to Home Care Clients (HCTC) program services (formerly known as therapeutic foster care)
- Psychological evaluations
- Higher levels of care: Behavioral Health Inpatient Facility (BHIF), Behavioral Health Residential Facility (BHRF) and Home Care Training to Home Care Clients (HCTC)

Ask your licensing agency or DCS Specialist for the RBHA specific to your geographic location and contact them for specific information and assistance. Members contact the RBHA for an evaluation by self-referral or by referrals from schools, state agencies or other service providers. AHCCCS and KidsCare eligible children can also receive these services.

Intake evaluations for behavioral health services, psychological evaluations or other evaluations, first visits, and hospitalizations are a few examples when many providers will request that the DCS Specialist, as the legal guardian of the child be present to provide all known historical information and sign to authorize the service. The child's parent might be an additional resource to provide information.

Regional Behavioral Health Authority (RBHA) Time Frames

All RBHA's have to ensure that eligible and enrolled children have timely access to services. The following are the RBHA established standards for the timeliness of behavioral health services.

For non-acute services:

- The RBHA will accept referrals 24 hours a day, seven days a week from all sources,
- If the RBHA doesn't have a centralized intake process, a directory of providers receives the referral.
- For routine referrals, initial assessments will occur within 7 calendar days of the referral.
- The first behavioral health service appointment will be provided within 23 days.
- A routine psychiatric visit will occur within 30 days of determination of need for the service.
- The wait time for appointments will not exceed 45 minutes.
- An Interim/Next Steps Individualized Service Plan (ISP) is developed during the initial assessment.
- An ISP will be developed within 2 weeks of completion of the evaluation to include:
  - ✓ Non-acute service needs
  - ✓ Acute service needs
  - ✓ An interim service plan to be developed within 24 hours of the screening and or evaluation.

Crisis Services:

Crisis intervention services are provided to a child/ youth for the purpose of stabilizing or preventing a sudden, unanticipated or potentially dangerous behavioral health condition, episode or behavior. If the Crisis Plan, completed within the Child and Family Team Meeting (CFT) is not effectively meeting the child/ youth's needs, a crisis call may be most appropriate. In order to access crisis intervention services, call the crisis line for your region, to receive a face to face or telephonic assessment of the acuity of the situation.

- Mobile crisis intervention services are available 24 hours a day, 7 days a week;

- Calls must be responded within one (1) hour to a psychiatric crisis in the community and two (2) hours in rural areas;
- If a response is not made within 2 hours, contact your health plans children's liaison (listed on p. 47-48).

The Child and Family Team

This behavioral health facilitated meeting is to address all of the mental health, substance abuse and subsequent related issues affecting the child and his/her family. The child and the child's family should be present at each meeting to address the current issues and how it effects the mental functioning (educational, social, developmental, health, spiritual) of the child and/or family. However, the participation of the child will vary depending on his/her age and level of development. It also allows a forum for all parties to address these issues together in coordination with the DCS Case Plan, the services or supports needed or being provided for the child and family.

Foster Caregivers have an important role in the CFT process. Here are some of the responsibilities:

- Participate in the process of assessing needs, developing and implementing the treatment and crisis plan;
- Provide the team information about the child's strengths, needs and accomplishments;
- Advice the team what supports and resources are needed to achieve the outcomes and goals;
- Provide valuable information about your families culture, strengths and needs;
- Communicate any special accommodations needed such as scheduling or transportation;
- Describe the long-range vision for your family and child.

Arizona's Child and Adolescent Service Intensity Instrument (CASII)

The CASII is the tool used by a behavioral health provider to determine the best level of service intensity for a child or adolescent. It is used within the CFT process. The CASII is done during the initial 45 day assessment period; every six months after the first CASII; whenever a CFT needs updated information; when a child/adolescent leaves the behavioral health system. . A crisis plan and the Strengths, Needs, Culture Discovery (SNCD) is required when a child's CASII score is 4, 5 or 6. The CASII also suggests that a behavioral health case manager is needed for children with higher CASII scores. The CASII involves ratings on six different dimensions. These are:

I. Risk of Harm
   This is a measurement of a child's risk of harm to self or others by various means and an assessment of the child's potential for being a victim of physical or sexual abuse, neglect or violence.

II. Functional Status
   This is an assessment of child's ability to function in all age-appropriate roles: family member, friend, student. It is also a measure of the effect of the presenting problem on basic daily activities such as eating, sleeping and personal hygiene.

III. Co-occurring Conditions
   This is done after clearly identifying the primary/presenting condition to measure the effects/severity of co-existing conditions across four (4) domains:
   1. Developmental Disabilities (including Cognitive Disability, Significant Learning Disabilities, and all Autism Spectrum disorders)

2. Medical
3. Substance Abuse
4. Psychiatric
5.

IV. Recovery Environment
This dimension is used to arrive at an understanding of the strengths and needs of the child and family. It also measures the neighborhood and community's role in either complicating or improving the child's needs. It used two scales. Scale A is "Environmental Stressors" and Scale B is "Environmental Supports."

V. Resiliency and/or Response to Treatment
It measures the innate or constitutional emotional strength, as well as a measure of the extent to which past services have been effective for the child and family.

VI. Involvement in Services
This dimension is about the level of involve of the child and the family. Both child and family benefit when proactively and positively engaged and conversely both benefit less when engagement has not been achieved. It also uses two scales. Scale A is "Child/Adolescent Involvement" and Scale B is "Parental/Familial Involvement."

The CASII has six levels of intensity of need. They are:

- Level 1 - Recovery Maintenance and Health Management
- Level 2 - Outpatient Services
- Level 3 - Intensive Outpatient Services
- Level 4 - Intensive Integrated Services Without Psychiatric 24-Hour Monitoring
- Level 5 - Non-Secure, 24-Hour Services With Psychiatric Monitoring
- Level 6 - Secure, 24-Hour Services With Psychiatric Management

The Arizona Vision or the 12 Principles

The "Arizona Vision" for children is built on 12 principles which the Arizona Department of Health Services (ADHS), the Regional Behavioral Health Authorities (RBHA) and the Arizona Health Care Cost Containment System (AHCCCS) are obligated and committed to provide. The Arizona Vision states:

In collaboration with the child and family and others, Arizona will provide accessible behavioral health services designed to aid children to achieve success in school, live with their families, avoid delinquency, and become stable productive adults.

Services will be tailored to the child and family and provided in the most appropriate setting, in a timely fashion and in accordance with best practices, while respecting the child's family's cultural heritage. The 12 Principles are:

1. **Collaboration with the child and family**: Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.

2. **Functional outcomes:** Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become

stable and productive adults. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.

3. **Collaboration with others:** When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented. Client centered teams plan and deliver services. Each child's team includes the child and parents and any caregivers, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Department of Child Safety and/or Division of Developmental Disabilities case worker, and the child's probation officer. The team (a) develops a common assessment of the child's and family's strengths and needs, (b) develops an individualized service plan, (c) monitors implementation of the plan and (d) makes adjustments in the plan if it is not succeeding.

4. **Accessible services:** Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when they are needed but not available.

5. **Best practices:** Competent individuals who are adequately trained and supervised provide behavioral health services. They are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practice." Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class member's lives, especially class members in foster care. Behavioral Health Services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. **Most appropriate setting:** Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most integrated and most home- like setting that is appropriate to the child's needs.

   Timeliness: Children identified as needing behavioral health services are assessed and served promptly.
   Services tailored to the child and family: The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.
   Stability: Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and criminal justice

system. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.

Respect for the child and family's unique cultural heritage: Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in Spanish to children and parents whose primary language is Spanish.

7. **Independence:** Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self- management. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

8. **Connection to natural supports:** The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

Financial Supports

DCS provides a daily foster care payment, clothing allowance, and personal allowance for all foster children placed with licensed foster parents. The Child Placement Rates and Special Allowance Approval Matrix has the current foster care rates and is located in the DCS Policy and Procedure Manual in Chapter 4, Section 9. The DCS Policy and Procedure Manual can be accessed online under www.azdcs.gov, then under the "About" tab (See Appendix 3 Page H, I).

Foster Care Payment Procedures

Foster Caregivers should receive a billing document form around the 1st of the month for children in the home during the previous month. The billing document should contain the number of days the child was in the foster caregivers' home during the previous month, as well as their placement rate for licensed homes, (i.e. Basic, Special, Mother/Infant, Medically Fragile). If any information on the monthly billing document is incorrect, the foster caregiver must enter the correct information on the billing document, sign the document, and resubmit the form for payment as soon as possible. Payments should be forthcoming in approximately 15 days.

Foster Care Rates

There is a" basic" daily foster home rate paid on behalf of each foster child placed in a licensed foster home. The "basic" rate is between $19.68/day/child and $27.15/day/child, depending upon the age of the child. Children who require a higher level of family foster home care and supervision may be eligible to receive a "special" daily rate, based upon the child's health and developmental needs (physical, emotional, educational, social, behavioral, special medical care and needs, and level of required supervision). The DCS Placement Administration is responsible for determining the child's eligibility for a "special daily rate". The payment level may be re-evaluated based upon new information and diagnoses.

There is also a daily clothing and personal allowance for each foster child, including children placed with licensed foster parents or unlicensed kinship foster caregivers. The daily clothing and personal allowance is based upon the child's age and ranges from $19/month/child to $80/month/child, depending upon the age of the child.

Special Allowances

DCS provides "special allowances" for specific expenses incurred on behalf of foster children residing with licensed and unlicensed caregivers. "Special allowances" have a maximum amount per state fiscal year (the 12-month period from July 1st through the following June 30th), must be requested through the DCS Specialist, and include the following:

- Emergency Clothing Allowance: Not to exceed $150/child/state fiscal year
- Extra Emergency Clothing Allowance: Not to exceed $100/child/state fiscal year
- Books and Education Allowance: Not to exceed $82.50/child/school year for books and school supplies
- Supplemental School Tuition: Not to exceed $165/session. For use during summer sessions or interim sessions at year-round schools
- Graduation Allowance: Not to exceed $220/child/available for high school graduation-related fees (cap, gown, ring, yearbook, etc.)
- Special Needs Allowance: $22.50/child/to use for child's birthday, holiday, and special occasion.
- Passport: One-time reimbursement per child for the actual cost of obtaining a passport book or card. Receipts are required.
- Diapers for Children with "Special Medical Needs": $62.50 maximum/month/with medical documentation. (Please Note: The CMDP section of this Guide provides information on medically necessary diapers and briefs.)

  For convenience, the Department offers both Web Billing, to submit monthly CHILDS Billing Forms, and Direct Deposit, to receive payments directly into a savings or checking account. These options, while both electronic, are exclusive of each other. Foster Caregivers may choose to participate in one without participating in the other.

  To sign up for web billing (Electronic Bill Submission), the foster caregivers must have received a paper billing form. It will have a reference number in the box under the signature line that is required to set up web billing. The foster caregivers should follow the instructions in that box to sign up. Note: The Provider ID requested during registration, is the foster caregiver's SSN.

  To sign up for direct deposit, the Foster Caregiver must complete the DCS Electronic Funds Transfer Authorization Agreement and submit it with required documentation to the DCS Payment Processing Unit per the instructions on the form. The direct deposit form can be found at https://dcs.az.gov/data/dcs-forms form number CSO-1030A.

  If additional information about either of these processes is needed, contact the DCS Payment Processing Unit at (602) 255-3300.

Adoption Subsidy

DCS administers an Adoption Subsidy Program to assist adoptive parents who adopt a child with special needs from foster care. Your DCS Specialist can assist you in determining if a child meets the special needs criteria established in Arizona state law. If a child is eligible for Adoption Subsidy, the child may receive medical and dental coverage through AHCCCS (Arizona's Medicaid Program) and a monthly adoption subsidy maintenance payment to help with some of the expenses of raising a child with special needs. The non-recurring legal expenses incurred by adoptive parents when adopting a child from foster care may be reimbursed through the Adoption Subsidy Program, up to a maximum of $2,000. Efforts must be made to place a child with prospective adoptive parents without adoption subsidy unless: the child is being adopted by the foster parents or kinship caregiver with whom the child is placed, the child has developed significant emotional ties to that family, and it would not be in the child's best interest to look for another adoptive family.

Guardianship Subsidy

DCS administers a Guardianship Subsidy Program to assist permanent guardians of children exiting foster care for guardianship. Guardianship subsidy provides a monthly payment to a person appointed as a permanent guardian through the juvenile court for a child who was a party in a dependency action and left foster care for guardianship. Guardians interested in applying for this benefit should complete a Guardianship Subsidy Application, DCS Form CSO1028A. State law requires the guardian to apply for any federal or state benefits on behalf of the child as these benefits need to be deducted from the guardianship subsidy payment amount. This subsidy is for guardianships granted under Title 8 by a Juvenile Court. Title 14 guardianships granted by a Probate Court are not eligible for this subsidy.

Income Tax Status

Foster Caregivers may be able to claim a child in their care as a dependent on their federal income taxes. DCS is unable to provide tax advice but encourages Foster Caregivers to review Internal Revenue Services (IRS) publications or to consult with a tax professional for dependent child eligibility requirements. The IRS website is at http://www.irs.gov.

Education

Arizona Early Intervention Program (AZEIP)

The Arizona Early Intervention Program (AZEIP) is the statewide system of services and supports for families of infants and toddlers, birth to three years of age, with disabilities or delays. AZEIP partners with community providers to support families.

