

SECTION 3: FOSTER & 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, deprived 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 Manager:** 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 Health 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(s)
- 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



Your Short List for Support



Child’s 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 and 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, Apache Junction, Queen Creek and San Tan Valley: 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 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 DCS Specialist, 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 incognitive, 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.

RESPIRE

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 the 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 caregivers 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 foster 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 seats 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 between 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 to be 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.