

GUIDING HARBOR



FOSTER CARE HANDBOOK 2023-2024

Mission: Improve the quality of life for children and families

Vision: Guiding Harbor will educate each person placed in our care, teaching the life skills necessary to make wise decisions and to become a productive member of society.



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SECTION 1

PROGRAM DESCRIPTION

Guiding Harbor is a private, non-profit organization that provides child caring and child placement services for abused and neglected children. Our services include: Foster Care, Supervised Independent Living, Young Adult Voluntary Foster Care and a Residential Program. **Guiding Harbor** is licensed by the **Department of Human Services (DHHS)** and nationally accredited by the **CARF**. Our Foster Care Program offers a multi-services approach in providing for the physical, emotional and social needs of youth and their families.

The Foster Care Program is designed to provide a family environment, in an agency-approved household, for youth who are temporarily or permanently unable to return to their families. It is our philosophy that all children have the right to emotional nurturance, understanding, educational guidance, and necessary care in a stable, wholesome family environment. Our foster parents make a commitment to reach out and share their lives and home to assist in creating a nurturing environment in which to enhance the child's growth. Our primary goal is to reunite families. If reunification is not possible, the goal will change to engage the youth in a more permanent placement.

The **Guiding Harbor** Foster Care Program provides its services to children of all ages from birth through 18 years of age and to their parents of all races and ethnic backgrounds. When permitted the children are interviewed prior to placement and are placed according to the foster parent's ability and willingness to provide care for them. **Guiding Harbor** places children without discrimination to race, creed, religion or ethnic background. The children that are placed with our agency, are primarily from Southeastern Michigan communities, however, **Guiding Harbor** does accept children from other out-of-county placements.

In order to facilitate the best placement for a child, Guiding Harbor considers many factors regarding the needs and characteristics of the child and individual foster family prior to placement. Factors such as cultural background, ages and gender of the foster child and children already residing in the home and specific behavioral and emotional challenges are considered as well as any other factors known at the time a placement is being considered.

Guiding Harbor provides the following types of foster care: Family Foster Care, Kinship Care and Respite Foster Care.

Guiding Harbor needs to have a minimum of ten licensed homes to meet the following types of children: Children ages 0-12; sibling groups of two or more; African American children ages birth through seventeen; children with behavioral and emotional impairments.

Guiding Harbor provides support services and ongoing training opportunities for foster families who care for youth as they work toward reunification and permanency planning with their biological family. Other specific services include:

- Pre-placement assessment and visitation when permissible
- Treatment programs for youth and their families
- Family visitation
- Psychiatric/Psychological referral services
- Case conferences and treatment planning
- Court Responsibility
- Intensive communication with foster families and youth via foster home visits and telephone contact
- Educational planning assistance
- Full Case Management services including in-home services
- Mileage reimbursement
- Staff support, including a 24 hour emergency On-Call
- Foster parent support group and foster parent training

The Department of Human Services contracts with the agency and pays for services rendered.

The Administrative Office is open Monday through Friday from 9 AM- 5 PM. On-call services are available from 5 PM- 9 AM Monday through Thursday and are available from 5 PM through 9 AM from Friday through Monday morning at 734-634-3243.

LOCATION AND OFFICE HOURS

The **Guiding Harbor** office is located at 525 Huron River Drive, PO Box 727, Belleville, Michigan 48112. Our telephone number is **(734) 697-4804**. Normal business hours are from 9:00 AM until 5:00 PM, Monday through Friday.

After business hours and on the weekend (for emergency situations), we provide “**On-Call**” services. Our **On-Call** emergency service cell phone number is **(734) 634-3243**.

INFORMATION ABOUT THE CHILDREN & FAMILIES WE SERVE

Children come into foster care for a variety of reasons that are usually determined by the Court system. Children/Families may be experiencing family problems so severe that the children must be removed from their own homes until the problems can be resolved. Often, removal is for the child’s own safety from abusive or neglectful situations that are present in the family home. The Court determines that the family and child can benefit only through separation.

Separation from the child's family of origin creates many different feelings and behaviors for children. These feelings, coupled with the effects of the abuse/neglect, may interfere with their ability to relate to the foster family and others. Often times, children may be physically aggressive, verbally abusive, display sexually acting out behaviors, steal or have a history of drug involvement. Many children have been unsuccessful at school because of truancy, learning disabilities, family problems, emotional impairment or lack of motivation. It is anticipated that treatment and services will assist in increasing the child's feelings of self worth and therefore help the child to make positive changes in their behavior and lives.

Guiding Harbor provides case management services to support, plan and consult with the foster family, the biological family, and the referring agency to provide and carry out treatment planning. The foster family, biological family, and **DHHS** worker, all work closely with the **Guiding Harbor** Case Manager to coordinate, develop and implement all aspects of the child's/family's treatment plan.

Services are designed to build on individual and familial strengths; and to assist families, children and foster families in strengthening a child's ability to overcome risks and challenges. Guiding Harbor supports the recovery, health and well-being of our clients and their families. In supporting their recovery we assist them to grow beyond the problems and concerns that placed the children into care. Securing our clients well-being, safety and permanency are key components to the foster care program and services provided. It is the role of service providers to enhance the life of the children that we serve and to improve or restore functioning in the family or of the client overall. We will provide supportive services to the client in order to integrate them into the community. This may include referrals during their foster care placement or post- foster care referral services that may include therapy, tutoring, academic assistance, vocational training, wraparound or families first. The services are provided while keeping in mind the physical, developmental, cultural, spiritual, behavioral and emotional characteristics and needs of the client.

SECTION 2

THE PURPOSE OF FOSTER CARE

Foster Care is intended to provide a child with a temporary family living situation until a permanent family situation can be arranged. Foster Care can provide a healing environment for the child until he/she can move on to a permanent family or to independence. Plans for permanency usually include reunification with the biological family.

The primary goal for the children and youth in the Foster Care system is permanency, a safe, stable home in which to live and grow including a life-long relationship with a nurturing caregiver. Every child in care deserves a permanent home. Permanency planning involves the Case Manager's efforts to move the child from a temporary Foster Care placement to a permanent home. It is essential for the child that permanency is established in a timely manner and according to DHHS Policy.

Foster Care is never seen as a permanent solution for a child unless all other resources have been found to be unsuitable. If parental rights are terminated and the foster parents are willing and able to adopt they may be considered for adoption.

If reunification and adoption have been ruled out then Guardianship is available for temporary court wards, permanent court wards and state wards.

PERMANENCY PLANNING GOALS

The primary goal for children in the foster care system is permanency. Children need a safe, stable home in which to live and grow, including a life-long relationship with a nurturing caregiver. Permanency planning involves the Case Manager's efforts to move the child from a temporary foster care placement to a stable and permanent home. It is essential for the child that permanency is established in a timely manner.

The only allowable permanency planning goals are the permanency goals recognized by the federal government. These goals are (in descending order of preference):

- Reunification.
- Adoption.
- Guardianship.
- Permanent placement with a Fit and Willing Relative (PPFWR).
- Placement in another planned permanent living arrangement (APPLA).

Reunification or the process of reuniting the child with his/her parent(s) is widely recognized as the initial objective in Foster Care. When, for reasons of safety or other considerations, children cannot return to their homes, adoption and permanent legal guardianship offer opportunities for long-term stability, with relatives, adoptive families or foster parents. If there are barriers to adoption or guardianship, the goals of permanent placement with a fit and willing relative or another planned permanent living arrangement may be established under consistent standards that demonstrate the appropriateness and the permanency of the placement.

It is critical that children move to permanency through these goals in the shortest time possible while ensuring safety and positive adjustment.

The supervising agency must seek to achieve the permanency planning goal for the child within 12 months of the child being removed from his/her home. The court must hold a permanency planning hearing within those 12 months to review and finalize the permanency plan. Subsequent permanency planning hearings must be held within 12 months of the previous hearing.

CONCURRENT PERMANENCY PLANNING

Concurrent permanency planning (CPP) is the practice of working towards reunification while simultaneously establishing an alternative plan for permanent placement. CPP emphasizes reunification efforts by providing support, structure, and clear time lines to families while keeping the focus on the child's need for safety and permanence. CPP must never be used to circumvent or limit reunification efforts; caseworkers must diligently pursue reunification, however if the Juvenile Court determines that reunification is not possible the alternative plan is implemented. Simultaneously developing two permanency plans for a child reduces the number of foster care placements and allows permanency to be achieved in a timely manner.

When a child is placed in an out-of-home placement and has a goal of reunification, two permanency plans for the child must be developed. Plan A is reunification and Plan B is the alternative permanency plan for the child. Plan B must be one of the federally approved permanency goals listed below. The permanency goals must be explored in the order listed below, with adoption being the most preferred goal.

- Adoption.
- Guardianship.
- Permanent Placement with a Fit and Willing Relative (PPFWR).
- Another Planned Permanent Living Arrangement (APPLA).

The assigned caseworker must develop Plan B with input from the parent, foster parent/caregiver, and child (when appropriate).

FOSTER CARE SUPERVISION

Guiding Harbor utilizes several treatment modalities to meet the individual needs of the youth and the family. These may include referrals to individual, group, and family therapy; recreation referrals; building and maintaining community connections; academic tutoring; independent living skills training and vocational training.

In addition to these components, milieu therapy is used to stabilize children and promote the development of appropriate coping and conflict resolution skills as well as anger control. The treatment helps our clients to improve peer and family relationships, and it reduces the effects of behavioral and emotional disorders.

The specific array of services delivered to each youth is determined by an individualized planning process using a team approach that involves the youth, family members, case workers, service providers, and additional community connections. This process consists of a thorough assessment of the strengths and needs of the youth as well as identification of desired outcomes and the services needed to achieve those outcomes.

Foster Care supervision for moderate behaviors provides comprehensive and coordinated activities designed to place and supervise children in out-of-home care and to provide, or refer for services to enhance child and family's functioning and to ameliorate the conditions that caused the child's removal from parental custody.

If intensive services are warranted they are provided to the child, family and foster parent in order to ameliorate the child's severe behaviors and prevent escalation to a more restrictive setting. Services include training families and foster parents in behavior modification/skills building, and clinical intervention with the caregiver's child and family as necessary, frequent intervention with the child's school as necessary, providing intervention to caregivers in managing the child's behavior. The continued appropriateness of intensive Foster Care services must be evaluated every six months.

THE FOSTER FAMILY

Foster parents represent different ages, races, marital status and income levels. Many foster parents have biological or adopted children of their own. Still others have raised their own children to adulthood. Foster parents are vital to the success of the child, the biological family and to the program. Our foster parents become part of the "treatment team".

Foster parents will need to be able to:

- Provide the basic necessities, guidance, safety, support and care that would be given to their own children while recognizing and responding to the unique needs of youth who are not their own.
- Adequately provide care for the youth who are having relationship problems and may have emotional problems demonstrated by behaviors including: truancy, opposition, hostility, stealing, sexual acting out, verbal abuse or learning difficulties.