AZEIP is established by Part C of the Individuals with Disabilities Education Act (IDEA), which provides eligible children and their families' access to services to enhance the capacity of families and caregivers to support the child's development.

Developmental delays means a child has not reached fifty percent of the developmental milestones expected at his/her chronological age in one or more of the following areas of

childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help.

Established conditions that have a high probability of developmental delay include, but are not limited to:

- chromosomal abnormalities;
- metabolic disorders;
- hydrocephalus;
- neural tube defects (e.g., spinal bifida);
- intraventricular hemorrhage, grade 3 or 4;
- periventricular leukomalacia;
- cerebral palsy;
- significant auditory impairment;
- significant visual impairment;
- failure to thrive;
- severe attachment disorders;
- sensory impairments;
- inborn errors of metabolism;
- disorders reflecting disturbance of the development of the nervous system;
- congenital infections; and
- disorders secondary to exposure to toxic substances, including fetal alcohol syndrome.

The state's definition of "eligible child" does not include children who are at risk of having developmental delays if early intervention services are not provided. For more information go to www.azdes.gov/azeip.

If the Regional Behavioral Health Authority (RBHA) assessment of a child under 3 years of age identifies developmental delays, the RBHA will refer the child to AZEIP.

The DCS Specialist or Foster Caregiver can refer a child for assessment on-line at https://extranet.azdes.gov/azeip/AzeipREF/Forms/Categories.aspx or by calling 602-532-9960 or (800) 237-3007.

School Enrollment

A school-aged child placed in foster care should be maintained in the home school (where they were enrolled prior to entering foster care) unless it is in their best interests to enroll in a new school. The child's Service Team (including the DCS Specialist, Local Education Agency (LEA), parents, Foster Caregivers, and IDEA parent, if different from the biological parents and if applicable, and others) should complete the Best Interests Determination/Transportation Plan (CSO 1348A, included in the Go To Guide) to guide the decision-making process. If it is a child's best interests to be enrolled in a new school, enroll the child as soon as possible or within five days of the date of placement.

The Best Interests Determination/Transportation Plan provides a number of areas to consider when discussing what is in the child's best interest, including:

- the safety of the child;
- the wishes of the child and parent;
- the distance and time for the child to travel to and from the school he/she is attending at the time of placement;

- the child's academic, developmental, and socialization needs;
- the effect a school change will have on the child's learning; and for
- any potential for loss of credits which may occur due to changing schools in the middle of a term or semester, etc.

Transportation to school should provide for normalcy and safety of the individual child. The DCS Specialist will work cooperatively with the school and foster caregiver to select the best option for the child. Options may include:

- the school providing the transportation,
- the Foster Caregiver (or another approved adult) providing transportation, or
- DCS using a contract service (cab, vouchers, etc.) or providing bus tickets (for a high school student).

Schools typically will provide transportation if it is included in the Individualized Education Plan (IEP) for a student with special education needs**.** They may also provide transportation if the student can get to a bus stop on an existing school route. In that case, the Foster Caregiver or DCS Specialist may talk with the school about possible routes and help to determine how to safely ensure the student can get to the pick-up point. If the school cannot assist or there are safety concerns with a child utilizing school transportation, the Foster Caregivers are required to provide transportation to school. Relatives/kinship caregivers may also provide transportation.

The Notice to Providers (Out-of-home, Education, and Medical) is provided to Foster Caregivers at the time of placement or within five days of the date of placement. The Notice to Providers contains information that is necessary to enroll the child in school. Foster Caregivers may enlist the help of the DCS Specialist with enrollment if necessary. A school aged child should be enrolled in public school unless alternative education arrangements, such as private, charter, or home schooling, have been approved by DCS. A school must immediately enroll the child even if documents or supplies (such as a school uniform) are not readily available. The Arizona Department of Education website http://www.azed.gov/ can be used for resources and to locate schools and for more information on support to foster children (www.azed.gov/fostercare).

School Breakfasts and Lunches

Children in foster care are eligible for free meals through their school. The schools accept the "Notice to Provider" as verification of a child's foster care status. There is no income testing for the foster child or for the foster family. If the school does ask about income, the child's annual income is usually "$0."

Educational Advocate

If a child age three or older requires a special education evaluation and/or services, it is the responsibility of the Local Education Agency (LEA) to determine who will act as the special education parent. The DCS Specialist cooperates with and assist the LEA in meeting this obligation.

If a child birth to age three requires special education evaluation and/or services for early intervention services, it is the responsibility of AzEIP to determine who will act as the special education parent. The DCS Specialist cooperates with and assist AzEIP in meeting this obligation.

When the identity and whereabouts of the biological or adoptive parent are known, the LEA must contact the parent to ensure the parent's consent for special education evaluation and/or services.

The biological or adoptive parent has parental decision making authority for special education evaluation and/or services for a foster child, except when:

- parental rights have been terminated;
- a parent cannot be identified or located;
- a court has suspended the parent's education rights or appointed a legal guardian or issued an order permitting others to serve.

When the foster child's parent does not attempt to serve as the special education parent for a child in out-of-home care, the DCS Specialist ensures that the LEA obtains a special education parent for the child. DCS's preference order for a special education parent for a foster child is:

- a court appointed legal guardian but not the State or an employee of a contractor of the State
- kinship caregiver or licensed foster parent with whom the child resides; and
- surrogate parent.

Individuals with Disabilities Education Act (IDEA)

The Individuals with Disabilities Education Act (IDEA) is a law ensuring services to children with disabilities throughout the nation. This law mandates a free appropriate public education in the least restrictive environment. IDEA governs how states and public agencies provide early intervention, special education and related services to eligible infants, toddlers, children and youth with disabilities. Infants and toddlers with disabilities (birth-2 years) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B. Please refer to http://idea.ed.gov for more information.

Individualized Education Plan (IEP)

The Individuals with Disabilities Education Act (IDEA) requires public schools to develop an Individualized Education Plan (IEP) for every student with a disability who meets the federal and state requirements for special education. The IEP refers both to the educational program to be provided to a child with a disability and to the written document that describes that educational program. Key considerations in developing an IEP include assessing students in all areas related to the suspected disability(ies), access to the general curriculum, how the disability affects the student's learning, developing goals and objectives that make the biggest difference for the student, and ultimately choosing a placement in the least restrictive environment.

Services may include: Assistive technology (e.g., communication boards, computerized language devices, padded supportive chairs) audiology, counseling services, medical services (limited to certain diagnostic services), rehabilitation counseling, parent counseling, school health services, school social work services, speech-language pathology, occupational therapy, transportation, instructional support or individualized educational assistance, transition services and special considerations needed in the regular classroom, homework and/or testing. The established services are provided in the least restrictive school environment unless it is determined that the child is not medically able to participate in educational services in the school environment. Foster parents and kinship caregivers are encouraged to take the lead role in monitoring and advocating for services to meet the child's educational needs. DCS Specialist are available to assist in this role if needed.

Head Start and Early Head Start

The Arizona Head Start Programs provide high quality early childhood education, nutrition, health, mental health, disabilities, and social services with a strong parent involvement focus. All

children, ages zero to three, who are placed in foster care, are eligible for Early Head Start. All children, ages four to five, who are placed in foster, are eligible for Head Start. Children in foster care are given priority placement for Head Start services. In order to locate a Head Start program in a child's area, go to http://www.azheadstart.org/head-start-programs.php.

Appointments Not During School

DCS, foster parents and kinship caregivers are to make every reasonable effort not to remove a child from school during regular school hours for appointments, visitation or activities not related to school. Visitation between the child and his/her family including parents and siblings should be scheduled during non-school hours. Medical and dental appointments should be scheduled before or after school, on early release days or dates school is out for a break. Health care providers and other service providers who have extended office hours may be identified on dcs.az.gov/cmdp. For a child who wishes to attend a court hearing (particularly older youth), consult with the DCS Specialists or child's attorney to make a request that the court schedule the hearing after the child's school hours.

Legal Process

Who Is Involved: Understanding the Roles and Responsibilities?

- *The Juvenile Court (Judge or Commissioner)* is responsible for hearing all actions that concern issues of dependency, termination of parent-child relationship, adoption and guardianship.

- *Assistant Attorneys General (AAGs)* within the Protective Services Division of the Attorney General's Office appear in Juvenile Court cases on behalf of DCS. The Attorney General's Office is responsible for representing DCS in actions concerning DCS cases.

- *Private attorneys* represent parents and guardians. The Juvenile Court will appoint private counsel for the parent or guardian if they are unable to afford an attorney.

  A private attorney may also represent the child to present his or her wishes to the Juvenile Court. They are usually appointed when a child is over 12.

- *The guardian ad litem (GAL)* is appointed by the Juvenile Court to represent the child's best interest in a dependency case. Representing the child's best interest is not necessarily the same as representing the child's wishes. The GAL may be an attorney, a volunteer special advocate or other qualified person. In Arizona they are attorneys. This usually occurs when the child is of an age to assert his/her own opinion but the child's wishes are not in his/her best interest (e.g. return home when child's safety cannot be assured).

  Foster Caregivers are to provide all information about the care of the child while in their home to the GAL. The GAL is to be given every opportunity to consult with the child, i.e. at Juvenile Court, the GAL's office, a case plan staffing or in the Foster Caregiver's home. [Note: A separate GAL should be assigned to advocate for a child in a criminal

case of maltreatment. The child may be eligible for up $20,000 from a county victim's compensation program.]

- *All parents or legal guardians* are parties to actions, unless their parental rights have been terminated by the Juvenile Court or they have relinquished legal custody. The mother of the child could be a biological or adoptive mother. A father could be a biological, legal, alleged or presumed father. Legal Guardians are persons with legal responsibility for the care and welfare of the child.

- *The child* is a party to the action. The child, through his/her attorney and/or GAL, has the right to be informed of, to be present at and to be heard in dependency and termination of parental rights hearings.

- *Foster Caregivers (Foster parents, pre-adoptive parents and kinship caregivers)* are considered an interested party to an action concerning a child who is in their care or who has been in their care within the last six months. They are also entitled to receive notice of and given an opportunity to be heard at any review or hearing concerning the child.

- *The DCS Specialist* is the representative of DCS in hearings affecting a child or family about which he or she has relevant information. The DCS Specialist is expected to attend all hearings concerning his or her cases.

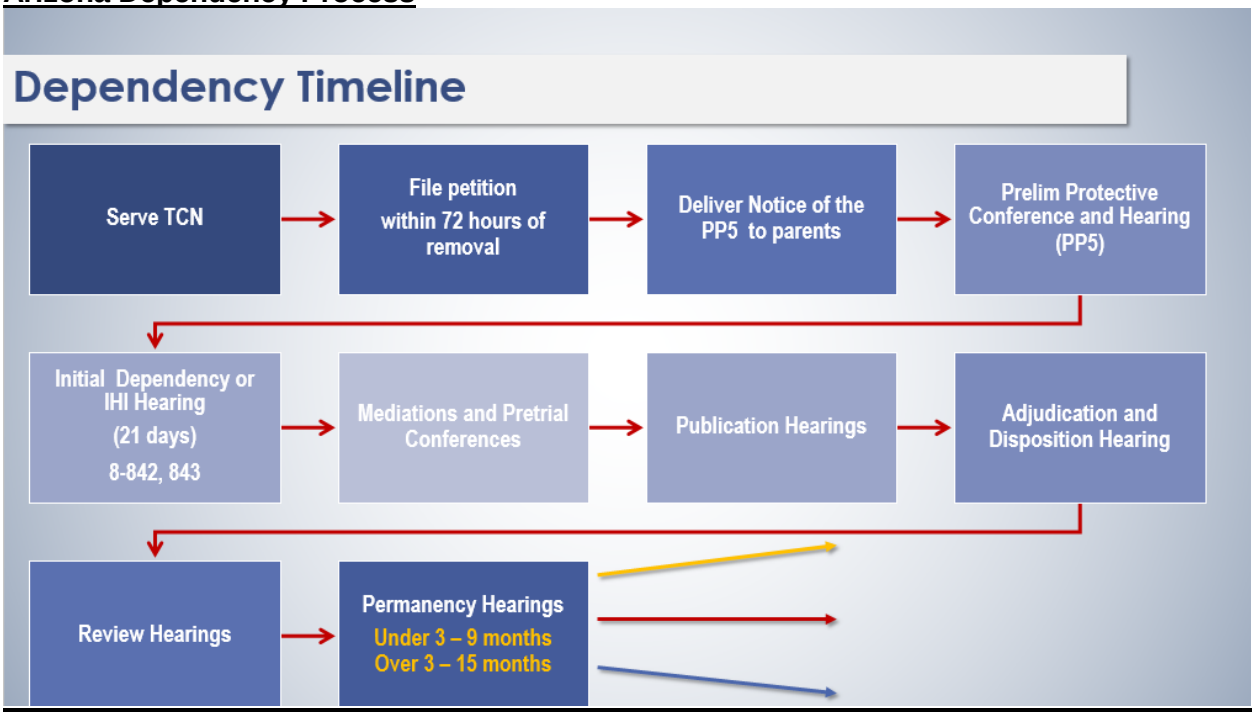
- *The Court Appointed Special Advocate (CASA)* is a volunteer who is appointed by the Juvenile Court to advocate for a dependent child. The CASA's first priority is to advocate for the child's safety; the CASA must meet with the child. CASAs have access to all documents and information about the child and the birth family history. CASAs provide information to the Juvenile Court to assist in making decisions concerning what is in the child's best interest.