- Handle behavior management using empathy and positive direction, refraining from any use of corporal punishment or abuse including verbal or physical.
- Regularly participate in training so they can provide the best possible care and be able to meet the unique needs of the youth in care.
- Work cooperatively with the professional staff at **Guiding Harbor** around issues of the child's needs and family situation.
- Be accepting of the temporary nature of Foster Care and help a child move back to his/her family; prepare them for adoption, or move on to independent living.
- Provide medical services as needed. All children initially entering Foster Care must have a physical examination within 30 days after the placement. For a child less than 2 years of age a physical examination shall have been completed within 3 months before placement or a new physical examination must be obtained within 30 calendar days of placement. For a child 2 years of age and older a physical should have been obtained within the past twelve months prior to placement, if not then a new physical examination must be obtained within 30 days of placement. Obtain a physical examination every 12 months for the child and follow-up with any care that the physician determines is needed unless greater frequency has been recommended. Provide documentation of all physical examinations and medical visits to the agency.
- Provide dental services to a child 3 years and older including: All foster children initially entering care must have a dental examination completed within the first 90 days of placement, unless a dental exam occurred within the 12 months prior to placement and documentation has been provided; Obtain a dental examination once every 12 months, unless greater frequency is indicated for the child and follow-up with any care that the dentist has determined is needed. Provide documentation of the dental exam to the agency.
- Obtain immunizations for the child and keep them current.
- Provide transportation for medical appointments, dental appointments, therapy, recreational activities, visitation, extracurricular activities and other events.
- Enroll children in school and work with school personnel relative to the child's educational needs.
- Meet the Foster Family Home Licensing Rules and Regulations as required in the Rules for Licensing booklet (BRS - Publication 10).
- Follow all rules for safe sleep practices for infants.
- Protect the privacy of the family and the child by keeping all information provided to them confidential.
- Be willing to abide by all **Guiding Harbor** policies and procedures.

Foster parents are required to meet all of the following qualifications:

- Be 18 years of age or older.
- Be of good moral character.
- Express a willingness to provide care for children who are served by the agency.
- Demonstrate an understanding of the care which must be provided to the children served by the agency.

- Express a willingness to learn how to provide care to children served by the agency.
- Have adequate time to provide care and supervision for the children.
- Have a defined legal source of income, and be capable of managing that income, to meet the needs of the foster family.
- Be of such physical, mental, and emotional health to assure appropriate care of children.
- Express a willingness, and demonstrate the ability, to work with a foster child's family or future family.
- Be of responsible character and be suitable and able to meet the needs of children and provide for their care, supervision, and protection.
- Demonstrate a willingness and ability to comply with the licensing rules for foster homes.
- Be residing in the United States legally.

To assure the safety and welfare of a foster child, a member of the household shall meet all of the following qualifications:

- Be of good moral character and suitable to assure the welfare of children.
- Be in a state of physical, mental, and emotional health that will not impair the care of a foster child.
- Be willing to accept a foster child into the foster home as a member of the household.
- Be residing in the United States legally.

Any adult member of the household who provides care for foster children shall also meet the qualifications specified above.

Foster parents are reimbursed for the cost of caring for a youth. Our foster parents will be treated as professionals and as members of our team. Fostering can be a challenging, yet rewarding job.

GUIDING HARBOR & FOSTER PARENTS – “THE PARTNERSHIP ROLE”

As a foster parent with **Guiding Harbor**, you will find yourself in a “partnership role” not only with **Guiding Harbor** but also our outside referral sources. These sources include the **DHHS** and/or Community Mental Health. As a partner, you share in the challenges, frustrations, and satisfaction of helping and caring for the children in our program.

Foster parents are an integral part of this partnership and as such, they guide, instruct and care for a child's everyday needs. They help re-direct negative behaviors, assist the child in building coping skills and help the child to adjust to new surroundings.

Guiding Harbor's role is similar to that of a legal guardian with the responsibility of making or carrying out the major decisions regarding the child's future, arranging or providing programs or treatment and providing reimbursement for the care of the youth.

Close and regular consultation with each other is essential. The Case Manager is the main link with the agency and others involved in arranging the child's care.

We believe that the responsibility of caring for children is substantial and must be taken seriously. **Guiding Harbor** in partnership with our referral sources, birth parents, and you – our foster parents - remain committed to providing the highest quality of services and care to the children who are placed in our foster homes.

CHILD PROTECTION LAW

The Child Protection Law is “an act to require reporting of child abuse and neglect by certain persons; to permit the reporting of child abuse and neglect by all persons; to provide for the protection of children who are abused or neglected; to authorize limited detainment in protective custody; to authorize medical examinations; to prescribe the powers and duties of the state department of social services to prevent child abuse and neglect; to prescribe certain powers and duties of local law enforcement agencies; to safeguard and enhance the welfare of children and preserve the family life; to provide for the appointment of legal counsel; to provide for the abrogation of privileged communications; to provide civil and criminal immunity for certain persons; to provide rules of evidence in certain cases; to provide for confidentiality of records; to provide for the expungement of certain records; to prescribe penalties; and to repeal certain acts and parts of acts.” (Act No. 238, Public Acts of 1975)

A child, as defined in the law, means “a person under 18 years of age.” “Child Abuse” means harm or threatened harm to a child's health or welfare, which occurs through non-accidental physical or mental injury, sexual abuse or maltreatment. “Child Neglect” means harm to a child's health or welfare, which occurs through negligent treatment, including the failure to provide adequate food, clothing, shelter or medical care. A variety of people in human services (including physicians, dentists, social workers, teachers, or **duly regulated child care providers**) who have reasonable cause to suspect child abuse or neglect must **immediately**, by telephone, make an oral report of the suspected child abuse or neglect to the **DHHS**/Protective Services. For the Centralized Intake Number for all counties in Michigan to **report abuse or neglect is 1-855-444-3911**. A person who is required to report an instance of suspected child abuse or neglect who fails to do so is civilly liable for the damages caused by the failure.

All staff and foster parents of Guiding Harbor are **duly regulated child care providers**; they are required, when they have reasonable cause to suspect physical or sexual abuse or neglect of a child, to immediately make a report to the Child Protective Services Unit of the local county office of the **DHHS**. If the suspected physical or sexual abuse or neglect occurred in the foster home or to a foster child placed in the home, then a foster parent must make a report immediately to the following entities: The Child Protective Services Unit of the local county office of the **DHHS** and to **Guiding Harbor**. The foster parent shall also provide a written incident report as required by **Guiding Harbor**. This pertains to **ANY** child that the foster parent suspects is being abused or neglected. However, if the child is a **Guiding Harbor** client, the foster parents should

contact **Guiding Harbor** immediately. Additionally, when **Guiding Harbor** has reasonable cause to suspect child abuse or neglect on the part of the foster parent(s) or some member of the foster family, we are required to also report the incident to Children's Protective Services. **Guiding Harbor's** staff will inform foster parents if a Protective Services complaint has been filed. Foster parents are to notify Guiding Harbor if a CPS investigation has been opened on them, immediately but no later than 24 hours after the allegation has been made.

MANDATED REPORTING

CHILD PROTECTION LAW

The Child Protection Law is AN ACT to require reporting of child abuse and neglect by certain persons; to permit the reporting of child abuse and neglect by all persons; to provide for the protection of children who are abused or neglected; to authorize limited detainment in protective custody; to authorize medical examinations; to prescribe the powers and duties of the state department of social services to prevent child abuse and neglect; to prescribe certain powers and duties of local law enforcement agencies; to safeguard and enhance the welfare of children and preserve the family life; to provide for the appointment of legal counsel; to provide for the abrogation of privileged communications; to provide civil and criminal immunity for certain persons; to provide rules of evidence in certain cases; to provide for confidentiality of records; to provide for the expungement of certain records; to prescribe penalties; and to repeal certain acts and parts of acts." (Act No. 238, Public Acts of 1975). This act shall be known and may be cited as the "child protection law".

A "Child", as defined in the law, means "a person under 18 years of age." Child" means a person under 18 years of age. "Child abuse" means harm or threatened harm to a child's health or welfare that occurs through nonaccidental physical or mental injury, sexual abuse, sexual exploitation, or maltreatment, by a parent, a legal guardian, or any other person responsible for the child's health or welfare or by a teacher, a teacher's aide, or a member of the clergy.

"Child neglect" means harm or threatened harm to a child's health or welfare by a parent, legal guardian, or any other person responsible for the child's health or welfare that occurs through either of the following:

- Negligent treatment, including the failure to provide adequate food, clothing, shelter, or medical care.
- Placing a child at an unreasonable risk to the child's health or welfare by failure of the parent, legal guardian, or other person responsible for the child's health or welfare to intervene to eliminate that risk when that person is able to do so and has, or should have, knowledge of the risk.

"Sexual abuse" means engaging in sexual contact or sexual penetration with a child.

"Sexual exploitation" includes allowing, permitting, or encouraging a child to engage in prostitution, or allowing, permitting, encouraging, or engaging in the photographing, filming, or depicting of a child engaged in a listed sexual act.

A variety of people in human services (including physicians, dentists, social workers, teachers, or **duly regulated child care providers**) who have reasonable cause to suspect child abuse or neglect must **immediately**, by telephone, make an oral report of the suspected child abuse or neglect to the **DHHS**/Protective Services. The Statewide Number for CPS is: **1-855-444-3911**. A person who is required to report an instance of suspected child abuse or neglect who fails to do so is civilly liable for the damages caused by the failure.

All staff and foster parents of Guiding Harbor are **duly regulated child care providers**; they are required, when they have reasonable cause to suspect physical or sexual abuse or neglect of a child, pregnancy or venereal disease in a child under the age of 12; exposure or contact with methamphetamine production to immediately make a report to the Child Protective Services Unit of the local county office of the **DHHS**.

If the suspected physical or sexual abuse or neglect occurred in the foster home or to a foster child placed in the home, then a foster parent must make a report immediately to the following entities: The Child Protective Services Unit of the local county office of the **DHHS** and to **Guiding Harbor**. The foster parent shall also provide a written incident report as required by **Guiding Harbor**. This pertains to **ANY** child that the foster parent suspects is being abused or neglected. However, if the child is a **Guiding Harbor**

client, the foster parents should contact **Guiding Harbor** immediately. Additionally, when **Guiding Harbor** has reasonable cause to suspect child abuse or neglect on the part of the foster parent(s) or some member of the foster family, we are required to also report the incident to Children's Protective Services. **Guiding Harbor's** staff will inform foster parents if a Protective Services complaint has been filed. ***Foster parents are to notify Guiding Harbor if a CPS investigation has been opened on them, immediately but no later than 24 hours after the allegation has been made.***

If **Guiding Harbor** has reasonable cause to suspect child abuse or neglect on the part of a staff member, we are required to also report the incident to Children's Protective Services; our Contract and Licensing Authority and possibly to Law Enforcement.

Agency staff that report shall notify the CEO immediately his or her finding and that the report has been made, and shall make a copy of the written report available to the CEO. In the absence of the CEO staff must also notify and provide a copy to the COO.

Guiding Harbor Policy for Mandated Reporting

Individuals required to report child abuse or neglect; written report; transmitting report to county department; copies to prosecuting attorney and probate court; conditions requiring transmission of report to law enforcement agency; exposure to or contact with methamphetamine production; pregnancy of or venereal disease in child less than 12 years of age.