- *The Foster Care Review Board (FCRB)* is a group of volunteers who review the case of every dependent child who remains in out-of-home care at least every six months. The FCRB is mandated to make determinations in these four key areas:
  - ✓ safety, necessity and appropriateness of placement
  - ✓ case plan compliance
  - ✓ progress toward mitigating the need for foster care
  - ✓ a likely date (target date) by which the child may be returned home or placed for adoption or legal guardianship.

  The FCRB cannot direct the agency to take specific actions concerning a child; however, it may make recommendations to the Juvenile Court regarding plans and services for a child or family. Foster Caregivers are encouraged to attend either in person or by telephone to provide valuable input about the care and progress of the child. More information can be found by going to http://azcourts.gov/dcsd then click on Foster Care Review Board on the menu.

- *A relative* identified as possible placement has the right to be heard in any proceeding with respect to the child. Other relatives or individuals may petition the Juvenile Court to be considered interested parties to an action. Other interested party having a legitimate interest in the welfare of the child may file a petition to adopt. Other interested party may be a person or agency.

Arizona Dependency Process



Juvenile Court Hearing Types

At any dependency hearing, the Juvenile Court's first priority is the protection of the child from abuse or neglect. The different hearing types include the following:

- *Preliminary Protective Pre-hearing Conference*: A mandatory meeting of all parties to the dependency action and other interested persons as permitted by the Juvenile Court held immediately before the Preliminary Protective Hearing (PP5). The purpose of the meeting is to attempt to reach an agreement about temporary custody and placement of the child, services to be provided to the child, parent or guardian, and visitation of the child. The availability of reasonable services to the parent or guardian is considered. The child's health and safety is a paramount concern.

- *Preliminary Protective Hearing (PP5)*: Held no less than five and not more than seven working days, excluding Saturdays, Sundays and state holidays, after the child is taken into custody and a dependency petition is filed. The hearing is to determine whether to continue temporary pending the Initial Dependency Hearing. The Juvenile Court receives any agreement from the pre-hearing conference; determines if reasonable efforts were made to prevent or eliminate the need for removal of the child and if services are available that would eliminate the need for continued removal. The Juvenile Court enters orders regarding the child's placement and visitation, if the child remains in care. The Juvenile Court orders DCS to make reasonable efforts to provide reunification services, unless the Juvenile Court finds this is contrary to the best interest of the child. The Juvenile Court gives paramount consideration to the child's health and safety.

- *Initial Dependency Hearing:* occurs within 21 days of filing a petition, held only if the parent did not appear at the Preliminary Protective Hearing (PPH).

- *Settlement Conference or Mediation*: Held prior to the pre-trial conference or dependency adjudication hearing. The purpose is to attempt to settle the issues in a non-adversarial manner and to avoid a trial.

- *Contested Dependency Adjudication Hearing:* occurs 90 days from the date the petition was served to the parents. The purpose is to determine whether the State has met the burden of proving the child dependent. (See Disposition Hearing)

- *Disposition Hearing*: is held at the same time of or within 30 days of the dependency adjudication hearing. The purpose is to obtain specific orders regarding the child's placement, services and appropriateness of the case plan. The Juvenile Court considers the goals of placement, appropriateness of the case plan, services that have been offered to reunify the family and the efforts that have been or should be made to evaluate or plan for other permanent placement. If the Juvenile Court does not order reunification of the family, the Juvenile Court shall order a plan of adoption or other permanent plan.

- *Report and Review Hearings* (R & R): Held at least once every six (6) months after the Disposition Hearing until the dependency is dismissed. The Juvenile Court reviews the progress of all the parties in achieving the case plan goals and determines whether the child continues to be dependent.

- *Expedited Permanency Hearing:* occurs at 6 months for children under the age of 3 at the time of removal. If the Juvenile Court finds that the parents have substantially neglected or willfully refused to participate in reunification services, the Juvenile Court may terminate their parental rights at this permanency hearing.

- *Permanency Hearing:* occurs 12 months from removal. The Juvenile Court determines the future permanent legal status goal for the child and enters orders to accomplish the plan within specific time frames.

- *Termination Hearing:* occurs 90 days from the Permanency Hearing if severance and an adoption plan were ordered at the Permanency Hearing. The Juvenile Court determines whether the State has met the burden of proof to terminate parental rights and whether termination is in the best interest of the child. A jury trial will be held upon the request of the parent.

- Other Hearings: If applicable, a Guardianship Hearing or an Adoption Finalization Hearing could occur.

Foster Care Review Board (FCRB)

The Arizona State legislature established the Foster Care Review Board (FCRB) in 1978 in response to concerns that Arizona's foster children were being "lost" in out-of-home care and staying too long in temporary placements. The primary role of FCRB is to advise the Juvenile Court on progress toward achieving a permanent home for a child in foster care.

The FCRB is mandated to make determinations every six (6) months in these four key areas:
- safety, necessity and appropriateness of placement
- case plan compliance
- progress toward mitigating the need for foster care
- a likely date (target date) by which the child may be returned home or placed for adoption or legal guardianship.

Foster Caregivers are encouraged to attend either in person or by telephone to provide valuable input about the care and progress of the child.

More information can be found by going to http://www.azcourts.gov/fcrb/Home.aspx.

Foster Caregivers Notification of Juvenile Court Hearings and Foster Care Review Board Hearings

Foster Caregivers must be notified of any Juvenile Court proceedings affecting their foster child and have a right to be heard and participate in these hearings. Ask the DCS Specialist for the next Juvenile Court hearing date and the next Foster Care Review Board Hearing. Your presence, input and advocacy is very important in these legal forums.

Juvenile Court Hearings Open to the Public

Juvenile Court proceedings relating to dependency, permanent guardianship and termination of parental rights are open to the public. DCS may request that the Juvenile Court order a proceeding to be closed to the public. Unless a parent waives his or her right to privacy, the DCS Specialist should request that all or part of the hearing be closed to the public if records of substance abuse assessment and treatment, behavioral and mental health, medical, education or HIV/AIDS or domestic violence will be discussed.

Termination of Parental Rights (TPR)

An order of the Superior Court that separates the parent and the child of all legal rights, privileges, duties and obligations with respect to each other except the right of the child to inherit and receive support from the parent. This right of inheritance and support shall only be terminated by a final order of adoption.

Grounds for TPR: Always remember this is a legal process determined by the Juvenile Court to be in the best interest of the child. DCS will consider at least the following factors:

- the child's permanency goal;
- the parent's progress in making necessary behavior changes and the likelihood of imminent family reunification;
- the child's age and willingness to consent to adoption (a child who is 12 years of age or older must consent to the adoption in open Juvenile Court);
- the child's need for a permanent parent-child relationship;
- whether reunification services were ordered, but not provided;
- whether the services that were provided were culturally sensitive and if the service provider was successful in engaging the family in the services;
- the availability of relatives or other significant persons to provide a safe, permanent home for the child;
- the effects of removal from the current placement on the child’s long term emotional well-being and the caregiver’s willingness to adopt;
- compliance with Indian Child Welfare Act requirements relating to provision of active reunification services, placement and standard of evidence; and
- applicability of the grounds for termination and supporting evidence.

The following are the legal standards for consideration by DCS and the Attorney General’s office prior to making a recommendation to the Juvenile Court. Before the Juvenile Court can terminate a parent’s legal rights to a child, Juvenile Court (or jury) must make 2 findings:

1. Finding, by clear and convincing evidence, that at least one termination ground exists for each parent, and
2. Finding, by a preponderance of the evidence, that termination will be in the child’s best interests.

All grounds for termination must include: information; documentation; opportunity; provision and compliance of services; timeline calculations and cooperation or non-cooperation of the parent(s); ability and willingness of the parent to care for their child(ren). When considering termination it must be reviewed by an internal DCS committee and the Arizona Attorney’s Office before being presented to the Juvenile Court for final judgment.

The following list is not inclusive of all of the legal grounds for termination of parental rights. (ARS § 8-533):

- The parent has abandoned the child. Abandonment is failure to provide reasonable support and to maintain regular contact with the child, including normal supervision. The Juvenile Court must find the parent has made only minimal efforts to support and communicate with the child. Failure to maintain a normal parental relationship without just cause for 6 months or longer is considered proof of abandonment.

- The parent has neglected or willfully abused a child. Neglect or willful abuse is abuse that includes serious physical or emotional injury or situations in which the parent knew or reasonably should have known that a person was abusing or neglecting a child.

- The parent is unable to discharge parental responsibilities because of mental illness, mental deficiency or a history of chronic abuse of dangerous drugs, controlled substances or alcohol. There are reasonable grounds to believe that the condition will continue for a prolonged indeterminate period.

- The parent is incarcerated and convicted of a felony that includes murder of another child of the parent, manslaughter of another child of the parent or aiding or abetting or attempting, conspiring or soliciting to commit murder or manslaughter of another child of the parent, or if the sentence of that parent is of such length that the child will be deprived of a normal home for a period of years.

- The length of time the child has been in care:
  - ✓ The time in care has been for a cumulative total period of nine months or longer and the parent has substantially neglected or willfully refused to remedy the circumstances that cause the child to be in an out-of-home placement (length of time in care).
  - ✓ The child is under three years of age has been in care for a cumulative total period of six months or longer and the parent has substantially neglected or willfully refused to remedy the circumstances including refusal to participate in reunification services offered by the department.
  - ✓ The child has been in care for a cumulative total period of fifteen months or longer and there is a substantial likelihood that the parent will not be capable of parenting the child in the near future.

- The identity of the parent is unknown and continues to be unknown following three months of diligent efforts to identify and locate the parent.

- The parent has had parental rights to another child terminated within the preceding two years for the same cause and is currently unable to discharge parental responsibilities due to the same cause.

- The child was returned to the parent and within eighteen months was again removed and the parent is currently unable to discharge parental responsibilities.

- The parents have relinquished their rights to a child to an agency or have consented to the adoption.

Indian Child Welfare Act (ICWA):

ICWA is a federal law that seeks to keep Indian children with Indian families. Congress passed ICWA in 1978 in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies. The intent of Congress is to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families" (25 U.S.C. § 1902).

ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized tribe or is the biological child of a member of federally recognized tribe.

The ICWA applies to child custody proceeding including foster care placement, termination of parental rights, pre-adoptive placement and adoptive placement. The ICWA requires DCS to follow certain standards and procedures when an Indian child is involved in child custody proceedings in state court. The state court is required to give legal notice to the child's tribe when the court knows or has reason to know that ICWA applies.

DCS must give preference to foster care placement of an Indian child with:

- A member of the Indian child's extended family;
- A foster home licensed, approved or specified by the Indian child's tribe;
- An Indian foster home licensed or approved by an Indian tribe; or
- An institution for children approved by an Indian tribe or operated by an Indian organization

DCS must give preference to adoptive placement of an Indian child with:

- A member of the child's extended family;
- Other members of the Indian child's tribe; or
- Other Indian families, including single parent families.

DCS is required to make active efforts to provide remedial services and rehabilitative programs. Remedial services and rehabilitative programs will be provided in a culturally competent manner consistent with the child's and parents' wishes and delivered in a manner that incorporates, when appropriate, Indian ceremonial and religious practices, talking circle, and tribally operated programs which reflect Indian values and the beliefs of the family

The child's Indian tribe is a party in the case and has the right to intervene or take legal custody of the child at "any point" in a state court preceding involving foster care placement and termination of parental rights proceedings.

For more information contact the Indian Child Welfare website at http://www.nicwa.org/.

Delinquency

The legal status of a juvenile who has been charged or is convicted of a criminal charge and is placed under the jurisdiction of the Juvenile Justice System which is the County Probation Department or the Arizona Department of Juvenile Correction.

Dually Adjudicated Youth

Dually adjudicated is the legal term for juveniles who are both dependent and delinquent. These children are under the jurisdiction of the Juvenile Court for both their dependency matter and their delinquency matter. Separate Juvenile Court hearing will be held on each type of issue.

Rules, Regulations & Requirements

Office of Licensing and Regulation (OLR)

OLR is an office within DCS. This office is responsible for the licensure of foster homes located within Arizona except for those foster homes licensed by DES/DDD[1] or licensed by one of the Tribes.

OLR is committed to protecting the health, safety, and well-being of children receiving care or supports in DCS regulated programs. The protection provided by OLR is delivered through the development, assessment, and enforcement of regulations for licensing. The purpose of regulation for licensing by OLR is to implement the state's obligation for protection by reducing the risk of predictable harm to children living in family foster homes or in child welfare group homes. OLR is organized into units that work closely together to achieve their mission of protection.

- Family Home Licensing (FHL)
- Child Welfare Licensing (CWL)
- Life Safety Inspection (LSI)

As a licensed foster parent, you and your licensing agency will be working with the Family Home Licensing, and the Life Safety Inspection Unit.

Title 21, Chapter 6 (Foster Parent Licensing Requirements) – Become an Expert

Title 21, Chapter 6 contains the rules that OLR and your licensing agency follow to license most foster homes caring for children in DCS custody; as well as rules you are expected to know and follow. Rules are part of the Arizona Administrative Code published by the Office of the Secretary of State. Study them and learn your rights as well as your responsibilities. Every family should have been given a copy of this document during your initial training. If not, ask your agency for a copy or download these rules from the internet at http://www.azsos.gov/public_services/Title_06/6-05.htm, right click and Open Hyperlink then scroll down to Title 21, Chapter 6 and open each section.

Title 21, Chapter 7 (Life and Safety Inspection Rules) - Learn These Requirements

These regulations deal with the home itself. The regulations are the basis of the OLR Life-Safety Inspection. OLR's Life Safety Inspection Unit has published a Preparation Guide and Pool Guide for support in preparing for your inspection. These booklets are available in English and Spanish at https://dcs.az.gov/data/dcs-forms .

Life-Safety Inspections

A life-safety inspection of your home is conducted at the following times: before initial licensure; when a family relocates; every two years, completed within 90 days from your license expiration date by OLR to verify compliance with rules. Special inspections are required for new construction or new pool enclosures and other major changes (i.e. remodeling etc.). These standards are intended to safeguard children from fire hazards and other hazardous conditions. The inspector needs access to each room, cabinets and storage area, the yard and other structures on the property. If the inspector

[1] Child Developmental Homes and Adult Development Homes are licensed by the DES/Office of Licensing Certification Regulation.

cites violations he/she will work with you to identify what needs to be done to correct the violation. If an OLR inspection identifies some items that require correction, your Licensing Agency may be able to verify the corrections. Your Licensing Agency also conducts an annual walk-through inspection.

Emergency Evacuation Plan

This plan is a mandatory floor plan of your home showing all doors and windows. In the plan, use arrows to mark two routes out of each bedroom, one of which must lead directly to the outside. The plan is to identify the location of fire extinguisher(s) and if necessary any special evacuation equipment such as a rope ladder. Finally indicate on the plan a safe meeting place outside to account for everyone. The required emergency evacuation plan template and emergency evaluation plan review log are located at the back of the LSI Preparation Guide and will be attached to your LSI scheduling email at the time of your inspection.

For the safety of the child, parents shall review and practice the evacuation plan with the child (as appropriate to his/her age and developmental level):

- Within 72 hours of the child's placement in the home,
- Within 72 homes of the relocation to another home, and
- At least once each year following the placement in the home.

Disaster Plan

It is currently best practice to have a written disaster plan that includes:

- Contact information for each child in care, including the name and telephone number of the primary care physician and the DCS Specialist's office number;
- A plan for relocation from the home in the event of displacement due to flood, fire, the breakdown of essential appliances, or other disasters.
- Contact information for your family such as out-to-town or state relatives or friends who would know your whereabouts in case of extreme disaster.

You should provide a copy of the plan to your DCS Specialist and to your licensing agency.

Notification of Major Events

Foster Caregivers must notify DCS within two (2) hours for major events that occur with a child in care including serious illness or injury, any non-accidental injury or sign of maltreatment, unexplained absence, severe psychiatric episode, death, or removal or attempted removal of a foster child by an unauthorized person or agency, other unusual circumstances which might seriously affect the health, safety, or the physical or emotional well-being of a child in care. Within 48 hours, DCS must be notified of the involvement of a child with law enforcement authorities.

Emergencies that require evacuation of the foster home must be reported to DCS within two (2) hours. Within 48 hours, report to DCS and licensing agency the serious illness or death of a member of the household, change in foster family or household composition, and absence of one foster parent from a two-parent household for more than seven continuous days.

A written report with details of the events must then be provided to DCS and the licensing agency who then notifies OLR. (See Title 21, Chapter 6)

Notification of Changes or Events in a Licensed Foster Family or Home

Licensed foster families need to notify their licensing agency who then notifies OLR of any of the following changes:

- Marriage or divorce;
- A new household member, defined as any person who will be in the home for thirty days or longer in a calendar year; consecutive days or periodically through the year for a total of 30 days or more.
- A temporary visitor who will be in the home a month or longer;
- Death or departure of a household member;
- A fire or emergency evacuation of the home;
- Moving to a new residence, and/or remodeling of the residence.

Foster Parent License – You and Your Residence are Licensed

A.R.S. §8-509 (A) states that foster home licenses are valid for two years. An annual life safety walk through by your Licensing Agency will also be done. Your licensing agency will be monitoring to ensure valid fingerprints clearance cards, criminal self-disclosure, health self-disclosure and physician's statement are on file.

Your foster home license is attached to your home address. If you plan to move to another residence, you must notify your licensing agency. Your licensing agency must notify OLR prior to your relocation to keep your license valid. A life safety inspection of the new residence is required to amend your license. For your license to remain in "good standing" this process must be completed before your current license expiration date.

Foster Parent License-You Own Your License

You are licensed by the State of Arizona. You have a Foster Parent Agreement with DCS and usually an agreement with your licensing agency. Should you choose to transfer to another agency; all of the records are property of the State of Arizona and should be given to the new agency at no cost to you.

Quick Connect

Quick Connect is an electronic application system for Family Foster Home Licensing. The system is designed for ease in completing and submitting applications online. The system permits licensing agencies and foster parent applicants to follow the progress of their applications and to print the license. If you are an applicant or licensee, your licensing agency may give you a logon ID and an initial password for the Quick Connect website.

Foster Parent License Renewal

Foster parents can complete renewal applications online through the Quick Connect (QC) system. To make that connection, you will need a logon ID and password. If a foster parent is uncomfortable, unable or unwilling to enter the information into the Quick Connect system, it is the responsibility of the licensing agency to do it.

You should receive a license renewal packet, from your licensing agency within at least 60 days of license expiration. If you do not, contact your licensing worker as soon as possible. A Life Safety Inspection will be scheduled approximately 90 days prior to your license expire date.
Important note! It is important to maintain a current foster care license so that foster reimbursements are not interrupted.

Foster Parent License Renewal Training

Each foster parent must have a required amount of in-service/advanced training, per licensing renewal period/timeframe. HCTC Professional Foster Homes and DDD certified homes require additional training hours each renewal year. Your licensing agency should notify you of regular agency trainings and other events. You and your licensing agency need to develop an annual Training Plan. The purpose is to guide you and your licensing worker in locating or arranging the training and workshops that meet your needs. Review the Plan with your licensing worker at least every 3 months.

Trainings, workshops, conferences, etc. from other licensing agencies as well as DCS and the RBHA, can be used to fulfill this requirement. All training hours are to be pre-approved by your licensing agency and in accordance with your current Training Plan.
Alternative formats for training can be utilized. Classes are available on the internet. CASA Programs offer training that may be an option. Go to www.azcourts.gov/dcsd, CASA Training link for more information or go to www.azafap.org. The internet hours can only be applied for up to ½ of the hours required by your licensing agency for license renewal.

DCS Investigation of the Foster Family

Concerns that involve suspected abuse, neglect or maltreatment must be reported to the DCS Child Abuse Intake Center Hotline, 1-888-767-2445. All calls determined to be a report are investigated by DCS. This includes reports pertaining to the adoptive and biological children of a foster family. DCS also responds to communications received about physical altercations or sexual conduct between the children in foster and adoptive homes. It is your obligation as a licensed foster parent to notify OLR if there is a DCS Investigation in your home whether it deals with a child in care or your own biological or adopted children.

When allegations involve children in care, the assigned DCS Specialist takes the lead role in conducting the investigation jointly with the child's CS Specialist and licensing worker(s). For those allegations of abuse or neglect pertaining to non-court wards, the CS Investigator will solely conduct the investigation.

If the allegation(s) is found to be proposed substantiated (probable cause), appropriate measures will be taken to remedy the problem and ensure the safety of all children in the home.
Once DCS investigation is complete OLR will review for any licensing rule violations.

Licensing Concerns in a Foster Home or Family

AAC R6-5-5816 requires that all complaints about a foster home be reported to the Office of Licensing and Regulation (OLR) which tracks all concerns. Licensing complaints are investigated by your licensing agency. OLR may perform an additional investigation of the complaint. During the investigation the representative of your licensing agency will be “wearing a different hat”. He or she needs to speak with all parties involved. After the investigation the Licensing Agency then sends a report to OLR within 60 days of the receipt of the investigation request from OLR. An investigation may result in several actions (see below).

Letter of Concern

One action is a letter from OLR sent to you, the licensee, and one to your licensing agency. A Letter of Concern may be issued when there is a licensing violation from which a foster child experienced no harm or when OLR believes conditions in a licensed foster home *may lead to future licensing violations*. Letters of Concern are retained in an OLR file. They create a historical record and can be used in the future for an adverse action, such as suspension or revocation, in conjunction with other evidence.

Corrective Action Plan (CAP)

This action is a written plan which describes the steps a foster family must take within a specific period of time to remedy licensing violations. The corrective action plan (CAP) has two parts. The first part describes the presenting problem, the tasks needed to resolve the problem, the responsible parties, the completion dates and the consequences for non-compliance. The second part documents the outcome of the tasks completed and the date of the assessment of the completed corrective action. The goal of the corrective action plan is to give licensed foster parents clear information on the issue(s) and how to fix the issue(s). If a licensing complaint leads to a CAP, the CAP is not appealable by the licensed foster parent. Failure to complete a CAP may result in suspension or revocation of a foster home license.

Kinship Foster Care Waivers of Licensing Rules

The Fostering Connections to Success 2008 federal law permits DCS to waive "non-safety" licensing rules on a case-by-case basis for relatives under certain conditions. This means that relatives do not always have to meet certain rules, such as bedroom/sleeping space and income requirements. Safety requirements about criminal and child abuse or neglect history, as well as legal residence of the caregiver and other adults living in the home, cannot be waived. Requirements related to a spouse who is not living the home cannot be waived. Most waivers are time limited with a timeframe to meet compliance with the rule.

Kinship waivers can only be granted to caregivers who are determined to be a relative or kin to the child's family. Waivers are granted only when there is no other means to comply with the rule. Kinship caregivers work with the licensing agency to provide the documentation to request a waiver from OLR. The licensing agency sends a Preliminary Consideration Waiver (LCR-1074A) to OLR.

Supports

Arizona Association for Foster and Adoptive Parents (AZAFAP)

AZAFAP is a non-profit, statewide membership organization that serves families who adopt, provide foster and kinship. Working in partnership with child welfare professionals and the community, the Association's purpose is to support, educate, empower and provide a voice for Arizona's foster and adoptive families, with the goal of increasing the well-being and stability of Arizona's most vulnerable children. For further information, visit their website at www.azafap.org.

DCS "Warm Line' for Foster Caregivers

The Warm Line seeks to provide Foster Caregivers with requested information, assistance with authorizations for services, timely communication, and support from DCS. The Warm Line is not intended to take the place or substitute for regular communication between the DCS Specialist and the Foster Caregiver. Call 1-877-KIDSNEEDU (1-877-543-7633) and select Option 3. A Warm Line designee will be available during the hours of 8:15 am to 4:30 pm Monday through Friday. In addition, the caller will have the option to leave a message 24/7.

DCS Liaison to Tribes

DCS is focused on providing services in ways that are culturally sensitive and appropriate. The DCS Tribal Liaison and Indian Child Welfare Specialist work with 21 American Indian Tribes throughout Arizona on a variety of human services issues, including services to support self-sufficiency – and safety – such as child welfare. These staff provide guidance, advice and education to DCS stakeholders such as Foster Caregivers regarding the state's American Indian tribes and their particular strengths, needs and challenges. For more information you can contact the DCS Office of Tribal Relations: Kenneth Poocha, Intergovernmental Tribal Liaison at 928-759-1916 or Lisa Cadman, DCS ICWA Specialist at 602-255-2537.

Arizona Ombudsman-Citizens' Aide

The State of Arizona has staff available to advocate for individuals in need of help/support, who are working with State of Arizona governmental agencies. This office is separate from the DCS Ombudsman. The State Ombudsman may be reached at 602-277-7292 or toll-free 1-800-872-2879. Please see their website for more information: http://www.azoca.gov/complaint-procedure/

Provider Indemnity Program (PIP) - Risk Management Insurance

This is the State of Arizona provider program that oversees claims for damages caused by children in care. Coverage includes:

- General Liability such as bodily injury, property damage or personal injury resulting from the direct or incidental care of a child in care.
- Damage to Personal Property which includes physical damage or destruction of the real and personal property. However, the damage must actually be caused by the child in care.

Coverage is provided on a replacement cost less depreciation basis for the loss of or damage to real or personal property as a result of the child in care's actions.

A Significant Incident form is to be completed. Refer to Significant Incident Notification.
Please call or go to the web site for exclusions of coverage and more detailed information. To file a claim, contact them at 602-542-2180. For more information about the Provider Indemnity Program (PIP) administered by Risk Management, please refer to their informational brochure at http://www.azrisk.state.az.us/UserFiles/PDF/insurance/ProviderIndemnityProgram.pdf.