A physician, dentist, physician's assistant, registered dental hygienist, medical examiner, nurse, person licensed to provide emergency medical care, audiologist, psychologist, marriage and family therapist, licensed professional counselor, social worker, licensed master's social worker, licensed bachelor's social worker, registered social service technician, social service technician, a person employed in a professional capacity in any office of the friend of the court, school administrator, school counselor or teacher, law enforcement officer, member of the clergy, or regulated child care provider who has reasonable cause to suspect child abuse or neglect shall make immediately, by telephone or otherwise, an oral report, or cause an oral report to be made, of the suspected child abuse or neglect to the department. Within 72 hours after making the oral report, the reporting person shall file a written report. If the reporting person is a member of the staff of a hospital, agency, or school, the reporting person shall notify the person in charge of the hospital, agency, or school of his or her finding and that the report has been made, and shall make a copy of the written report available to the person in charge. A notification to the person in charge of a hospital, agency, or school does not relieve the member of the staff of the hospital, agency or school of the obligation of reporting to the department. One report from a hospital, agency, or school shall be considered adequate to meet the reporting requirement. A member of the staff of a hospital, agency, or school shall not be dismissed or otherwise penalized for making a report or for cooperating in an investigation.

In addition to those persons required to report child abuse or neglect any person, including a child, who has reasonable cause to suspect child abuse or neglect may report the matter to the department or a law enforcement agency.

Any employee of an organization or entity that as a result of federal funding statutes, regulations, or contracts, would be prohibited from reporting in the absence of a state mandate or court order.

Mandated reporters are always required to report suspected child abuse and neglect to the DHHS. The report must be made directly to DHHS. There are civil and criminal penalties for a mandated reporter's failure to make a report. Likewise, there is a civil and criminal immunity for someone making a report in good faith.

The Child Protection law requires mandated reporters to make an immediate verbal report to DHHS upon suspecting child abuse and neglect, followed by a written report within 72 hours after making the oral report. The reporter is not expected to investigate

the matter. Mandated reporters must also notify the head of their organization of the report. Reporting the suspected allegations of child abuse and/or neglect to the head of the organization does NOT fulfill the requirement to report directly to DHHS. One report from an agency shall be considered adequate to meet the reporting requirement. A member of the staff of an agency shall not be dismissed or otherwise penalized for making a report required by this act for cooperating in an investigation.

The verbal report will include the following information, if available:

- Primary caretaker's (parent and/or guardian) name and address.
- Names and identifying information for all household members, including the alleged victim and perpetrator, if known.
- Birth date and race of all members of the household, if known.
- Whether the alleged perpetrator lives with the child.
- The address where the alleged incident happened, if different than the home address.
- Statements of the child's disclosure and context of the disclosure. For example, was the child asked about the injury or did the child volunteer the information?
- History of the child's behavior.
- Why child abuse and/or neglect is suspected.

Within 72 hours of making the verbal report, mandated reporters must file a written report as required in the Child Protection Law. DHHS encourages the use of Report of Suspected or Actual Child Abuse or Neglect (DHHS-3200) form, which includes all the information required under the law. Mandated reporters must also provide a copy of the written report to the head of their organization. One report from an organization will be considered adequate to meet the law's reporting requirement. **Mandated reporters cannot be dismissed or otherwise penalized for making a report required by the Child Protection Law or for cooperating with an investigation.** Even though the written process may seem redundant, the written report is used to document verbal reports from mandated reporters.

The written report shall contain:

- Name of the child and a description of the abuse or neglect.
- If possible, the report shall contain the names and addresses of the child's parents, the child's guardian, the persons with whom the child resides, and the child's age.
- The report shall contain other information available to the reporting person that might establish the cause of the abuse or neglect, and the manner in which the abuse or neglect occurred.

The written report required in this section shall be mailed or otherwise transmitted to the county DHHS of the county in which the child suspected of being abused or neglected is found.

If an allegation, written report, or subsequent investigation of suspected child abuse or child neglect indicates a violation involving methamphetamine has occurred, or if the allegation, written report, or subsequent investigation indicates that the suspected child

abuse or child neglect was committed by an individual who is not a person responsible for the child's health or welfare, including, but not limited to, a member of the clergy, a teacher, or a teacher's aide, the department shall transmit a copy of the allegation or written report and the results of any investigation to a law enforcement agency in the county in which the incident occurred. If an allegation, written report, or subsequent investigation indicates that the individual who committed the suspected abuse or neglect is a child care provider and the department believes that the report has basis in fact, the department shall, within 24 hours of completion, transmit a copy of the written report or the results of the investigation to the child care regulatory agency with authority over the child care provider's child care organization or adult foster care location authorized to care for a child.

If a local law enforcement agency receives an allegation or written report of suspected child abuse or child neglect or discovers evidence of or receives a report of an individual allowing a child to be exposed to or to have contact with methamphetamine production, and the allegation, written report, or subsequent investigation indicates that the child abuse or child neglect or allowing a child to be exposed to or to have contact with methamphetamine production, was committed by a person responsible for the child's health or welfare, the local law enforcement agency shall refer the allegation or provide a copy of the written report and the results of any investigation to the county DHHS of the county in which the abused or neglected child is found. If an allegation, written report or subsequent investigation indicates that the individual who committed the suspected abuse or neglect or allowed a child to be exposed to or to have contact with methamphetamine production, is a child care provider and the local law enforcement agency believes that the report has basis in fact, the local law enforcement agency shall transmit a copy of the written report or the results of the investigation to the child care regulatory agency with authority over the child care provider's child care organization or adult foster care location authorized to care for a child. Nothing in this subsection or subsection shall be construed to relieve the department of its responsibilities to investigate reports of suspected child abuse or child neglect under this act.

The pregnancy of a child less than 12 years of age or the presence of a venereal disease in a child who is over 1 month of age but less than 12 years of age is reasonable cause to suspect child abuse and neglect have occurred.

In conducting an investigation of child abuse or child neglect, if the department suspects that a child has been exposed to or has had contact with methamphetamine production, the department shall immediately contact the law enforcement agency in the county in which the incident occurred.

Knowledge or suspicion of alcohol, controlled substance, or metabolite of controlled substance in body of newborn infant; report required; exception.

A person who is required to report suspected child abuse or neglect and who knows, or from the child's symptoms has reasonable cause to suspect, that a newborn infant has any amount of alcohol, a controlled substance, or a metabolite of a controlled substance in his or her body shall report to the department in the same manner as required in this

policy. A report is not required under this section if the person knows that the alcohol, controlled substance, or metabolite, or the child's symptoms, are the result of medical treatment administered to the newborn infant or his or her mother.

Identity of reporting person; confidentiality; disclosure; immunity; good faith presumed.

The identity of a reporting person is confidential subject to disclosure only with the consent of that person or by judicial process. A person acting in good faith who makes a report, cooperates in an investigation, or assists in any other requirement of this act is immune from civil or criminal liability that might otherwise be incurred by that action. A person making a report or assisting in any other requirement of this act is presumed to have acted in good faith. This immunity from civil or criminal liability extends only to acts done according to this act and does not extend to a negligent act that causes personal injury or death or to the malpractice of a physician that results in personal injury or death.

Detention of child in temporary protective custody; preliminary hearing; examinations; report; medical evaluation.

If a child suspected of being abused or neglected is admitted to a hospital or brought to a hospital for outpatient services and the attending physician determines that the release of the child would endanger the child's health or welfare, the attending physician shall notify the person in charge and the department. The person in charge may detain the child in temporary protective custody until the next regular business day of the probate court, at which time the probate court shall order the child detained in the hospital or in some other suitable place pending a preliminary hearing.

When a child suspected of being an abused or neglected child is seen by a physician, the physician shall make the necessary examinations, which may include physical examinations, x-rays, photographs, laboratory studies, and other pertinent studies. The physician's written report to the department shall contain summaries of the evaluation, including medical test results.

If a report is made by a person other than a physician, or if the physician's report is not complete, the department may request a court order for a medical evaluation of the child. The department shall have a medical evaluation made without a court order if either of the following occurs:

- The child's health is seriously endangered and a court order cannot be obtained.
- The child is displaying symptoms suspected to be the result of exposure to or contact with methamphetamine production.

Referring report or commencing investigation; informing parent or legal guardian of investigation; duties of department; assistance of and cooperation with law enforcement officials; procedures; proceedings by prosecuting attorney; cooperation of schools or other institution; information as to disposition of report; exception to reporting requirement; surrender of newborn; training of

employees on rights of children and families; determination of open friend of the court case.

Within 24 hours after receiving a report made under this act, the department shall refer the report to the prosecuting attorney and the local law enforcement agency if the report meets the requirements or shall commence an investigation of the child suspected of being abused or neglected. Within 24 hours after receiving a report whether from the reporting person or from the department the local law enforcement agency shall refer the report to the department if the report meets the requirements or shall commence an investigation of the child suspected of being abused or neglected or exposed to or who has had contact with methamphetamine production.

If the child suspected of being abused or exposed to or who has had contact with methamphetamine production is not in the physical custody of the parent or legal guardian and informing the parent or legal guardian would not endanger the child's health or welfare, the agency or the department shall inform the child's parent or legal guardian of the investigation as soon as the agency or the department discovers the identity of the child's parent or legal guardian.

Failure to report suspected child abuse or neglect; damages; violation as misdemeanor; unauthorized dissemination of information as misdemeanor; civil liability; maintaining report or record required to be expunged as misdemeanor; false report of child abuse or neglect.

A person who is required by this act to report an instance of suspected child abuse or neglect and who fails to do so is civilly liable for the damages proximately caused by the failure. A person who is required by this act to report an instance of suspected child abuse or neglect and who knowingly fails to do so is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$500.00, or both. A person who disseminates, or who permits or encourages the dissemination of, information contained in the central registry and in reports and records as provided in this act is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$100.00, or both, and is civilly liable for the damages proximately caused by the dissemination. A person who willfully maintains a report or record required to be expunged is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$100.00, or both. A person who intentionally makes a false report of child abuse or neglect under this act knowing that the report is false is guilty of a crime as follows:

- If the child abuse or neglect reported would not constitute a crime or would constitute a misdemeanor if the report were true, the person is guilty of a misdemeanor punishable by imprisonment for not more than 93 days or a fine of not more than \$100.00, or both.
- If the child abuse or neglect reported would constitute a felony if the report were true, the person is guilty of a felony punishable by the lesser of the following:
 - The penalty for the child abuse or neglect falsely reported.

- Imprisonment for not more than 4 years or a fine of not more than \$2,000.00, or both.

Religious beliefs

A parent or guardian legitimately practicing his religious beliefs who thereby does not provide specified medical treatment for a child, for that reason alone shall not be considered a negligent parent or guardian. This section shall not preclude a court from ordering the provision of medical services or nonmedical remedial services recognized by state law to a child where the child's health requires it nor does it abrogate the responsibility of a person required to report child abuse or neglect.

Confidentiality

Strict state and federal confidentiality laws govern CPS investigations. The identity of a reporting person is confidential under the law. The identity of a reporting person is subject to disclosure only with the consent of that person, by judicial process, or to those listed under Section 5 of the Child Protection Law (MCL 722.625). The alleged perpetrator may infer from the information in the report who made the complaint and confront mandated reporters, however, CPS will not disclose the identity of a reporting person.

Mandated Reporter Hotline

If a mandated reporter is dissatisfied with the response by DHHS, the mandated reporter may contact the Mandated Reporter Hotline at 877-277-2585. Prior to calling the hotline, the mandated reporter must first attempt to talk with the local DHHS office director about his or her concerns.

TYPES OF LEGAL CUSTODY

Children may be removed from their birth families by three methods:

- 1) Voluntary placement by parents.
- 2) Placement into care by the **DHHS** in cases of suspected abuse or neglect.
- 3) Removal by the Court based on delinquency, dependency or neglect.