Arizona Friends of Foster Care Foundation

The AFFCF is a non-profit charity organized to promote the self-esteem and enrich the lives of Arizona's children in care by funding activities, education, and other needs to provide them with quality experiences while they live through difficult circumstances. An application must be submitted and the receipts must be provided as they provide grants for items that are not funded by State or other programs, including:

- Little league, soccer, football, and other team sport fees, shoes, and uniforms
- Sports lessons, equipment, and league fees
- Dance and music lessons
- Musical instrument rentals and purchase (after a minimum of 1 year of rental)
- Sports and other lesson renewals up to one year
- Bicycles (with lock and helmet)
- Roller blades, pads, and helmet
- Theme park admission ticket, plus $20 spending money, up to a maximum of $180 per child per trip.
- Class trips
- Letter jackets
- Prom clothes, tickets, and photos up to a $300 maximum
- Graduation clothes for graduations other than high school, and high school graduation clothes for children on independent living who do not receive DES graduation monies
- Post-secondary education and training
- Apartment set-ups

Requests for assistance from Arizona Friends of Foster Children Foundation will need the signature of the DCS Specialist. The Kinship Caregiver can complete the application. To learn more about the Foundation and to complete an application, go to their website at http://affcf.org or call 602-252-9445.

The DES/Division of Developmental Disabilities (DDD)

DDD provides needed supports to children and adults who meet the following eligibility requirements:

- A strongly demonstrated potential that a child under the age of six years is developmentally disabled or will become developmentally disabled as determined by a test, or
- A severe chronic disability which is attributable to mental retardation, cerebral palsy, epilepsy or autism which is manifested before the age of 18 and is likely to continue indefinitely and results in substantial functional limitations in three or more areas of major life activity:

  ✓ Self-care: eating, hygiene, bathing, etc.

- ✓ Receptive and expressive language: communicating with others.
- ✓ Learning: acquiring and processing new information.
- ✓ Mobility: moving from place to place.
- ✓ Self-direction: managing personal finances, protecting self-interest, or making independent decisions which may affect well-being.
- ✓ Capacity for independent living: needing supervision or assistance on a daily basis.
- ✓ Economic self-sufficiency: being able to financially support oneself.

It reflects the need for a combination and sequence of individually planned or coordinated special or other services, which are life-long, or of extended duration. Please go to http://www.azdes.gov/ddd/ for more information. Should you believe your child in care qualifies for DDD services, please contact your DCS Specialist to discuss the referral.

DES/DDD Child Developmental Homes (CDH)

Some Foster Caregivers choose to provide care to children who have developmental disabilities and receive services through the Arizona Division of Developmental Disabilities. They also complete the Foster Parent College and receive an additional 16-20 hours of specialized training prior to licensure. Child Developmental Foster Caregivers must be certified and maintain certification in CPR and First Aid. In addition to foster care, families licensed as CDH also provide "habilitation" which includes a variety of interventions and training such as special developmental skills, special behavior interventions, sensory motor development, alternative and adaptive communication, self-help skills, physical mobility, personal care and adaptive living skills which are designed to maximize the functioning of children and youth with developmental disabilities. The "habilitation" is a federally funded service. Furthermore, Child Developmental Homes also have additional rules that guide both the licensing process, care of children in the home, other residents in the home and on the grounds, record keeping, etc.

Arizona WIC Program or Women, Infant and Children (WIC)

The Arizona Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides nutrition education and breastfeeding support services, supplemental nutritious foods and referrals to health and social services. WIC serves pregnant, breastfeeding, and postpartum women; infants; and children under the age of five who are determined to be at nutritional risk. The WIC Program is funded by the United States Department of Agriculture.

WIC is a nutrition program that teaches about eating well and staying healthy. WIC offers foster caregivers:

- Free nutrition supplementation program
- Experts in nutrition for infants, toddlers and preschoolers
- Personalized nutrition tips and support for Foster Caregivers
- Referrals to other community resources
- Healthy foods and recipes

WIC nutrition educators will work with Foster Caregivers to learn about building trust with the child due to trauma, infant feeding guidelines, benefits of creating family mealtime, how to handle picky eaters, child involvement in meal preparation, and much more.

Find out if you are eligible by visiting azwic.gov and to find a clinic near you.

Boy's and Girl's Club Membership

The Boy's and Girl's Clubs offer free, after school services to children in care 6 to 18 years old. Use your child's CMDP card for membership enrollment. Additionally, check with B&G's Clubs for Vacation Day Camps, Sport's Leagues and Young Champions, which include; Pom and Cheer and Karate. Check with your local clubs to see if they participate. There may be fees and other costs required for the child to participate in some programs.

Raising Special Kids

Raising Special Kids provides information, training, resources, and support to families of children with disabilities and special health care needs in Arizona. Parent-to-Parent support has always been the heart of Raising Special Kids. Each year, families are connected with veteran "mentor" parents who have walked a similar path, and who understand the challenges of raising a child with a disability or special health care need. Staff assist families in identifying and locating appropriate resources. Workshops offer training in a variety of skills including advocacy, effective communication and collaboration techniques. Workshops are available for families to aid in acquiring skills and information beneficial to parenting children with disabilities or special health care needs. RSK work hard to provide our workshops to families at no cost. Raising Special Kids provides training and consultation in special education to families, schools, teachers, and other professionals; provides families with assistance in navigating health care systems. Contact at them at 602-242-4366 or 1-800-237-3007 or at their website www.raisingspecialkids.org.

MIKID (Mentally Ill Kids in Distress)

MIKID provides help and support to families in Arizona with behaviorally challenged children, youth and young adults. MIKID offers information on children's issues, Internet access to parents, referrals to resources, educational speakers, support groups, holiday and birthday support for children in out-of-home placement and parent-to-parent volunteer mentors.
Contact them at (602) 253-1240 or (520) 882-0142 or 1-800-356-4543 or their website www.mikid.org

NAMI Arizona (National Alliance on Mental Illness)

NAMI Arizona has a statewide HelpLine for information on mental illness, referrals to treatment and community services (though remember foster children must receive behavioral health services though the Regional Behavioral Health Authority), and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education, and advocacy to people of all ages who are affected by mental illness and their families. Contact them at (602) 244-8166 or (800) 626-5022 outside greater Phoenix or their website www.namiaz.org.

The Q Line

The Q Line is a 24 hours support helpline for LGBT (Lesbian, Gay, Bisexual, Transgender**)** youth and allies. It is unique in that it is a clearing house for support services in AZ. It is based out of La Frontera Empact, 800-527-4747 or local 480-736-4925. Ask them for location resource information.

PFLAG (Parents, Families and Friends of Lesbians and Gays)

PFLAG is a national support, education and advocacy organization for lesbian, gay, bisexual and transgender (LGBT) people, their families, friends and allies. PFLAG has chapter helplines, support group meetings and resources. PFLAG educates families and communities on sexual orientation, gender identity and LGBT issues. PFLAG is a non-profit organization and is not affiliated with any religious or political institutions. http://www.pflagarizona.org provides information on the fourteen PFLAG chapters around AZ.

Trans Youth Family Allies (TYFA)

TYFA is a national organization to empower children and families by partnering with educators, service providers and communities, to develop supportive environments in which gender may be expressed and respected. It is an internet support and education site for transgender children and their families. Check their website imatyfa.org for Arizona information.

Community Resources

- Free or Reduced Cost City Programs: Check with your local Parks and Recreation to see if they offer free or reduced cost programs.
- Free or reduced membership to the YMCA, check with your local facility.
- Arizona 2.1.1
- For additional resources please call the Warm Line at 877-543-7633 option 3.
- Free children's clothes, furniture and personal articles may be available through community charitable or church organizations. Please check with your local churches, civic groups or charitable organizations.

Acronyms

Acronym	Word, Definition or Phrase
AA	Alcoholics Anonymous
AAC	Arizona Administrative Code
AAG	Assistant Attorney General
ACJS	Arizona Criminal Justice System
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADCS	Arizona Department of Child Safety
ADES	Arizona Department of Economic Security
ADHD	Attention Deficit Hyperactivity Disorder
ADHS	Arizona Department of Health Services
ADJC	Arizona Department of Juvenile Corrections
ADCS	Arizona Department of Child Safety
ADL	Activities of Daily Living
ADOC	Arizona Department of Corrections
AFFCF	AZ Friends of Foster Care Foundation
AG	Attorney General
AHCCCS	Arizona Health Care Cost Containment System
AIDS	Acquired Immunodeficiency Syndrome
AITI	AZ Infant Toddler Institute
AKA	Also Known As
ALTCS	Arizona Long Term Care System
AMI	Alliance for the Mentally Ill
AMA	American Medical Association
AM1	Adoption Subsidy Maintenance 1
AM2	Adoption Subsidy Maintenance 2
AM3	Adoption Subsidy Maintenance 3
AM4	Adoption Subsidy Maintenance 4 (therapeutic)
A/N	Abuse/Neglect
APA	American Pediatric Association or American Psychiatric Association or American Psychological Association
APM	Assistant Program Manager
APPLA	Another Planned Permanent Living Arrangement
APS	Adult Protective Services
ARS	Arizona Revised Statutes
ASFA	Adoption & Safe Families Act
ASH	Arizona State Hospital
AWA	Adam Walsh Act

Acronym	Word, Definition or Phrase
AWOL	Absent Without Leave
AXIS I	Psychiatric Diagnoses
AXIS II	Developmental Diagnoses
AXIS III	Physical Diseases and/or Diagnoses
AXIS IV	Psychological Stress Factors
AXIS V	Global functioning of psychological, social and occupational functioning
AzAFAP	Az Association for Foster and Adoptive Parents
AzBOF	Arizona Board of Fingerprinting
AzEIP	Arizona Early Intervention Program
AZPS MAPP	Arizona Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting
BHS	Behavioral Health Services
BIA	Bureau of Indian Affairs
BX	Behavior
CAP	Corrective Action Plan
CASA	Court Appointed Special Advocate
CBT	Cognitive Behavioral Treatment
CCA	Child Care Administration
CCR&R	Child Care Resource and Referral
CDH	Child Development Team
CFT	Child and Family Team

Acronym	Word, Definition or Phrase
CHILDS	Children's Information Library & Data Source (software program for CPS)
CIT	Crisis Intervention Team
CM	Case Manager
CMDP	Comprehensive Medical & Dental Program
CMI	Chronically Mentally Ill
COB	Close of Business
COT	Court Ordered Treatment
CP	Case Plan
CPC	Certified Professional Counselor
CPC	Change in Physical Custody
CSRA	Child Safety Risk Assessment
CSP	Child Safety Plan
C2C	Cradle to Crayons
DAD	Deputy Assistant Director
DCS	Department of Child Safety
DCSE	Division of Child Support Enforcement
DD	Developmental Disabilities
DDD	Division of Developmental Disabilities (DES)
DES	Department of Economic Security
DHHS	Department of Health & Human Services
DHSA	Department of Health Services

Acronym	Word, Definition or Phrase
DJC	Department of Juvenile Corrections
DOB	Date of Birth
DOC	Department of Corrections
DOE	Department of Education
DPM	Deputy Program Manager
DPM	District Program Manager
DSM IV	Diagnostic & Statistical Manual of Mental Disorders, fourth edition
DV	Domestic Violence
EEO	Equal Employment Opportunity
EPSDT	Early & Periodic Screening & Diagnosis & treatment
ER	Emergency Room
EVAL	Evaluation
FAA	Family Assistance Administration
FAC	Family Advocacy Center
FAE	Fetal Alcohol Effect
FAPE	Free Appropriate Public Education
FAS	Fetal Alcohol Syndrome
FC	Foster Child(ren)
FCC	Fingerprint Clearance Card
FCP	Family Centered Practice
FCRB	Foster Care Review Board
FERPA	Family Educational Rights & Privacy Act

Acronym	Word, Definition or Phrase
FFH	Family Foster Home
FFMF	Foster Care Medically Fragile Rate
FGDM	Family Group Decision Making
FPPT	Family Preservation Program Team
FSP	Family Support Partner
FTT	Failure to Thrive
GAF	Global Assessment of Functioning
GAL	Guardian Ad Litem
GCMS	Gas Chromatography/Mass Spectrometry
GED	General Education Diploma
GOC	Governor’s Office for Children
HFAz	Healthy Families Arizona
HIPAA	Health Insurance Portability & Accountability Act
HIV	Human Immunodeficiency Virus
HSS	Human Services Specialist
HSW	Human Services Worker
HV	Home Visit
HX	History
ICM	Intensive Case Manager
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IDEA	Individuals with Disabilities

Acronym	Word, Definition or Phrase
	Education Act
IDT	Interdisciplinary Team
IEP	Individual Education Plan/Program
IFSP	Individual Family Service Plan
IL	Independent Living
ILS	Independent Living Skills
ISP	Individual Service Plan
ITP	Individual Transition Plan
JPO	Juvenile Probation Officer
JTPA	Job Training Partnership Act
LAC	Licensed Addiction Counselor
LAC	Licensed Associate Counselor
LCSW	Licensed Clinical Social Worker
LD	Learning Disability
LMFT	Licensed Marriage & Family Therapist
LOC	Level of Care
LOS	Lack of Supervision
LPC	Licensed Professional Counselor
LSAC	Licensed Substance Abuse Counselor
LTC	Long Term Care
LTFC	Long Term Foster Care
MC	Medically Complex
MDT	Multi-Disciplinary Team