In cases involving children placed voluntarily into Foster Care by the birth parent or guardian, the parents continue to retain primary responsibility and rights for the child. The child may be placed with the agency by the Court on a Temporary or Permanent basis.

- In cases involving Temporary Wardship, the birth parents/guardian retain rights with all arrangements relative to the child made cooperatively between the agency and the birth parents/guardian with court approval (i.e.: visits, medical care etc...)
- In cases involving Permanent Wardship, the MCI superintendent, the Court (or the **DHHS**) is the sole guardian of the child because parental rights have been terminated. Permanent Wards remain in Foster Care

until an adoptive home can be found for them or until they are able to reach independence.

A child is made a Temporary Ward of Probate Court after a hearing before a judge/referee or his representative. At this hearing both the child and the birth parents are entitled to legal representation and the foster parent may attend. Subsequent Court Hearings will be held until the child is either made a Permanent Court Ward or returned to the birth parents/guardian. Legal procedures may vary according to the county of jurisdiction over the youth.

When a child is removed from the birth parents/guardian, the least restrictive, most family-like setting is sought. Foster Care is the least restrictive environment in this case.

RIGHTS AND RESPONSIBILITIES OF FAMILIES
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Parents/guardians have the right to:

1. Understand the reasons for the removal of their children.
2. Know the location of their child (agency) and have the right to visitation.
3. Some parental privileges are retained such as authorization of non-emergency surgery.
4. Attend all school conferences, IEP testing, medical and dental appointments
5. Plan with the Case Manager for the child and to share in the decisions being made.
6. To be notified of and to attend any Court proceedings.
7. Know the conditions that need to be met in order to have the child returned to them.
8. Receive services of the Case Manager and other community resources to meet their needs.
9. Consent to haircuts for their children.
10. Consent to piercings of any kind for their children.
11. Consent to travel for their children.
12. Participate in developing a treatment plan that will assist to ameliorate the conditions that brought the children into care.
13. At minimum be provided with weekly visitation with their child.

Responsibilities of parents/guardians:

1. To keep the agency informed of their whereabouts.
2. To work with the Case Manager and foster parents regarding the child's return home.
3. To maintain open and honest communication with the Case Manager.
4. To keep appointments and respond to calls and communication with their child.
5. To work toward being able to provide a suitable living situation for their child.
6. To assist in the financial support of their child if they are able to.
7. Provide emotional support to their child, such as assisting in the preparation of his/her placement and his/her return home.

8. To work on their treatment plan to ameliorate the condition's that brought the children into care.

Birth parents need to be understood without judgment and criticism and must be acknowledged as the children's parents, with opportunities to share their lives.

Working with parents/guardians:

It is important to remember that foster parents are not the biological parents/guardian of the children placed in their home. Foster parents must understand that Foster Care is temporary in nature and they should be able to work with many different children for a short amount of time and they should be able to assist with the reunification/permanency plan at the appropriate time.

In most cases biological parents/guardian retain their rights to parent a child. There are a number of reasons children may be placed in Foster Care such as the special needs of the child, delinquency, parental abuse or neglect. There are a number of reasons that parents are unable to provide appropriate care for their child: lack of information on how to parent, they never had proper parenting, lack of resources, temporary crisis situation, socioeconomic status, educational status, physical or emotional problems, chronic depression, lack of self-esteem and inability to deal with the child's special needs or behaviors. Knowledge of specific reasons can help foster parents choose the most effective way of relating to the biological parent/guardian.

Biological families/guardians suffer from separation trauma as well as their children. Biological parents/guardians have usually experienced a heavy pattern of loss prior to the placement of their child into Foster Care. Placement of a child into Foster Care can trigger the parent's grief process. Many parents'/guardians' behaviors, which appear strange to foster parents, can be easily understood in terms of the grief process.

It is part of the foster parent's job to help the biological parent/guardian reconnect with their child. Even if the foster child has had little contact with their family, they are still an important part of their life.

All foster children have three families: their biological family/guardian, their foster family and their ideal family. Most children develop fantasies about their ideal family who will rescue them when they feel their own families have been unfair. The ideal family and other fantasies can play a crucial role in the foster child's fantasy life than that of other children.

It is important that the foster parent and the Case Manager develop reasonable rules regarding visitation with the natural family. Although visits with the family may produce crisis at times the crisis may be growth producing for the child.

The foster family needs to develop tactful ways in which to share the child's progress with the biological family/guardian. The foster family should develop specific techniques

to discuss with a child of any age his move away from them. These should include concern for the child, recognizing his/her ambivalence about leaving, confidence that the move is in the child's best interest, and details of the child's new life. Foster parents can teach and model behavior to the biological families/guardian. Many foster parents receive the same sort of satisfaction from working with families/guardians and watching adults grow and develop as they do from working with foster children.

A child's ethnic/religious heritage is an important part of his/her identity and can help build the child's self-esteem. It is essential for the foster families to assist the child to foster their ethnicity, cultural background and religious heritage.

Foster Parents Must Remember:

Foster parents must remember that having foster, adoptive and biological children in one family means the total family has to be involved and committed to this lifestyle. The children as well as parents must understand the different backgrounds and circumstances, which cause children to live outside their home. Children should be involved in decisions regarding fostering and adopting and teaching them an understanding regarding differences between themselves and foster and adopt children.

Working with the parents/guardians is a big part of your job. Although foster parenting means some additional responsibilities, whether the child is biological, adoptive or foster is immaterial when it comes to parenting. The biological child may have some problems learning how to share his/her parents with another child. Families may have children of the same age in different developmental stages and the family must develop specific plans to deal with the adjustments. All children can grow into healthy adults if given the nurturing parenting necessary.

The foster family must develop sensitivity to the cultural and ethnic background of their foster child. No one has all the answers to parenting. Foster parents can find support from other parents who deal with similar problems in their homes. Normal sibling rivalry can be heightened and take different forms with biological, adoptive or foster children. This can be alleviated with structure that provides all children with a fair share of the family's material things, a fair division of the chores, a fair share of parental attention and a feeling that rules apply to everyone.

Children must sometimes be treated differently. Avoidance of discussing differences can leave everyone feeling that life is chaotic and unfair. When different treatment is necessary it is better to bring it out in the open and discuss the reasons. One area of differential treatment is discipline. Not only should a discipline plan be developed for all children, foster parents must adhere to the agency's behavior management policy with foster children. When one member of the family is extremely disruptive, the family must make a decision as to whether the family will make sacrifices for the good of the child or the child will have to leave for the good of other family members.

Love is an emotion like anger, fear and happiness. It cannot be evoked on demand. Foster parents are obligated to treat each child with respect and consideration. Love often, but not always, will grow as the relationship develops. The quality and quantity of love will vary with different relationships. Foster parents do not have to love their foster children, they do however have to provide them with all the necessary needs that a child must have to grow and develop.

SECTION 3

PLACEMENT

Guiding Harbor will only place a child with an adult who is legally related to the child, is a legal custodian, or in a licensed foster home.

Placement consideration is initially given to placement with a relative and/or placing siblings together.

Placement of a child into a Guiding Harbor a foster home shall be consistent with the placement specifications for the home.

Guiding Harbor will consider all of the following factors in selecting an appropriate placement for a child:

- The permanency goal for the child.
- The physical, emotional, and educational needs of the child.
- Expressed preferences of the child.
- The child and child's family's religious preference.
- The continuity of relationships, including relationships with parents, siblings, relatives, foster parents, previous foster parents, and other persons significant to the child.
- The availability of placement resources for the purpose of making a timely placement.

The child's racial, ethnic, and cultural identity, heritage, and background may only be considered if an assessment of the individual child indicates that such consideration is in the best interests of the child.

Prior to the placement of a child, Guiding Harbor will document preparation, regardless of the child's age, that explains all of the following to all relevant parties:

- The circumstances necessitating placement.
- The child's individual needs.
- Any special problems presented.

Guiding Harbor will document, in the child's record, within 7 calendar days after placement, the information specified information:

- Child characteristics including:
 - Gender.
 - Race.
 - Height and weight.

- Eye color and hair color.
 - Identifying marks.
 - Religious preference.
 - School status, including grade, last school attended, and educational program.
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- Name, known addresses, and marital status of the child's parents or legal guardian, if any.
 - Names, ages, and known addresses of any siblings.
 - Known names, addresses, and dates of any previous out-of-home placements.
 - The date that the agency received the child for placement.
 - The child's legal status and the agency's legal right to provide care.
 - Documentation of the child's placement preparation.
 - A photograph of the child at the time of placement.
 - Documentation that American Indian ancestry was assessed.

CHANGE OF PLACEMENT

Guiding Harbor will make every reasonable effort to maintain a stable placement for each child placed in foster care. The efforts shall be documented in the child's record.

Guiding Harbor will give first consideration to returning the child to a parent.

Guiding Harbor will document all of the following in the child's record before a change of placement occurs:

- Reason for the change in placement.
- If the child is not returned to the parent, then the reason why return is not possible.
- If the child is not reunited with siblings or placed with a relative, then the reason why those placements are not possible.
- Consideration of the factors identified in the placement policy
- Replacement preparation, regardless of the child's age, appropriate to the child's capacity to understand, which includes an explanation to all relevant parties as to why the change is necessary.
- Notification to the parents, referral source, lawyer guardian ad litem, and courts when applicable, of the change in placement.
- Information about the child was shared with the new placement, consistent with the requirements of foster parent information
- The child's new location and address.
- That the current foster parent was notified in writing of the following information:

- Not less than 14 calendar days in advance, of the change, except when prior notification would jeopardize the child's care or safety. If prior notice is not provided, then the agency shall notify the foster parent, at the time of the change, why prior notice was not given.
- (ii) Of the current foster parent's rights concerning the change in placement.
- Supervisory approval before the change.

If an emergency change in placement is necessary, then all of the documentation required shall be in the child's record within 14 calendar days after the change in placement.

If an agency is no longer providing services to the child in a foster home, then both of the following shall be documented before a change in placement:

- A summary of the services provided during care up to the time of the change in placement and the needs that remain to be met.
- Provision for any continuing services.

EDUCATIONAL PROGRAM

Every effort must be made to ensure that the educational needs of all children in foster care are met.

Foster parents and the agency must ensure that foster children are provided with appropriate educational services to support and encourage school success.

The supervising agency is responsible for monitoring the provision of educational services to determine their quality and effectiveness and if found to be ineffective, make the appropriate adjustments in educational case service planning.

It is the foster parent's responsibility to assure that no later than five days after placement of a child in foster care they must enroll each child of school age into a school program.

Guiding Harbor staff will assist foster parents with school enrollment if necessary but must be made aware by the foster parents within the first three days of placement if assistance is needed.

All **Guiding Harbor** school age youth attend public school. Regular education and special education services are required by law and are provided through the local schools or the intermediate school district. Children are required to attend school until he/she graduates or successfully completes a GED program.

Enrollment for all youth occurs on an ongoing basis as they are placed with **Guiding Harbor**, or replaced from one school district to another. Prior to enrollment, the Case

Manager will attempt to assemble all the necessary records and history. School personnel are then contacted by the foster parent/staff prior to enrollment. Every effort is made to find the best educational placement to meet the needs of the youth. At times, the school personnel must review special education materials before enrollment into a special educational setting can occur. This may cause a youth to wait for placement into a school setting for no more than **10 working days**. The agency will inform the school via the "education letter" regarding who is responsible for the care of the child.

Foster parents/staff are required to enroll the youth in school, within five days of placement. The Case Manager will provide the school administration with pertinent information regarding the client and who to contact in case of an emergency. The foster parents must assist in the coordination with the last school on record and the new school to ensure the child does not lose any academic credits.

For children placed in Foster Care, schools require and request that parents be involved in the education of youth. It is especially important that foster children have parents that are involved and supportive of their education. Attending conferences, meetings and school activities demonstrates to the youth that the parent is interested and concerned in his/her education. Because many children have not had a positive school experience, it is important to encourage better attitudes to produce improved learning while the youth is in our care. The Case Manager will be available to assist the foster parent in school intervention.

The Case Manager will keep birth parents informed of school conferences in a timely manner to allow for participation. Birth parents, DHHS, the agency, or the Court must consent to IEP/MET conferences. Foster parents and the agency must be notified by the foster parents in a timely manner to allow for consent and participation.

All foster children are required to attend a regular public or private school program.
Home schooling is not permitted.

School programs, whether public or private, must be accredited. If a child is allowed to attend a private school, the school's philosophy must not be contrary to the child's or the family's beliefs, customs, culture, values and practices.

Parental permission, DHHS and Court approval are required for Temporary Court Ward's to attend private school. MCI Wards must also obtain approval from DHHS, the Court and possibly the MCI Superintendent to attend private school. If a child is allowed to attend a private school, the school's philosophy must not be contrary to the child's or the family's beliefs, customs, culture, values and practices.

Foster parents are required to assure that their foster children are attending school regularly and are to report all absences over 2 days to the Case Manager, the Case Manager will follow up with school personnel by the next business day to check on the status of the student's absences.

If a child displays signs that a disability may exist and has not been identified as requiring special education services, a child's parent, guardian, or caregiver can request an evaluation to be completed. The request must be in writing and sent to the special education coordinator/director at the child's school. Once the request is received, the school has no more than 10 calendar days to obtain consent from the parents and begin the assessment process.

For caregivers receiving a Determination of Care (DOC) supplement based on providing activities or tasks to meet the child's educational needs, detail the specifics for school collaboration and the actual tasks involved in the daily educational interventions required in the Parent-Agency Treatment Plan and Service Agreement.

EMPLOYMENT

Some foster youth have job readiness skills or work experience prior to placement. Whenever possible, every effort should be made to continue to assist the youth in gaining or maintaining employment. Some youth are involved in co-op programs through their school, working in a local establishment, a summer job placement, or a vocational training experience in a specific career through their High School or Vo-tech Center. Letters of recommendation, personal contacts to employers or counselors, and assistance in enrollment in vocational classes are provided to the youth as available and suitable to his/her needs. Foster parents should take this opportunity to teach the child budgeting, saving and spending habits. If a youth is doing poorly in school and working at the same time it would be recommended that they terminate their employment and focus upon their educational goals.

TRAVEL

Permission for a youth to travel with their foster family must be obtained and approved by the Foster Care Case Manager, the referring worker or the parent/guardian **at least two weeks in advance**. Foster parents must inform the Foster Care Case Manager of their travel arrangements including the means of transportation they are utilizing, where they will be staying, the telephone number and address of where they will be staying, date of departure and arrival back to the foster home. The Case Manager must arrange for a ***"Travel Authorization"*** form to be ***signed by the DHHS worker or birth parents*** prior to travel.

BABYSITTING

Foster children are not allowed to baby-sit inside or outside of the foster home under any circumstance.

DRIVER'S EDUCATION:

Foster parents are not allowed to sign for a youth to receive their driver's license. Only the referring agency worker, the parents/guardian or judge may sign for a child's driver's license. If a foster parent allows a foster child to drive their vehicle the foster parent assumes full legal and financial responsibility for any accidents or injuries. Foster Parents must assure that a foster child is insured prior to driving their vehicle. Guiding Harbor and DHHS do not reimburse foster parents to insure foster children on their insurance policy.

Foster children are not allowed to operate Jet Ski's, snowmobiles, tractors, riding lawnmowers, ATV's, motorcycles, motorbikes, boats, etc...

FOSTER CHILD HOME VISITS/PARENTING TIME

Maintaining family contact and regular visitation is a service to children. Visits preserve a child's attachment to his or her parents, siblings, and other family members, and can lessen both the child's and the parent's anxiety about the child being placed in substitute care.

A visit and contact plan must be created for each child in out of home care that meets his/her developmental and attachment needs and allows for frequent contact between the child and members of his or her family. This plan must be in the best interest of the child and must develop or enhance attachment with the child's family, including siblings. One of the best predictors of successful reunification is the frequency and quality of visits between a child and his or her parents. When reunification is the goal, the visit and contact plan should include progressively increased parental responsibility for the daily care of the child.

When reunification no longer is the goal, a visit and contact plan can help family members understand and accept the alternative permanency plan. Whatever the goal, visiting strengthens or maintains family relationships, enhances a child's well-being, and affirms the importance of parents in the child's life.

Visitation is an interactive face-to-face contact between a child and his or her parents, siblings or other family members. It is separate from counseling, therapy, assessments, case reviews, family team meetings or court hearings. Visitation can be supplemented with other types and means of contact such as phone calls, letters, email, pictures, tapes and gifts. This contact should be allowed and encouraged unless the child's or others' safety or well-being may be compromised.

All reasonable efforts must be made to ensure that children in foster care with a goal of reunification have visitation with their parents in accordance with the instructions outlined in this item.

Regardless of the permanency goal, all children in foster care who have siblings in custody, with whom they are not placed, must have at least monthly visits with their siblings that are separate from parenting time.

The ultimate goal for most of the youth placed with **Guiding Harbor** is to return home whenever possible, it is to be understood that visits by the foster youth with their family is an integral part of the treatment plan. The Foster Care Case Manager may only grant visits with the biological parents/guardian; or other relatives after receiving the necessary approval from the youth's referring worker and the Court. Once parental visits are approved, foster parents and the Foster Care Case Manager will confer regarding the details of visitation such as who picks up the youth, where, when etc... In some cases visits may be structured or supervised by the Foster Care Case Manager at the agency or a designated location. Visits in the family home must be approved for overnight, weekend or extended visits by the Foster Care Case Manager, the referring worker and the Court.

Parenting time shall occur not less than every seven days, unless the Court has ordered a revised parenting time schedule for the family. Foster parents shall provide transportation and offer a flexible visitation schedule (outside of normal business hours) to facilitate parenting time. Siblings shall have no less than one face-to-face visit once per month, unless compelling reasons to the contrary are documented in the ISP, USP or PWSP.

Scheduling of parenting time must be done with primary consideration for the parents' time commitments which may include employment and mandated service requirements. The supervising agency must institute a flexible schedule to provide a number of hours out-side of the traditional workday to accommodate the schedules of the individuals involved. Barriers to parenting time are to be identified and when possible resolved.

Supervised parenting time ensures the child's safety and allows the caseworker the opportunity to view the parent/child interactions and provide support and guidance. When the court orders parenting time to be supervised, case aides, foster parent/caregivers, and others may supervise visits, in addition to the assigned caseworker. However, the caseworker must be able to testify in court regarding the interaction between the parent and child. Parenting time supervisors must be aware of the expectations of the parent during parenting time and are to facilitate and encourage appropriate behaviors during parenting time.

Case Managers must observe parenting time at least once monthly to assess parenting skills and attachment, even if visits are unsupervised.

Once the parent achieves substantial or partial compliance with the parenting time plan, the caseworker must reevaluate the supervision requirement. If supervised parenting time is court-ordered, supervision must remain until the court rescinds the supervision.

After reevaluating parenting time compliance, the caseworker must include the assessment in the next case service plan presented to the court.

Parenting Time Guidelines

Foster care staff must utilize the following guidelines in developing a parenting time plan with the parent(s):

- **Newborn to age five**, visits occur, at a minimum, twice a week.
- **Ages six and older**, visits occur, at a minimum, once a week.

If visits are not occurring as outlined above, the barriers that are contributing to less frequent visits and how those barriers are being addressed must be documented in the case service plan.

Parenting time must not be reduced solely due to a child turning a year older
A child and parent must be offered parenting time within the first week of placement and at least weekly thereafter.

The standard scheduling for parenting time, when the plan is reunification, is to increase the length of parenting time and to allow unsupervised parenting time in the parental home. Visits should be long enough to promote parent-child attachment.

Parenting time should occur in a child and family friendly setting conducive to normal interaction between the child and parent.

Visits should be long enough to promote parent-child attachment.

Parents should continually be involved in activities and planning for their child; such as attendance at school conferences and involvement in medical, dental, and Early-On appointments, unless documented as harmful to the child.

The standard scheduling for parenting time, when the plan is reunification, is to increase the length of parenting time and to allow unsupervised parenting time in the parental home. There must be a written plan for progression of parenting time for children with the goal of reunification. As the parent(s) progresses through the case plan, successfully addressing barriers and achieving the parenting time standards as outlined in the parent-agency treatment plan, the natural progression of the case is expansion of parenting time. This could include increasing the frequency and/or duration, along with changing the location to support a more family friendly environment and encourage typical parent/child interaction.

Research has shown that unless children are allowed and encouraged to visit their biological family while they are in out of home care, their future adjustment may be impaired. These visits may be upsetting to the child, birth parents/guardian and to the foster parents. Often birth parents may react to their own fears, and show resentment by not keeping scheduled appointments or by being critical of the foster parents. These reactions could be discouraging to the child and to the foster parents. The foster

parents need to be able to help comfort the child without letting their personal feelings get in the way. Foster parents should be cognizant of any critical conversation regarding a child's parents, as this has negative impact on caring for the child.

The foster parent should monitor all visits as it relates to the child's behavior before and after family contact. The foster parent(s) should be aware of the effects that the visit has on the youth's emotional state and behavior patterns and the foster parent should be able to assist the youth in appropriately handling the behavior. Foster parents must share their observations and behavioral approaches with the Foster Care Case Manager.

Guiding Harbor will not allow any type of sabotage regarding visitation and will handle any type of noncompliance with the Licensing Worker. Visitation with the child's family will not be withheld as a means of behavior management.

Sibling Visitation: Whenever siblings are not placed together, reasonable efforts must be made to provide frequent visitation or other ongoing interaction between the siblings. Siblings are defined as children who have one or more parents in common. The relationship can be biological, through adoption, or marriage, and includes siblings as defined by the Indian child's tribal code or custom. A sibling relationship continues regardless of legal status or when a marriage ends by death or divorce.

Children in foster care who have siblings in custody, with whom they are not placed, must have at least monthly visits with their. The same standard should apply to ongoing contacts (letters, phone calls, etc.) between siblings.

FACE TO FACE CONTACT

During the first month following initial placement into the foster home or a move from the foster home the Case Manager must visit with the child no fewer than two face-to-face contacts, at least one occurring in the home. The first face-to-face contact with the child must take place within five business days from the date the case is assigned to the Case Manager or within five business days of the date of the placement move. At this time the Case Manager shall also make no fewer than two phone contacts with the child dependent upon their age. Each contact must include a private meeting between the child and the Case Manager.

Subsequent Months following initial placement the Case Manager must have at least one face-to-face contact with the child each calendar month (within 30 days). At least one contact each calendar month must take place at the child's placement location. Each contact must include a private meeting between the child and the Case Manager.

Foster parents are expected to ensure that foster children participate in face to face visits on a regular basis. Every effort will be made to avoid having the child miss school for an appointment.

If the foster child or the foster parents need to communicate important or urgent information to the Foster Care Case Manager they may call anytime.