Acronym	Word, Definition or Phrase
MGM	Maternal Grandmother
MMPI	Minnesota Multiphasic Personality Inventory
MSW	Master's of Social Work
NA	Narcotics Anonymous
NARBHA	Northern Arizona Regional Behavioral Health Authority
NCP	Non-Custodial Parent
OCD	Obsessive Compulsive Disorder
OJT	On the Job Training
OLCR	Office of Licensing, Certification and Regulation (DES/DD)
OLR	Office of Licensing and Regulation (DCS)
OOH	Out Of Home
OSI	Office of Special Investigations
OT	Occupational Therapy (Therapist)
PA	Prior Authorization
PCP	Primary Care Provider
PFFC	Professional Family Foster Care
PFH	Professional Foster Home
PGF	Paternal Grandfather
PHC	Pre-hearing Conference
PIP	Partnership In Parenting
PIP	Provider Indemnity Program
PM	Program Manager

Acronym	Word, Definition or Phrase
PML	Preferred Medication List
PO	Probation Officer
POA	Power of Attorney
PPC	Preliminary Protective Conference
PPH	Preliminary Protective Hearing
PT	Physical therapy
PTSD	Post-Traumatic Stress Disorder
PWR	Placed With Relative
R&R	Report & Review Hearing
RAD	Reactive Attachment Disorder
RBHA	Regional Behavioral Health Authority
RRT	Rapid Response Team
RTC	Residential Treatment Center
RX	Prescribed Prescriptions
S/A	Substance Abuse
SBHS	Southwest Behavioral Health Services
SBS	Shaken Baby Syndrome
SED	Sever Emotional Disturbance
SEN	Substance Exposed Newborn
SIDS	Sudden Infant Death Syndrome
SMI	Serious Mental Illness
SNAP	Supplemental Nutrition Assistance Program (formerly Food Stamps)

Acronym	Word, Definition or Phrase
SP2	Special 2 Foster Care Rate
SP3	Special 3 Foster Care Rate
SRO	School Resource Officer
SS# or SSN	Social Security Number
SSA	Social Security Administration
SSA	Social Security Act
SSDI	Social Security Disability Income
SSI	Supplemental Social Security Income
STD	Sexually Transmitted Disease
TANF	Temporary Assistance for Needy Families
TASC	Treatment Assessment Screening Center
TBI	Traumatic Brain Injury
TCC	Transitional Child Care
TCI	Trauma Informed Care
TCN	Temporary Custody Notice
TCO	Temporary Custody Only
TCW	Temporary Custody / Ward
TDM	Team Decision Making
TGH	Therapeutic Group Home
THRIVE	Therapeutic Help to Reach Infants Very Early
Title II	Social Security Disability / Survivor benefits

Acronym	Word, Definition or Phrase
Title IV-B	Federal Funds for Child Welfare Services
Title IV-E	Federal entitlement program for Out of Home Placement of Children
Title XIX	Medicaid provision of Federal Social Security Act
Title XVI	Social Security Supplemental Income
TPR	Termination of Parental Rights

Acronym	Word, Definition or Phrase
TRBHA	Tribal Regional Behavioral Health Authority
TX	Treatment
UCC	Urgent Care Center
VR	Vocational Rehabilitation
WIC	Women, Infants & Children
YAP	Young Adult Program

Bridging the Gap of Separation Between Children and Their Families

A Continuum of Contact for FOSTER PARENTS

Family Participation

- Attend parenting classes with birth parents
- Arrange family visits with parents
- Welcome parents into your home
- Include birth parents in farewell activities
- Serve as support to family following reunification
- Foster parents provide respite care to birth family after reunification

Supportive Contact

- Attend training to learn how to work directly with birth parents
- Have a non-threatening attitude
- Meet child's family at placement
- Talk with parent at visit
- Encourage parents to phone child
- Refer to child as "your child" to birth parents
- Share child's life book with parents
- Learn about, understand & respect the birth parents' culture
- Help birth parents find community resources
- Transport child to visit
- Share parenting information
- Attend staffings, status reviews
- Encourage/reassure reunification

Mentoring Contact

- Invite child's family to attend school programs
- Give parents verbal progress reports
- Ask parents to come to appointments
- Review child's visit with parents
- Take/pick-up child to/at parents' home
- Foster parents transport birth parents to meeting
- Assist in planning child's return to birth home
- Serve as parents' mentor

Minimal Contact

- Have positive view of child's family
- Talk openly with child about family
- Dress up child for visit
- Exchange letters with child's family via case manager
- Foster parents hosts/arranges sibling visits
- Call child's parents on phone
- Brag to parent about child
- Request pictures of child's family to display in child's room
- Give parents pictures of child
- Share copies of homework & report cards with family
- Send snack/activity for visit
- Encourage parent's progress
- Provide written information for status reviews
- Share monthly progress reports with birth parents
- Request cultural info from birth parents

Based on the work of Denise A. Goodman, Ph.D., "Working with the Child's Family."

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ARIZONA DEPARTMENT OF CHILD SAFETY

FAMILY FOSTER HOME CARE RATES AND FEES SCHEDULE

Rates effective July 1, 2015

Licensed Foster Home Rates (Non-Relative and Kinship Foster Care) **Service Group: Foster Care**

Service Type Category	Service Type Description	Age Range	Daily Rate	Daily Clothing Allowance	Daily Personal Allowance	Daily Total
FAM FHM DAY/Basic	Foster Care	0 – 12 Months	$19.68	$0.53	$2.10*	$22.31
FAM FHM DAY/Basic	Foster Care	1 – 2 Years	$19.68	$0.53	$0.95**	$21.16
FAM FHM DAY/Basic	Foster Care	3 – 5 Years	$19.68	$0.53	$0.10	$20.31
FAM FHM DAY/Basic	Foster Care	6 – 11 Years	$19.68	$0.79	$0.33	$20.80
FAM FHM DAY/Basic	Foster Care	12 – 18+ Years	$27.15	$1.02	$0.72	$28.89

Rates for children approved at higher levels of care.

SP2 Level	Foster Care Special 2	0 – 12 Months	$23.52	$0.53	$2.10*	$26.15
SP2 Level	Foster Care Special 2	1 – 2 Years	$23.52	$0.53	$0.95**	$25.00
SP2 Level	Foster Care Special 2	3 – 5 Years	$23.52	$0.53	$0.10	$24.15
SP2 Level	Foster Care Special 2	6 – 11 Years	$23.52	$0.79	$0.33	$24.64
SP2 Level	Foster Care Special 2	12 – 18+ Years	$29.40	$1.02	$0.72	$31.14
SP3 Level	Foster Care Special 3	0 – 12 Months	$29.94	$0.53	$2.10*	$32.57
SP3 Level	Foster Care Special 3	1 – 2 Years	$29.94	$0.53	$0.95**	$31.42
SP3 Level	Foster Care Special 3	3 – 5 Years	$29.94	$0.53	$0.10	$30.57
SP3 Level	Foster Care Special 3	6 – 11 Years	$29.94	$0.79	$0.33	$31.06
SP3 Level	Foster Care Special 3	12 – 18+ Years	$37.42	$1.02	$0.72	$39.16
FAM FHM MED FRG FFMF	Foster Care Medically Fragile	0 – 12 Months	$35.75	$0.53	$2.10*	$38.38
FAM FHM MED FRG FFMF	Foster Care Medically Fragile	1 – 2 Years	$35.75	$0.53	$0.95**	$37.23
FAM FHM MED FRG FFMF	Foster Care Medically Fragile	3 – 5 Years	$35.75	$0.53	$0.10	$36.38
FAM FHM MED FRG FFMF	Foster Care Medically Fragile	6 – 11 Years	$35.75	$0.79	$0.33	$36.87
FAM FHM MED FRG FFMF	Foster Care Medically Fragile	12 – 18+ Years	$44.69	$1.02	$0.72	$46.43

***For diapers and formula** ****For diapers**

Daily rates are determined by the age of the child on the first day of the month.

For more information, see the Children's Services Manual, Chapter 6, Section 21, Facilitating Payment to Resource Families Providing Foster Care.

Unlicensed Kinship Foster Care (Relative Providers) **Service Group: Foster Care**

Service Type Category	Service Type Description	Age Range	Daily Clothing Allowance	Daily Personal Allowance	Daily Total
Kinship Foster Care *(Unlicensed Relative)* ***OR*** Kinship Foster Care - Licensed applied for	URED	0 – 12 Months	$0.53	$2.10*	$2.63
		1 -2 Years	$0.53	$0.95**	$1.48
	URAD	3 – 5 Years	$0.53	$0.10	$0.63
		6 – 11 Years	$0.79	$0.33	$1.12
		12 – 18+ Years	$1.02	$0.72	$1.74

***For diapers and formula** ****For diapers**

Unlicensed Non-Kinship Providers **Service Group: Foster Care**

Service Type Category	Service Type Description	Age Range	Daily Clothing Allowance	Daily Personal Allowance	Daily Total
Unlicensed Non-Relative	URN	0 – 12 Months	$0.53	$2.10*	$2.63
		1 -2 Years	$0.53	$0.95**	$1.48
		3 – 5 Years	$0.53	$0.10	$.063
		6 – 11 Years	$0.79	$0.33	$1.12
		12 – 18+ Years	$1.02	$0.72	$1.74

Auxiliary Payments and Special Allowances/Supplemental Financial Supports **Service Group: Allowances**

Service Type Category	Service Type Description	Uses, Maximum Amounts and Qualifiers. Approval levels are designated in CHILDS.
EMRG CLTH ALLOW	Emergency Clothing	$150 maximum per state fiscal year. Independent Living Subsidy program youth are ***not*** eligible for this allowance.
EMRG CLTH EXTRA	Emergency Clothing – Extra	$100 maximum per state fiscal year. (examples: Fire, Flood, Theft). Independent Living Subsidy program youth are ***not*** eligible for this allowance.
BOOKS/EDUCATION	Books Education Expenses	$82.50 maximum per school year for all dependent children. For books, supplies, course fees, student services and physical education fees/equipment. May be approved for special pre-school and college level, technical and vocational classes.
SUPP SCH TUIT	Supplemental Extra School Tuition and Fees	$165 maximum per session. For use during summer sessions or interim sessions at year round schools.
GRADUATION	Graduation Expenses	$220 maximum. Available for High School only for cap, gown, ring, yearbook, and other graduation related fees.
SPECIAL NEEDS	Special Needs Allowance	$22.50 maximum per state fiscal year. Available to assist foster parents with expenses such as holidays, birthdays, and special occasions. Independent Living Subsidy program youth are ***not*** eligible for this allowance.
CAMP AND VACATION	Camp and Vacation Allowance	Suspended.
PASSPORT	Passport Allowance	Reimbursement for the actual cost of obtaining a passport book or card. Receipts are required. Effective 1/1/09 and is a one-time reimbursement per child.
DIAPERS-SPECIAL	Diaper – Special	$62.50 maximum per month. This allowance must be authorized monthly. Available with medical documentation for children who require additional funds for diapers.

Auxiliary Payments and Special Allowances/Supplemental Financial Supports are available to licensed family foster care providers and unlicensed kinship and non-relative providers.

The ADCS Caregiver* Procedures for Reasonable and Prudent Parenting (RPPS)
Handout 11

Activity Category	**GREEN – RPPS APPLIES.** Caregiver may make a **reasonable and prudent parenting decision** without consulting the Department in advance as long as the activity is developmentally and age appropriate.	**RED – RPPS DOES NOT APPLY**. Caregiver must contact the Dept. (DCS) for approval / consultation
Children on Probation or Parole	Cannot consider the Reasonable and Prudent Parent Standard until it is determined the activity is in compliance with the court orders and terms, and conditions of the probation or parole.	The terms or conditions of Probation or Parole are court orders and therefore RPPS decisions cannot supersede the established court orders For each decision requiring approval / consultation or notification of the Department. The caregiver is to seek approval, notify or consult with both the DCS Child Safety Specialist and the assigned Probation or Parole Officer.
Parental Input for Decision Making…Shared Parenting	The birth parent's input should be sought, considered and valued in the decision making process. Soon after placement, the caregiver and parent should meet to start the shared parenting relationship. The caregiver should seek guidance and assistance from the parent for general decisions made through the Reasonable and Prudent Parent Standard. A preferred method of communication should be established. Caregivers are to contact the parents, unless there is a safety concern noted by DCS, prior to participation in the specific activity. The collaboration may occur in a CFT Meeting, a Case Plan Meeting, before or after a family visitation, as a telephone call, an email or whatever communication method is best.	If consensus cannot be reached and the decision can wait, seek the advice of the DCS Child Safety Specialist or Child and Family Team (CFT). DCS or the CFT will document the decision and determine if court approval is necessary. After listening and sincerely considering the parents input, a decision is to be made by the caregiver. The noted concerns of