Foster parents are required to have one monthly face to face contact with the Case Manager in the foster home as well.

The Case Manager is also responsible for making a quarterly unannounced visit to the foster home.

Contact after children are returned home: During the first month after a return home the Case Manager must have weekly face-to-face contacts with the parent(s) and the child, in the home. At least one contact each calendar month must include a private meeting between the child and the caseworker. This period of contacts may be extended to 90 days, if necessary.

For subsequent months after a return home: The Case Manager must have at least two face-to-face contacts with the parent(s) and the child, each calendar month, in the home, until case closure, unless the family is receiving Family Reunification or Families First services.

Case Manager contact with caregivers: The Case Manager must have at least one face-to-face contact in the caregiver's home each calendar month. If there are two caregivers, such as a primary and secondary caregiver, the caseworker must have a face-to-face contact with the secondary caregiver in the home at least once each quarter. The caseworker must make an unannounced visit to the placement every quarter. This unannounced visit must be noted in the social work contacts of the case service plan.

MEDICAID INSURANCE COVERAGE FOR FOSTER YOUTH

All children committed to the Department of Human Services (DHHS) or placed with the department by a court, who are in out-of-home care, are categorically eligible for Medicaid as a department ward. Medicaid is also known as medical assistance.

Exception: Children not eligible for MA include foster children who are not U. S. citizens or qualified aliens. Medical assistance coverage for children who are not U.S. citizens or who do not meet the definition of a qualified alien is limited to emergency services only.

Each child in care must be enrolled in Medicaid (MA) and have an assigned MA recipient ID number to ensure prompt health services for foster children at the time of placement. Some youth will have medical coverage through their parent/guardian's insurance and they may also be eligible for Medicaid.

It will be important that the foster parent communicate with the Foster Care Case Manager regarding the youth's medical coverage. Not all physicians, dentists or pharmacies participate in the Medicaid program.

Occasionally, when a youth enters the program, there is a delay in obtaining the Medicaid number. In that event, or in the event that a youth requires medical or dental treatment or a prescription during this period, the foster parent should contact the Foster Care Case Manager immediately and make arrangements for the medical/dental treatment and/or the prescription to be obtained.

Medicaid Insurance will cover most dental, medical, prescription and therapeutic referrals and consultation expenses of the foster child. Generally, presentation of the child's Medicaid card/number is sufficient for being serviced. Non-prescription medications are not covered by Medicaid, but may be purchased with personal needs monies allowed for each youth. If non-prescription costs are extreme the Foster Care Case Manager may request additional funds from the referring worker/agency. The

If this situation arises over the weekend or during the evening the foster parent should proceed with the treatment/prescription and **Guiding Harbor** will make the necessary arrangements for the foster parent to be reimbursed.

If the child is not active on MA at the time of placement, the foster parent/ caregiver must receive the MA card or alternative verification of the child's Medicaid status and recipient ID number within 14 calendar days of the date a child enters Foster Care. Documentation of the date the foster parent/caregiver is provided.

MEDICAL AND DENTAL CARE FOR FOSTER YOUTH

When a child is placed in your home, the Case Manager will provide you with a **"Consent to Obtain Medical Care"** form that gives you permission to obtain the following services:

- Authorize routine medical and dental care.
- Authorize emergency medical and dental treatment.
- Authorize emergency non-elective surgery. Only biological parents/guardian can authorize elective surgery.

Emergency Hospital Visits or Hospitalizations:

All emergency hospital visits and hospitalizations should be reported to **Guiding Harbor** immediately. Doctor appointments other than those, which are routine in nature, should also be reported immediately. The Case Manager must be aware of the youth's general health care at all times.

In the case of a medical emergency the youth should be:

- Taken to the hospital immediately.
- Call the **Guiding Harbor** office immediately at (734) 697-4804. If the hospital visit/hospitalization occurs after business hours or on the weekend, call the emergency On-call cell phone at (734) 634-3243.

If a foster child is sick or hurt due to an accident, which is not life threatening but requires hospitalization or emergency services, then the Foster Care Case Manager must be contacted by telephone immediately if the emergency occurs after hours the On-Call Worker must be informed immediately. If there are any problems in obtaining medical treatment, notify ***Guiding Harbor*** as soon as possible. The Case Manager will assist you in obtaining adequate health care for the youth.

Routine Medical Care:

While a child is placed in your home you will be responsible for obtaining routine medical care for that child including, making appointments, transporting to appointments, obtaining prescriptions and any follow-up care that may be necessary. In addition, foster parents will need to inform the Foster Care Case Manager of the child's medical status, this includes having medical visit forms completed by the physician at each appointment and physical forms completed at the time of each appointment and updated by the physician when immunizations are given and submitted to the Foster Care Case Manager as often as necessary.

Documentation that all requirements have been met must be contained in the medical records section of the child's foster care case record, Youth Health Record, and the Initial physical form, Youth Health Record, Yearly Dental.

The Medical Passport must be provided to the foster parents/caregivers and to the legal parents if the child is a temporary court ward.

Immunizations are considered routine medical care. If the child's parent prohibits immunizations based on religious grounds, a copy of a waiver addressed to the department of community health signed by the parent stating immunizations are not being administered due to religious, medical, or other reasons is sufficient documentation of immunizations.

A foster parent may not prohibit immunizations of foster children based on religious grounds. All Foster Care youth must have current immunizations.

A statement from a parent or licensed medical authority which indicates that immunizations are current or contraindicated is sufficient documentation of immunizations.

If documentation of immunization or a copy of the waiver is unavailable, then immunizations shall begin within 30 calendar days of placement.

Child Care/ Preschool Setting

	Birth thru 1 month	2 months thru 3 months	4 months thru 6 months	7 months thru 14 months	15 months thru 4 years
Diphtheria, Tetanus, Pertussis	None	1 dose DTaP or DTP	2 doses DTaP or DTP	3 doses DTaP or DTP	4 doses DTaP or DTP
H. influenza type b	None	1 dose	2 doses		1 dose > 15 mo. OR a complete series
Polio	None	1 dose	2 doses		1 dose > 12 mo.

	Birth thru 1 month	2 months thru 3 months	4 months thru 6 months	7 months thru 14 months	15 months thru 4 years
Measles, Mumps, Rubella	None	None	None	None	1 dose > 12 mo.
Hepatitis B	None	1 dose	2 doses		3 doses
Varicella (Chickenpox)	None	None	None	None	1 dose > 12 mo. OR current lab immunity OR reliable history of disease

School Setting

	4 years thru 6 years	7 years thru 18 years
Diphtheria, Tetanus, Pertussis	4 doses (One dose must be > 4 years)	4 doses of D and T OR 3 doses Td if #1 given > years of age within last 10 years
H. influenza type b	None	None
Polio	3 doses (One dose must be > 4 years)	3 doses
Measles, Mumps, Rubella	2 doses > 12 months	2 doses > 12 months
Hepatitis B	3 doses	3 doses
Varicella (Chickenpox)	1 dose if given > 12 months of age and prior to 13th birthday OR 2 doses if initiated > 13th OR current lab immunity OR reliable history of disease	

Physical Examinations (Well Child Examinations):

- Upon initial entry into Foster Care all children must have a physical examination within 30 days after the Foster Care placement. The foster parent is responsible for assuring that a physical is scheduled and the appointment is maintained within the first 30 days of placement.
- Annual physical examinations must occur every **12 months** regardless of a child's appearance of health.
- Children under 2 years of age must have received a physical examination within 3 months of placement or a new physical examination must be completed within

30 calendar days of placement. Children 2 years or older, must have a physical examination completed within **12 months** before placement or a new physical examination shall be completed within **30 calendar days** of placement. For children under 3 years old, the periodicity schedule for EPSDT/well child exams is as follows:

- Newborn-1 week of age.
- 4 weeks of age.
- 2 months of age.
- 4 months of age.
- 6 months of age.
- 9 months of age.
- 12 months of age.
- 15 months of age.
- 18 months of age.
- 24 months of age.
- 30 months of age.

Children age 3 and older require the EPSDT/Well Child Exam annually.

Foster parents are provided with the most recent physical examination, immunization record and any other pertinent information regarding the health of the child. Immunization records must be kept current at all times. If they are not current at the time of placement, the Case Manager will work with the foster parent within 30 calendar days of placement to update the record. Immunizations must be obtained as often as needed and appropriate documentation must be obtained by the foster parent and submitted to the Foster Care Case Manager.

Routine Vision Screening:

While a child is placed in your home you will be responsible for obtaining routine vision screenings for that child including, making appointments, transporting to appointments, obtaining prescriptions and any follow-up care that may be necessary. In addition, foster parents will need to inform the Foster Care Case Manager of the child's vision status, this includes having medical visit forms completed by the physician at each appointment.

- Vision screening is required once every **2 years**. The child's physician may complete vision information on the physical examination form and the form must be submitted to the Foster Care Case Manager as often as necessary.

Routine Dental Care:

While a child is placed in your home you will be responsible for obtaining routine dental care for that child including, making appointments, transporting to appointments, obtaining prescriptions and any follow-up care that may be necessary. In addition, foster parents will need to inform the Foster Care Case Manager of the child's dental

status, this includes having dental visit forms completed by the dentist at each appointment.

- For foster children one year or older initially entering care a dental exam must be completed within **90 days** of placement unless a dental exam occurred within the **12 months prior** to placement and documentation has been obtained.
- Routine dental exams must occur every **6 months** unless a greater frequency is indicated.
- Children entering foster care under one year of age must have an initial dental exam within three months of the child's first birthday.

Dental examinations must be documented on the dental form provided to you by your Case Manager. These forms must be completed and submitted to the Foster Care Case Manager as often as necessary.

Mental Health Treatment:

Children shall receive a screening for potential mental health issues within **30 days** of placement. If it is determined that there is an identified need the child will be referred for mental health services.

The mental health screening is to be performed during initial and subsequent periodic or yearly well child exams.

If a significant concern about a child's mental health or behavior arises between well child exams, the foster parent or caseworker contacts the behavioral health division of the child's MHP to schedule an appointment for an assessment.

Note: The caseworker is required to discuss the child's behaviors and any mental health concerns with the foster parent at every monthly home visit.

Each well-child exam (initial, periodic and yearly) will include a mental health screening using an evidence-based instrument. The mental health screening instruments are:

- The Ages and Stages Questionnaire – Social Emotional (ASQ: SE), for children up to age 5 ½ years.
- The Pediatric Symptom Checklist (PSC), for children ages 5 ½ years and older.

Mental Health Screening Tools:

Ages and Stages Questionnaire: Social-Emotional (ASQ: SE)

The ASQ: SE is designed to be completed by parents or caregivers of young children. It consists of a series of eight questionnaires for 6, 12, 18, 24, 30, 36, 68 and 60 month age intervals. Each questionnaire can be used within 3 months (for 6 – 30 month intervals) or 6 months (for 36 – 60 month intervals) of the chronological age targeted by the questionnaire, as noted in chart below:

<u>Child's Age in Months</u>	<u>ASQ: SE Questionnaire</u>
3 through 6 months	6 Month
9 through 14 months	12 Month/1 Year
15 through 20 months	18 Month
21 through 26 months	24 Month/2 Year
27 through 32 months	30 Month
33 through 41 months	36 Month/3 Year
42 through 53 months	48 Month/4 Year
54 through 65 months	60 Month/5 Year

The ASQ: SE questionnaires can be completed by persons with a 5th or 6th grade reading level. If a parent or person completing the form is not capable of completing the form on his/her own, the worker may provide assistance in completing the tool. The ASQ: SE is available in both English and Spanish, and the score may be adjusted if certain questions are omitted due to cultural/ethnic reasons.