	As caregivers, we can model the concept of critical thinking by the verbal discussion with the child and parent. Go through the steps of what questions you ask and what determines your answer. This will teach both the child and parent the thought process to come to a decision. It also affords the child to see that the adults in their life have their best interest at heart and are working in collaboration. After listening and sincerely considering the parents input, a decision is to be made by the caregiver. The noted concerns of the parent may not necessarily determine the participation of the child in that specific activity.	the parent may not necessarily determine the participation of the child in that specific activity.
Recreation with Caregivers	*Examples include but are not limited to movies, community events, hiking, camping, and swimming with the caregiver.* Caregivers are not required to notify DCS for in state outings up to 48 hours.	Caregivers must notify DCS of outings more than 2 days and less than 7 days in length. Caregivers must seek DCS approval for in state outings if 7 or more days in length.
Entertainment	Caregivers are encouraged to allow the child to make age appropriate choices with respect to media activities, such as movies, video games, music, magazines and internet usage. A child should generally be allowed to choose entertainment that reflects his/her taste and preference. Ratings and parental warnings or guidelines should be followed; however, the caregiver should also take into account the child's developmental and maturity level, potential sensitivity to certain subject matter and other relative factors. No child should be forced into a particular type of activity.	
Short Term Caregiver	The Arizona law gives foster parents the ability to have another adult (18 years of age or older) caregiver provide short-term care for a child in foster care. The law allows foster parents to use their 'reasonable judgment' in selecting short-term caregivers for children in foster care. Specifically, the law states that foster parents must: • Use reasonable judgment in their choice of an adult to provide care.	Notify the DCS Child Safety Specialist within 24 hours in a non-emergency situation. Notify the DCS Child Safety Specialist within 72 hours for an

	• Notify the DCS Child Safety Specialist within 24 hours in a non-emergency situation. • Notify the DCS Child Safety Specialist within 72 hours in an emergency situation. When selecting a short-term caregiver, the foster parent must keep in mind the ability of the short-term caregiver to meet the specific needs of the child including administering medication and medication storage, school/child care schedules, medical and behavioral health appointments, visitation and transportation to and from these appointments. For continuity of care, the short-term care giver should have the CMDP card and a contact list including: the DCS Child Safety Specialist, the juvenile probation officer (if applicable), school information, primary care physician, behavioral health provider, transportation provider for visits and how the caregiver can be reached. Examples of non-emergency situations could include going out to dinner, to a movie, running errands, grocery shopping or allowing children to be in the nursery at church. An emergency situation may include a death in the family, serious illness in the family or extended family, another child in the home in the hospital, foster parent illness, unexpected heating, cooling or plumbing issues in the home or home damage from a storm. The short-term caregiver arrangement does not apply to typical and recurrent day care or respite care situations. Any payment arrangements must be made privately between the primary caregiver and the short-term caregiver.	emergency situation. Remember, use of short-term caregivers does not apply to a child with a developmental disability, a child in a therapeutic/treatment foster care placement or a medically fragile/complex child. For these children an alternate care plan approved by DCS is required if the foster parent must leave the child in the care of another person. This law does not apply to children placed in congregate care settings.
Background checks	Background screening is not a requirement for participation in community activities. Criminal and abuse/neglect central registry checks for dating, outings and activities with friends, families and school and church groups are not necessary for participation in normal school or community activities.	A background check may be requested if there reason to believe the people the child is visiting have a criminal history. In this situation, consult with the DCS Child Safety Specialist. As always, the “prudent parent

		standard" should be applied in making these decisions.
Social / Extracurricular **(Without the caregiver being present)**	*Including but not limited to camps, field trips, school related activities, church activities, youth organizations, sport, and social activities with peers, etc. where the caregiver is not a chaperone or present.* This law encourages children participate in extracurricular activities to the extent that the caregiver feels the specific activity is appropriate for the child's developmental level. A child in care can participate in school or organized sports and activities. Caregivers may sign permission slips for these activities. The caregiver must ensure that the child has the correct safety equipment, any necessary permission and training necessary to safely engage in each activity which the child participates.	The caregiver must contact DCS for pre-approval of any overnight event exceeding two nights, where the caregiver is not present.
Going to a friend's home	Creating and maintaining peer social interaction are encouraged by the federal law. • Meet face-to-face with the friend's parents at least once before the first outing. • Talk to the friend's parents where the foster child is staying to avoid relying on child to child communication for all information. • Confirm transportation arrangements (who is driving, who will be in the car) • Who is going to be in the home? • Confirm pick up and drop off times and locations • What are the plans for time spent in the home? • Have foster child call if there are changes to the previous arrangements such as, the foster child and his or her friend decide to leave or if other people are coming over so you can confirm plans and grant permission. • Make a plan if child becomes uncomfortable	

	• Exchange phone numbers with parents • Give the child YOUR phone number	
Overnights / Sleep Overs	The foster child may spend the night in an unlicensed settings with the permission of their caregivers for no more thantwo consecutive nights. The caregiver is to know where and with whom the child is staying and the type of supervision and care the child shall be receiving before approving the activity. • Talk to the parents where the child is staying to avoid relying on child to child communication for all information or meet face-to-face with the parents/guardians of the family with whom the foster child will be staying overnight to ensure, as best as possible, the safety of the child. • Determine any other individuals who will be in the home during the overnight stay and determine, as best as possible, that they will not endanger the child's safety. • Share all emergency contact information with the host family. • How will the child's medications be administered? ▪ Will the host parents be administering the medications? ▪ Can the child self-administer the medications?* ▪ Will you be driving over and administering the medications? • Given all historical information about the foster child, the caregiver must be vigilant in ensuring the overnight stay does not pose any risks to either the foster child or anyone else in the host's home. • Ask what the sleeping arrangements will be. • Is a parent or parents going to be home all night? • Confirm pick up and drop off times and locations. • What are the plans for the evening? • Will everyone remain in the home? • If plans change ensure the child know to call so you can give a verbal approval. • Make a plan if the child becomes uncomfortable. • Give child YOUR phone number. •	Any overnight event that will exceed two nights. *Prior written DCS Child Safety Specialist approval is needed for the child to self-administer prescribed medication(s). Only medications for the period of time away are to be sent, in the original labeled bottles. Check with your agency to see a medication transfer document is required or if a medication log is required?

Leaving A Child Unsupervised in the foster home	The caregiver may approve a child age 12 years and older to be unsupervised for reasonable amounts of time; however unsupervised time should be decided based on the child's functioning, current behavior, history and ability. The child is to have resided in the placement for a minimum of 14 days prior to the consideration of being allowed unsupervised time. The caregiver must also take into account the child's maturity level, the caregiver's familiarity with the child and the child's comfort level with being home alone when determining if it is appropriate to allow the child to be home alone and the length of time the child can be alone. The caregiver must also provide all emergency contact information to the child and ensure the child knows how to follow safety practices. When leaving a child home alone, the caregiver must make sure the child knows where the emergency numbers are posted, knows the emergency procedures, and knows where and how to contact the caregiver.	No child under the age of 12 years of age may not be left unsupervised. No child may be left unsupervised overnight. A child in therapeutic foster care may not be left unsupervised.
Key to the house	The caregiver can decide whether or not to provide a house key to child in their care. If they decide not to provide the child a key, the caregiver must make provisions for the child to have immediate access if arriving home before others or in an emergency situation.	
Public destinations without adult supervision **Going to the mall, school sporting events, the movies, etc.**	Children who are 12 years of age or older may be allowed to visit public destinations without an accompanying adult. However, the caregiver must determine if that is appropriate given the child's developmental and maturity level, history and other such factors. The caregiver also has to determine that the area is safe, appropriate and that the child has reliable means of communication. The caregiver and child should have a clear understanding of the time to be picked up or to return home.	Children less than the age of 12 may not be left at a public destination without adult supervision.

Curfews	Once a caregiver determines that a child can safely travel in the community without being accompanied by an adult, a curfew should be established for that child. As with other decisions, the caregiver must take into account factors such as any legally required curfews in a specific area, the child's age, developmental and maturity level, history of behaviors, extracurricular activities and the caregiver's level of familiarity with the child. The curfew is to be in compliance with all city or municipality minor curfew ordinances. The curfew must be determined and understood by all parties and it is recommended to be included in the written social agreement or plan. A child must be provided with transportation home even when they have stayed out past curfew. If the caregiver is not available to pick up the child, other arrangements must be made by the caregiver. Refusing transportation home or reporting a child as missing should not be used as a punishment for exceeding curfew.	It may be appropriate to report a child as missing if he or she has not returned home after a reasonable amount of time past their curfew and if a current safe location cannot be verified.
Attending School Dances	School dances (such as prom) can feel like a rite of passage for young people and may be the first formal event in the lives. They can be both exciting and stressful but provide an opportunity for the child, caregivers and peers to collaborate in the development of planning for the event and engaging in communication about logistics, behavior and contingencies. Caregivers are encouraged to allow attendance based on reasonable and prudent parenting standards.	
Dating	Caregivers are generally encouraged to allow a child to have age appropriate experiences and relationships, which includes dating. Factors to consider when deciding whether a child is ready for dating include his or her age, developmental and maturity level and history of behaviors. Per DCS policy, the DCS Child Safety Specialist and the caregiver are to have or make arrangements for professionals to have age-appropriate conversations with the child about sexual education, safe sex and birth control practices, including abstinence. Caregivers should help the child understand healthy dating practices by assisting with recognizing healthy and unhealthy behavior and interpersonal skills. • Meet the date	Caregivers must be aware of Arizona Revised Statutes (A.R.S.), Title 13, Criminal Code, Chapter 14, regarding Sexual Offenses.

	• Communicate with the parent/guardian of the date • Consider asking that they double or group date in the beginning of a new relationship • Before the date, know their exact plans • Confirm the transportation arrangements (who driving, what they are driving, etc.) • Confirm pick up and drop off times • If date is driving, it is prudent to verify driver's license and insurance • Will anyone else be there? Who else will be involved? • If plans change ensure they know to call BEFORE they make the changes. • Make a plan if the child becomes uncomfortable. • Give the child YOUR phone number • Get the date's phone number	
Babysitting	A foster child wishing to earn money through babysitting must be at least 12 years old. Overnight babysitting is not permitted. Prior to being permitted to baby sit, the child shall complete a baby-sitting course through a local hospital, cooperative extension service agency, or other community program. (Training Option: American Red Cross offers an online Babysitting Basics course for a nominal fee.) It is recommended that when a child placed in foster care provides child care, the caregiver should contact him/her at least once during the time he/she is supervising other children and should make certain the child knows how to reach the caregiver or some other designated adult, in case of an emergency. A foster child is unable to provide care for any other foster child as the Arizona Short Term Caregiver Law requires foster children to be in the care of an adult. If a foster child is caring for non-foster children in the foster home, the child serving in the role of babysitter should be paid as the family would pay any other babysitter.	No overnight babysitting is permitted. Foster children less thanthe age of 12 are not permitted to babysit. The foster child is not permitted to provide supervision to any other foster child per A.R.S. 8-511

Employment **Summer, after school, part time or full time employment**	A paying job can provide a teenage foster child with an opportunity to develop valuable independent living skills. Developmentally, the skills a child learns from having a job prepare them for adulthood. A job teaches responsibility, accountability, problem solving, organization, manners, professional communication, etiquette and negotiation skills. The Department of Economic Security, Rehabilitative Services Administration may be able to assist with services and supports https://www.azdes.gov/rsa/VR/ or the Workforce Innovations and Opportunity Act of 2015, https://www.azdes.gov/main.aspx?menu=322&id=14583 Allowing the child to accept employment is a decision that should be made jointly between the caregiver and the child. There are many facets to this decision that should be considered. For example, will working interfere with the child's school schedule and the preparation of homework, will the working hours allow the child adequate rest, will their work schedule interfere with service appointments or visitation? If the caregiver is unable to transport the child to and from work, one employment consideration will be the child's and caregiver's ability to obtain an alternative means of transportation. Arizona's youth employment laws (A.R.S. § 23-230 et seq.) establish the hours children can work and prohibit certain occupations in which they can be employed. http://www.azleg.gov/ArizonaRevisedStatutes.asp?format=print&Title=23 Employment Restrictions for Minors 15 and Under http://www.ica.state.az.us/labor/Labor_YouthE_Occupational_Restrictions.aspx Hours of Employment: http://www.ica.state.az.us/labor/Labor_YouthE_Hours_Restrictions.aspx	

Riding a Bicycle, Skateboard, Scooter or Non-motorized transportation	There are no standards prohibiting children from riding a bicycle, skateboard, scooter or non-motorized transportation though an approved helmet and appropriate protective clothing are required.	
Riding Motorized Skateboard, Scooter, Segway, etc.	Each municipality has its own ordinances or laws, so it is the responsibility of the caregiver to research and be in compliance with all applicable laws. Please refer to Motorized Bicycle: §28-2516 for more information about motor size and requirements. An approved helmet and appropriate protective clothing are always required. Refer to: Moped: §28-101(30), see also §28-2513; Motor Driven Cycle: §28-101(31). a.k.a. motor scooter and Motorcycle: §28-101(34) for laws of these vehicle classifications. See the category of Driver's License for more information.	
Driving with others, including other teens.	A foster child may ride with other people with the permission of their caregivers. This includes teens who may ride with other teens if the caregiver approves. Caregivers must ensure that they have talked to the child about the importance of safe driving behavior and discussed such issues as using seat belts, not texting while driving, prohibitions against the use of alcohol and drugs, number of passengers in car, and curfews. The driver should also be assessed for factors including having a valid driver license (which may include restrictions required by the Arizona Graduated Driver Licensing Law (GDL) https://www.azdot.gov/mvd/driver-services/teen-drivers and having current insurance as well as other potential risk factors that are considered prudent by the caregiver. DCS does not require a background check to be completed for a child to ride in a vehicle with a friend.	

Obtaining a Driver's License and driving a vehicle	When a child is a ward of the court, neither DCS nor any representative of DCS may sign for a driver's instruction permit or a driver's license. Neither DCS nor any representative of DCS accepts responsibility for the actions of the minor when driving a motor vehicle. The Department of Motor Vehicles requires that the following person or persons sign and verify, before a person authorized to administer oaths, the application of a person less thaneighteen years of age for an instruction permit, a class G or M driver license or an endorsement to a class G or M driver license: • If neither parent of the applicant is living, the person or guardian who has custody of the applicant or an employer of the applicant; • If the applicant resides with a foster parent, the foster parent; • If there is no guardian or employer of the applicant, a responsible person who is willing to assume the obligation imposed by this chapter on a person who signs the application of a minor. The person who signs the application of the minor **accepts all responsibility** for the actions of the minor when driving a motor vehicle. DCS does not accept responsibility for the actions of the minor when driving a motor vehicle. A.R.S. 28-3162 addresses the ability of the cancellation and release from liability of the signer.	DCS cannot sign the application for an instruction permit, class G or M license. DCS does not accept responsibility for the actions of the minor when driving a motor vehicle. The person who signs the application of the minor accepts all responsibility for the actions of the minor when driving a motor vehicle.
Off Highway Vehicles (OHV)	Use of an off highway vehicle (OHV) is considered a higher risk recreational activity; there are minimum standards which provide structure for safety and supervision for children to participate in this activity. One of the first questions caregiver's should ask is whether the child is old enough, big enough and mature enough to handle an off-highway vehicle. Consider the child's physical development, visual perception/motor development, social/emotional development and reasoning and decision-making ability. Younger children should NEVER ride OHV's designed for adults. Additionally, whenever a child is being transported on an OHV, the driver and all passengers must follow all federal, state, and local laws when driving, including laws on the use of child	Younger children should NEVER ride OHV's designed for adults. Whenever a child is being transported on an OHV, the driver and all passengers must follow all federal, state, and local laws when driving, including laws on the use of child passenger safety systems,

	passenger safety systems, seat belts, and liability insurance. Please refer to the following Az Game and Fish Dept. pamphlet for more information. http://www.azgfd.gov/pdfs/outdoor_recreation/ohv/atv_brochure.pdf	seat belts, and liability insurance.
Photographs or videotaping for publication	Children in care should be encouraged to participate in activities such as having his or her picture taken for publication in a newspaper or yearbook; receiving public recognition for accomplishments; participating in school or after-school organizations or clubs; and participating in community events. The child is able to participate as long as he or she is **not identified as a foster child** in the photograph or publication. Confidentiality requirements for department records shall not restrict the child's participation in customary activities appropriate for the child's age and developmental level. The caregiver can sign the waiver for the publication.	The child **cannot be identified as a foster child** in the photograph or publication.
Privacy	Caregivers are encouraged to allow child age-appropriate private space and communications, with consideration given to developmental and therapeutic needs, safety plans and court orders which may impose some limits.	Developmental and therapeutic needs, safety plans and court orders may impose some limits to private space and communications.
Confidential Phone Calls	Children in foster care have the right to make and receive confidential telephone calls, and have a right to privacy during such phone calls, unless prohibited by court order or instructions from the DCS Child Safety Specialist. A list of unauthorized persons is to be provided by DCS at the time of placement. To ensure the confidentiality of telephone calls, caregivers should provide an area away from others that will afford privacy. Caregivers may not prohibit or restrict telephone calls to the following: DCS personnel, probation officers, family members not excluded by court order, attorneys, Court Appointed Special Advocates (CASA), or other professionals involved in their case or care. Limitations on telephone calls to individuals other than those referenced above may be based on reasonable disciplinary measures, house rules, consideration	Unless prohibited by court order or as instructed by ADCS personnel. Caregivers may not prohibit or restrict telephone calls to the following: DCS personnel, probation officers, family members not excluded by court order, attorneys, Court Appointed Special Advocates (CASA), or other professionals involved in their case or care.

	of the rights of others, case service plan requirements, or court order prohibitions. For example, caregivers may develop policies regarding the number of calls and limit the amount of time.	
Internet and Social Media	The use of online social networking sites to communicate with family and friends is a typical practice for most people. Foster children are permitted to use email and the internet, including social media sites, with age-appropriate supervision by their caregivers. The individual child's age and developmental needs are taken into consideration when establishing guidelines for use. If a foster child wishes to use the internet, including social media sites, the caregiver is to have regular and candid conversations with the child to discuss safe and appropriate practices. The caregiver and foster child need to regularly review expectations, availability, and rules regarding use of the Internet and social media. The foster child needs to understand that information posted or shared with others on the internet or through email is not private. Even with privacy settings, other people may be able to view this information. Caution should be taken when providing any personal information via email or on the Internet or social networking sites. A foster child is to be informed of the potential danger in providing personal information on sites. Children can be victimized through the use of the internet and as caregivers, close monitoring and frank discussions should be standard. If a foster child chooses to disclose his or her foster status, such disclosure is a matter of free speech which the Department has no ability, desire or right to control. The Department strongly encourages any person posting a foster child's image to an online social networking site to use privacy settings in a manner which will protect the best interests and confidentiality of the child. At no time is the child to be identified as a foster child unless it is a self-disclosure by the child. It is strongly recommended, the caregiver and child to have a written social agreement that lays out reasonable expectations for both the caregiver and child when it comes to use, restrictions and consequences for social media access.	At no time is the child to be identified as a foster child unless it is a self-disclosure by the child.

Cell phone usage	A foster child may have a cell phone. There will be considerations. For example, who pays for the phone? Funds can come from any number of sources. The CFT team or DCS system should work together with the child and the caregiver to explore funding options. Some older children could buy their own cell phone. Some parents may be willing to buy a cell phone for their child while in foster care. There is no expectation for a caregiver to use their personal funds to purchase the cell phone. Consideration should be given to the method of payment for obtaining and maintaining the cell phone before making a decision and insurance coverage on the phone is encouraged. A consideration as to whether the child gets a cell phone includes responsibility, available funds to purchase the phone and monthly costs, rules regarding the use of the phone and consequences when the rules are violated, other's having access to the phone, etc. If the caregiver and child decide that a cell phone is appropriate, it is strongly recommended that an agreement be developed and signed by all parties.	
Cosmetology decisions, such as haircuts, hair styling, hair coloring, etc.	If any cosmetology decision is mutually made by the caregiver, biological parent and child; then the DCS Child Safety Specialist should be informed by the caregiver. Remember that hair styles are often a significant part of the culture and heritage of the child and the child's family. Any child for whom the Indian Child Welfare Act (ICWA) applies cannot significantly alter their appearance without parental or tribal approval. Non-ICWA children, age 12 and older can determine what style or cut they want to wear as long as there is no school or employment restriction otherwise.	Foster children, less thanthe age of 12 are not allowed to get haircuts that significantly alter their appearance without the approval of the biological parent, which may be obtained by the Child Safety Specialist.

Ear and Body piercing and tattoos	The caregiver is to have written or verbal permission from the parent or legal guardian for ear piercing. (A.R.S. 13-3721(B)	It is unlawful to intentionally brand, scar, scarify, tattoo or pierce the body of a person less thanthe age of 18, without the physical presence of the parent or legal guardian of the child. (A.R.S. § 13-3721(A) This law does not apply to the ear piercing of a child who has written or verbal permission from a parent or legal guardian. (A.R.S. 13-3721(B)
Personal space and belongings	Caregivers are encouraged to help children personalize their living spaces to express their individual preferences and to ensure that their possessions are kept safe. If the caregiver takes personal property as a consequence for actions, house rules or for safekeeping, the caregiver assumes sole responsibility for the property. If the property, while in the possession of the caregiver is lost or damaged, the caregiver will repair or replace the item with one of similar age, value and condition.	
Personal Allowance	All children in foster care, starting at age 3, are given a personal allowance stipend by DCS. The caregiver will distribute the personal allowance to the child not less than once per month. The personal allowance is to be paid directly to the child or deposited directly to the child's personal account. The personal allowance cannot be used a "payment" to the child for chores, or as a means of reward or punishment. If the child is not of age or developmentally capable to spend the allowance on his/her own as agreed by the DCS Child Safety Specialist, the caregiver may purchase items on behalf of the child with the child's allowance.	The personal allowance stipend by DCS is not to be reduced or withheld for any reason. The caregiver is to use a Personal Allowance Ledger to account for the monthly funds. It is recommended that a personal bank account be set up for the

	Providing toiletries, toys or other tangible items in lieu of money is not permitted. Allowance money should also not include money needed to purchase toiletries. These items should be provided without cost, or additional money should be provided to purchase them. Hair and skin products should also be tailored to meet the needs of the child's heritage culture. To ensure appropriate products are obtained, trans-racial placements should access resources to promote cultural ties. Additional money may be provided by the caregiver. The additional monies provided by the caregiver can within reason be used to pay restitution or reduced as a disciplinary measure. A child's allowance money should not be used for certain educational or school items and activities that other children typically enjoy, such as prom expenses, school pictures, year books, team uniforms, trips, etc. The caregiver is to explore if there are DCS funds available to help defray the cost of these items or activities. If the caregiver does not have the means to pay for these activities, contact the child's parent(s) or the Arizona Friends of Foster Children Foundation for possible assistance.	child. If the child is DDD eligible and is receiving a month allowance from their social security benefits, please follow the procedures agreed upon by their DDD ISP team as well as any applicable Social Security Administration requirements.
Religious Practices and attending services	Caregivers must recognize and support the religious beliefs of the child and the child's parents. If the caregiver is unable to attend the religious practice of the child, then the caregiver should engage the parent (unless no contact is ordered, or the paent is not authorized by the Court to have unsupervised contact) or the religious organization to ask for assistance in transporting or supervising the child while there. Before a child of another religion is placed with a caregiver, the caregiver should discuss potential conflicts with the Child Safety Specialist.	Caregivers cannot require a child to attend or participate in religious activities of the caregiver or against the child's or family's wishes. Caregivers cannot consent to a child joining a church or religious group, baptism, confirmation, christening or other religious event.
In State travel with the caregiver.	When traveling in-state overnight, for more than 2 days but less than 7 days, notify the Child Safety Specialist and your licensing agency of dates of travel, destination, and telephone number where you can be reached. In preparing to	Permission from the DCS Child Safety Specialist must be received for in state travel of seven (7) or

	travel make sure you have the following: a copy of the court order placing the child in out of home care; the Notice To Provider; a copy of the child's birth certificate; any photo ID if available such as a school ID; the CMDP Card; all medications in their original bottles and placed in a locked container for travel, and your contact list should you need to notify anyone of an incident or changes in your travel plans.	more days. For children that are also on juvenile probation please consult with the juvenile probation officer.
Out of state travel with the caregiver	When traveling out-of-state overnight, for more than 2 days but less than 7 days, notify the Child Safety Specialist and your licensing agency of dates of travel, destination, and telephone number where you can be reached. In preparing to travel make sure you have the following: a copy of the court order placing the child in out of home care; a copy of the child's birth certificate; any photo ID if available such as a school ID; the CMDP Card; all medications in their original bottles and placed in a locked container for travel, and your contact list should you need to notify anyone of an incident or changes in your travel plans.	The caregiver is to notify the Child Safety Specialist and their agency of the dates of travel, destination and contact phone number if travel is more than 2 days but less than 7 days. DCS is to authorize out of state travel for travel more than 7 days. A court order will be required for all out of state travel for 30 or more days. Contact CMDP on how to receive out of state services, if necessary. For children that are also on juvenile probation consult with the juvenile probation officer.
Out of Country travel with the caregiver	THIS REQUIRES A COURT ORDER. If a court order is granted, the child will require a passport and all necessary immunizations. Notify the Child Safety Specialist and your licensing agency of dates of travel, destination, and telephone number where you can be reached. In preparing to travel out of the country make sure you have the following: passport, a copy of the court order	Out of country travel with a foster child requires the approval of the Child Safety Specialist and a court order, so allow as much time as possible for the Child Safety

	approving out of country travel; a copy of the court order placing the child in out of home care; a copy of the child's birth certificate; any photo ID if available such as a school ID; the CMDP Card; enough medication for the duration of travel; all medications in their original bottles and placed in a locked container for travel, and your contact list should you need to notify anyone of an incident or changes in your travel plans.	Specialist to seek the Court's approval. For children that are also on juvenile probation consult with the juvenile probation officer. Contact CMDP on how to receive out of country services, if necessary.

The Arizona Department of Child Safety wishes to thank the members of a statewide workgroup representing Resource Parents, Congregate Care Providers, Kinship Care Providers, DCS Child Safety Specialists, DCS Unit Supervisors, DDD Management, OLCR Management, adult alumni of the foster care system, HRSS Providers, Administrative Office of the Courts staff, Dept of Behavioral Health Svcs. Staff, OLR staff and Trainers, for the creation of these procedures.

* A Caregiver is a person with whom the child is placed in out of home care or a designated on-site official for a group care facility. This could be a: Licensed Foster Parent; Kinship Caregiver (someone with a significant relationship with the child prior to coming into care); Unlicensed Caregivers or an on-site designated official in a congregate care setting such as a shelter, group home, etc.

ADA Disclosure

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DCS services is available upon request.