PSC: Pediatric Symptom Checklist

The PSC is a brief questionnaire designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. The PSC questionnaire is used for children ages 5 ½ and older. There are two versions:

- Parent/caregivers-completed version (PSC).
- Youth self-report (Y-PSC). The Y-PSC may be administered to youth ages 11 years and older.

The PSC is available free of charge at:

http://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf.

The PSC is available in other languages at:

http://www.massgeneral.org/psychiatry/services/psc_forms.aspx

Questionnaire Completion:

The screening tool/questionnaire should be completed by the person who knows the child best. This role may change during the course of the case, as parents are more

likely to know the child better than foster parents at removal, but this may not be the case if the child remains in care.

Additionally, if the parent or caregivers are not sure whether a child exhibits a particular behavior described in a questionnaire item, the caseworker should not advise or lead parents but instead should encourage parents/caregiver to use their judgment.

Scoring:

The PCP is responsible for scoring and interpreting the results of the screening instrument and proposing recommendations regarding follow up. If the screening indicates a need for further evaluation, the caseworker is responsible for ensuring timely and appropriate follow up through a referral to the behavioral health division of the child's Medicaid Health Plan (MHP) for an assessment and treatment. In some circumstances, if a child/youth is already in treatment, the follow up would consist of making the mental health providers aware of the results of the screen.

Implementation:

While the assigned caseworker has the primary responsibility for facilitating the completion of the screening tool, the mental health screening process begins with engaging the family (birth and foster and any other caregivers) within the MiTEAM Practice Model. Family engagement through the MiTEAM process should be utilized before removal, at removal and throughout the case. The mental health screenings should be discussed with families at each suitable juncture within the MiTEAM model. The screening tool may be initiated by any direct staff in conjunction with Family Team Meetings or during other family contacts when indicated.

If the screening tool is not completed during the FTM, the assigned caseworker must follow up with the family to ensure completion prior to the child's EPSDT/Well Child Exam. Additional caseworker responsibilities include:

- Arrange the delivery of the completed screening tool to the medical provider prior to or at the scheduled well child exam.
- Document mental health screening in SWSS or MiSACWIS.
- Ensure appropriate and timely follow-up referrals and treatment as indicated.
- Provide narrative of mental health screening and all follow-up in case service plans.

Best practice tip: A copy of the completed screening tool may be filed in the child's case file in case a need for a copy presents at a later date.

Note: Screening tools are to be scored by the medical provider.

Additional instruction can be found at www.michiganchildwelfaretraining.com

Reminder:

All medical emergencies must be documented on an incident report form; documentation from the hospital, physician, or school must also accompany the incident report.

The Case Manager will inform birth parents, in a timely manner, of all medical, dental and, educational appointments to allow for participation.

Psychotropic Medication:

The use of psychotropic medication as part of a foster child's comprehensive mental health treatment plan may be beneficial. The administration of psychotropic medication to children is not an arbitrary decision and documented oversight is required to protect children's health and well-being.

An informed consent is required to authorize consent to administer all psychotropic medications. Only the child's parent or legal guardian may consent to psychotropic medications unless parental rights have been terminated by court action. If the parent's whereabouts are unknown, a court order must be obtained.

Psychotropic Medication Definition: Psychotropic medication affects or alters thought processes, mood, sleep or behavior. A medication classification depends upon its stated or intended effect. Psychotropic medications include, but are not limited to:

- Anti-psychotics for treatment of psychosis and other mental and emotional conditions.
- Antidepressants for treatment of depression.
- Anxiolytics or anti-anxiety and anti-panic agents for treatment and prevention of anxiety.
- Mood stabilizers and anticonvulsant medications for treatment of bi-polar disorder (manic-depressive), excessive mood swings, aggressive behavior, impulse control disorders, and severe mood symptoms in schizoaffective disorders and schizophrenia.
- Stimulants and non-stimulants for treatment of attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD).

See the National Institute of Mental Health, *Alphabetical List of Medications*, <http://www.nimh.nih.gov/health/publications/mental-health-medications/nimh-mental-health-medications.pdf> for a listing of psychotropic medications by trade, generic name and drug classification.

Psychotropic medication **must not** be used as a method of discipline or control for any child. Psychotropic medications are not to be used in lieu of or as a substitute for identified psychosocial or behavioral interventions and supports required to meet a child's mental health needs.

Process

1. Prior to the initial prescription for psychotropic medication the following must occur: Mental health assessment with a clinical diagnosis of the mental health disorder.

Explanation by the prescriber of the purpose for and effects of the medication in a manner consistent with the party's ability to understand must be given to the:

- Child (age-appropriate).
- Foster parent/caregivers.
- Birth parent/legal guardian, if applicable.

The explanation for the need of the prescribed psychotropic medication must include the following:

- Child/youth's mental health diagnosis.
- Treatment options (nonpharmacological and pharmacological).
- Treatment expectations or benefits to the target symptoms.
- Potential side effects.
- Risks and benefits of taking the medication versus not taking the medication.

2. The DHHS-1643, Psychotropic Medication Consent form is used to document the requirements. The DHHS-1643 consists of three sections:

Section A, psychotropic medication recommendation is completed by the licensed medical professional. Section A contains:

- Child's identifying and clinical information.
- All current psychotropic medications.

New medications, dosage range and frequency of administration.

- Targeted symptoms, potential side effects, alternative treatments, required tests and/or laboratory procedures, and rationale if medication falls within the criteria triggering further review by the DHHS Health Education and Youth Unit.
- Review of information with child, foster care provider and legal parent (s) or guardian.

Section B, notification, is completed by the foster care worker.

Section C, consent for administration of psychotropic medications:

- Signed by legal parent or legal guardian-is signed to allow or deny* consent by the parent of temporary court wards, by the supervising agency for MCI state wards or the court for permanent court wards.

NOTE: Foster parents, relative/unrelated caregivers cannot consent to administration of psychotropic medications.

- Signed by youth age 18 and older-indicates youth has been informed of the nature of his/her condition, the risks and benefits of treatment with the medication, other forms of treatment, as well as risks of no treatment.

Oversight

Criteria Triggering Further Review

- Prescribed four or more concomitant psychotropic medications.
- Prescribed two or more concomitant anti-depressants.
- Prescribed two or more concomitant anti-psychotics.
- Prescribed two or more concomitant stimulant medications.
- Prescribed two or more concomitant mood stabilizer medications.
- Prescribed psychotropic medications in doses above recommended doses.
- Prescribed psychotropic medication and child is five years or younger.

Note: Concomitant medications are two or more medications used or given at or almost at the same time (one after the other, on the same day, etc.).

The DHHS-1643 informs the physician that the above medication combinations should be avoided to maintain compliance with the MDHHS Guidelines for the Use of Psychotropic Medication for Children in State Custody. These parameters do not necessarily indicate treatment is inappropriate, but for DHHS purposes further review is needed to oversee the appropriateness of the pharmacological regimen. The physician is to check the appropriate box above if any criteria apply. Additionally, the physician must provide an explanation within the Rationale field (under the Medications on pg. 1 of the DHHS-1643

Follow-up process for caseworker

Upon receipt of the DHHS-1643, if any of the check boxes indicating Criteria Triggering Further Review are checked but the Rationale field in Section A is not completed; return the form to the physician for completion.

If the Rationale field in Section A is completed and the criteria box checked, the caseworker must fax a copy of the completed DHHS-1643 to the DHHS Health Education and Youth Unit at 517-335-7789.

The DHHS-1643 must be reviewed by the worker even if Rationale field and Criteria Triggering Further Review are not completed, to ensure compliance with the MDHHS Guidelines for Use of Psychotropic Medication.

The signed consent form for psychotropic medication is filed within the medical section of the child's case service file.

Refer to policy for the foster care worker's role in monitoring and documenting psychotropic medication.

*For temporary court wards, if the legal parent denies psychotropic medication consent or the parent's whereabouts are unknown, the medication cannot be administered. If all

other parties agree the medication is needed, a court order is necessary for administration of psychotropic medication.

Prior to initiating each prescription for psychotropic medication the following must occur:

The child will have received:

- A current physical and baseline laboratory work.
- A mental health assessment with a DSM-IV TR psychiatric diagnosis of the mental health disorder.
- The prescribing clinician explains the purpose for and effects of the medication in a manner consistent with the individual's ability to understand (child, caregiver(s), and birth parent/legal guardian, if applicable).

The explanation must be documented in the case file and include the following:

- Child/youth's mental health diagnosis.
- Treatment options (non-pharmacological and pharmacological).
- Treatment expectations.
- Potential side effects of the medication.
- Risks and benefits of taking the medication versus not taking the medication.

Only a certified and licensed physician can prescribe psychotropic medications to foster children. If the prescribing clinician is not a child psychiatrist, referral to or consultation with a child psychiatrist, or general psychiatrist with significant experience in treating children, must occur if the child's clinical status has not experienced meaningful improvement within a timeframe that is appropriate for the child's clinical response and the medication regimen used.

For each foster child prescribed psychotropic medications, medication compliance and treatment effect must be addressed by the foster care worker during the worker's monthly visit with the child and caregiver(s).

For temporary court wards, a parent must consent to the prescription and use of all psychotropic medications, including those prescribed for continued use upon discharge from a hospital or as a result of outpatient treatment. The supervising agency has the authority to consent to an MCI ward's psychotropic medications and the court must provide written consent for a permanent court ward's psychotropic medications. The DHHS-1643 must be used to authorize consent for all psychotropic medications. Foster parents and all other caregivers may not sign consent for psychotropic medications.

When a parent is unavailable or unwilling to provide consent and a child's physician or psychiatrist have determined there is a medical necessity for the medication, the supervising agency must file a motion with the court requesting consent for the prescription and use of necessary psychotropic medication. The worker must continue to communicate with the child's parent regarding treatment options when medication is not deemed a medical necessity but there is a DSM-IV TR psychiatric diagnosis supported by documented evidence/observations that medication would improve a child's well-being or ability to function.

Circumstances that may permit an exception to the psychotropic medication informed consent would include:

- A child entering foster care is currently taking psychotropic medication without a signed informed consent; every effort must be made to obtain the DHHS-1643 within 45 days of entry into foster care. Psychotropic medication must not be discontinued abruptly unless it has been determined and documented as safe to do so by a physician.
- A physician determines that an emergency exists that requires immediate administration of psychotropic medication prior to obtaining consent. The foster care worker must obtain a copy of the report or other such documentation regarding the administration of emergency psychotropic medication within 7 calendar days. The report must be filed in the medical section of the child's case record. If the medication will continue after the emergency, the DHHS-1643 must be completed.

SECTION 4

PHONE CALLS

All foster children have the right to access telephone service for the purpose of communicating with family members and others when it is not contraindicated by the service plan. Any limitations on telephone use with the child's family will be indicated in the service plan, documented in the child's case record, approved in advance, reviewed monthly by the Program Manager and monitored weekly by the Case Manager.

Foster children have a right to privacy as it relates to telephone calls. Foster parents may limit the time of telephone use as well as the amount of time allowed on the telephone subject to review and approval from the agency. The Telephone Policy is included in the Foster Parent/Agency Agreement.

Foster parents must ensure that there is a working telephone in the home at all times.

Foster parents are required to provide the home telephone number to Guiding Harbor and shall inform the agency of a change in number within 24 hours.

COMMUNICATION

Guiding Harbor Case Manager's and foster parents will ensure that a child is able to communicate with family and friends in a manner appropriate to the child's functioning and consistent with the child's treatment plan.

MAIL

All foster children have the right to send and receive mail. The child's letters shall not be read by others, except where there is clear and convincing evidence to justify such action. If there is justification for opening a letter, the child shall be present when the letter is opened. The Case Manager must be available to the child when mail with potentially distressing content is presented.

Packages are exempt from the prohibition against inspection.

INTERNET/E-MAIL

Due to an increase in technology foster parents must monitor e-mail/internet usage by foster children. Foster parents should set appropriate blocks on the internet to assure online safety for foster children. Disturbing e-mail messages sent or received by foster children should be forwarded to the agency at: Case Manager's first initial last name [@Guiding Harborfoundation.org](mailto: @GuidingHarborfoundation.org) to allow for a case conference to discuss the nature and content of the messages and to assure the safety of the client.

Social networking sites are attracting younger users, please be mindful if your foster child is of the appropriate age to access a social networking site that you monitor their access and use. These sites while they can be fun for teenagers and adults can also be a source of cyber-bullying and harassment.

BEHAVIOR MANAGEMENT

It is the philosophy of **Guiding Harbor** that discipline is an educational process of establishing and teaching an orderly way of life which will protect and maintain the integrity of the individual, the foster family, the agency, and will be acceptable to society at large. Discipline is not a procedure applied to an individual because his/her behavior has displeased someone in authority; that is punishment.

Guiding Harbor shall ensure that methods of behavior management for a foster child are positive and consistent, based on each foster child's needs, stage of development, and behavior, and promote self-control, self-esteem, and independence. Problems of child training shall be handled with sympathy and understanding.

A foster parent shall follow the behavior management plan developed for each foster child by the Case Manager.

Appropriate methods of behavior management include but are not limited to time-outs, loss of privileges, chores, redirection and behavioral contracts. Behavioral management methods should always be appropriate to the age of the child.

The following techniques are prohibited:

1. Any form of corporal punishment or physical force, excessive restraint, or any kind of punishment inflicted on the body, including spanking (including the use of a switch, belt, paddle, extension cord or other objects to strike a child) or slapping.
2. Restricting a child's movements by binding or tying him/her. This includes wrapping a child in a blanket, sheet, towel or similar object.
3. Application of any substance, which would cause a child to be burned.
4. Confining a child in an area but not limited to an area such as a closet, locked room, box or similar cubicle.
5. Withholding food, rest, clothing, toilet use or entrance into the foster home.
6. Mental or emotional cruelty, such as humiliating, shaming, or frightening a child this includes threatening harm or swearing/cursing (using foul language) at them.
7. Verbal abuse, threats or derogatory remarks about the child or his/her family or any other issue, i.e.: Academic progress, behavior (s), appearance, denial of educational, medical, counseling or social work services etc...
8. The depriving of visits or other communication with the child's biological family as a form of punishment- this includes parent and sibling.

9. Any kind of purposefully inflicted physical discomfort such as marching, standing rigidly in one spot for extended periods of time, depriving the child of sleep or forcing food.
10. Denial of necessary educational, medical, counseling or social services work.
11. Any form of physical, emotional or sexual abuse.

Child handling techniques used by foster parents should assist the youth in understanding their behavior and promoting self-control, self-esteem and independence and must be positive and consistent based on the child's needs and stage of development. Discipline and child handling techniques are recorded in the Treatment Plan and Service Agreement. The techniques must be child specific.

Love is an emotion like anger, fear and happiness. It cannot be evoked on demand. Foster parents are obligated to treat each child with respect and consideration. Love often, but not always, will grow as the relationship develops. The quality and quantity of love will vary with different relationships. Foster parents do not have to love their foster children, they do however have to provide them with all the necessary needs that a child must have to grow and develop.

A foster parent may use reasonable restraint to prevent a foster child from harming himself/herself, other persons, or to prevent serious property damage, or to allow the child to gain control of him/her. This does not give foster parents the authority to restrain children in their home for any other reason than to prevent them from harming themselves other persons, property, or to allow the child to gain control of himself/herself. If a foster parent restrains a child they must report the restraint the next business day to the Case Manager and document the restraint on an incident report form.

Guiding Harbor will work with foster parents/relative/unrelated caregivers and provide training, which will encourage consistent and non-physical discipline practices for both foster and birth children.

If the foster parents find that the discipline that they use in their home is ineffective with the foster child or differs drastically from the above policy, it is essential that they discuss this issue with the Foster Care Case Manager to develop child management techniques which will impact the youth, without violating the rule or policy. Be aware that the Licensing Rule Behavior management 400.9404 states that a foster parent shall not use corporal punishment for any reason with a foster child

Ideas for Behavior Management:

Ages 0-2: Timeouts can be effective discipline for toddlers. A child who has been hitting, biting, or throwing food, for example, should be told why the behavior is unacceptable and taken to a designated timeout area — a kitchen chair or bottom stair — for no longer than a minute or two to calm down (longer timeouts are not effective for toddlers).

Ages 3-5: Explain to children what you expect of them before you utilize behavior management techniques regarding a certain behavior. If your child continues an unacceptable behavior, try making a chart with a box for each day of the week. Decide how many times your child can misbehave before you utilize behavior management techniques or how long the proper behavior must be displayed before it is rewarded. Post the chart on the refrigerator and then track the good and unacceptable behaviors every day. Do not forget to consider the length of time that will best suit your child. Experts say 1 minute for each year of age is a good rule of thumb.

Ages 6 to 8: Timeouts and consequences are also effective discipline strategies for this age group. Again, consistency is crucial, as is follow-through. Maintain consistency on any promises of behavior management or else you risk undermining your authority. Children have to believe that you mean what you say. This is not to say you cannot give second chances or allow a certain margin of error, but for the most part, you should act on what you have told them.

Ages 9 to 12: Children in this age group — just as with all ages — can be disciplined with natural consequences. As they mature and request more independence and responsibility, teaching them to deal with the consequences of their behavior is an effective and appropriate method of discipline.

Ages 13 and up: Establish rules regarding homework, visits by friends, and curfew and discuss them beforehand with your teenager so there will be no misunderstandings. Your teen will probably complain from time to time, but also will realize that you are in control. Believe it or not, teens still want and need you to set limits and enforce order in their lives; even as you grant them greater freedom and responsibility. When your teen does break a rule, taking away privileges may be the best plan of action. Be sure to also discuss why certain behaviors are unacceptable and worrisome.

De-escalation tips

1. Ask the youth what is wrong
2. Remain calm
3. Don't overact as the youth will feed off of you
 - a. Listen
 - b. Be consistent
 - c. Be non-judgmental
 - d. Give undivided attention
4. Remove the audience
 - a. Reinforce limits
5. Youth want rules
 - a. Build a rapport
6. Rules without a relationship results in chaos
7. Parents need to recognize their para-verbal communication
8. It's not what you say, but how you say it

- a. Tone
 - b. Volume
 - c. Cadence
9. Parents need to be aware of their nonverbal communication
- a. Personal space
 - b. Body language
 - 1. Facial expressions
 - 2. Posture
 - c. Show the youth RESPECT
 - d. Be good role models
10. Youth will follow our lead

RELIGION

Guiding Harbor is a non-denominational organization. There will be no religious preferences by foster parents & staff of **Guiding Harbor**, used to influence any of our clients while in placement. Guiding Harbor staff may not impose their religious beliefs on children in our care. Guiding Harbor will ensure the foster parents/caregivers do not impose their beliefs or practices on the children in their home.

Foster parents are responsible for providing opportunity for religious education and attendance at religious services in accordance with the youth's religious affiliation or expressed wishes of the biological parents/guardian or referring agency. The foster parents are to transport the youth to their home church if they have one. When the case plan shows the relationship between the youth and their biological parent is sufficient that the youth's functioning will not be impaired, arrangements will be made to have the youth attend religious services with his/her biological parents. Whenever possible, children placed in Foster Care will be matched to parents of the same religious preference. The agency will attempt to fulfill parental wishes whenever possible, while taking into consideration the child's feelings and desires. If there is disagreement between the parents and child, parental wishes prevail.

Foster parents are expected to take into consideration the child's religious preference, especially when the child has established a pattern of religious belief and practice. Foster parents assume the responsibility for providing opportunities for religious education and attendance at religious services in accordance with the religious preference of the child and/or parent(s). Children may not be refused the right to attend the church denomination of their choice, unless there are specific safety concerns. A decision that the child may not attend a specific religious denomination service must be sent up through the chain of command via the Case Manager and a decision that the child may not attend a specific religious denomination service must be approved by the county director or designee. Children may not be required to attend the church preferred by the foster parent. Children may not be required to follow specific religious doctrine.

Foster parents who have strong religious affiliations and who attend services on a regular basis will not be required to reduce their level of activity in this endeavor. Foster parents will be expected to provide for the supervision of foster children when they are not going to be home.

Foster parents may refuse placement of a youth who is not religiously oriented. If they accept placement of such youth, foster parents may not require the youth to attend their religious services. Under no circumstances will overt or covert restrictions be placed on the youth if he/she chooses not to attend those services. Foster parents may invite the youth placed with them to attend religious services at their place of worship; however, they cannot force the youth to become involved with their religious affiliation. Children may not be refused the right to attend the church denomination of their choice. Nor can they be required to attend church preferred by the foster parent.

If the youth chooses to become affiliated with the religious choices of the foster parents, an evaluation of the youth's ability to make such a decision will be made by the Foster Care Case Manager. If the youth is found to be sufficiently mature to make such a decision, the parents/guardian will be involved to work through any feelings that they might have before the youth actually becomes a member of the religion. No youth under the age of 14 will be allowed to become an official member of any sectarian group without permission of their parents/guardian.

Foster parents must provide alternative arrangements if a child does not wish/want to attend a religious service/activity with the foster family.

PERSONAL POSSESSIONS

Foster parents must assure that a foster child has the right to have his/her personal possessions during placement with a Foster Family and when leaving the Foster Family. A foster parent shall account for, and keep a list of, any cash or valuables which belong to each foster child and which are entrusted to the care and control of the foster parent. . A foster parent shall ensure that all of a foster child's possessions are provided to the foster child or agency when the child moves from the foster home.

All personal possessions including toys, bikes, clothing, and any other items provided by the agency through donations or purchased by the foster parents with Foster Care monies must be given to the foster child if they leave the foster home. All gifts given to the foster children must be given to them upon their discharge from the foster home or the agency. All gifts and clothing that are purchased for the child during placement with the foster family shall remain the property of the foster child.

The room and board portion of the maintenance rate is intended for food, shelter, personal care, transportation and sundry medical supplies not available through Medicaid.

Items that a foster child outgrows will remain in the child's possession at the time of discharge.

FOSTER CARE RATES

Foster Family Care
and Independent
Living - Effective
10/1/2022

The following are the approved maintenance payment rates for youth placed in foster family care or independent living:

Daily Rates Paid Biweekly						
Age Group	Room & Board	Personal Incidentals & Allowance	Clothing	Daily Total	Biweekly Total	Semiannual Clothing
00-12	\$15.70	\$3.41	\$1.58	\$20.69	\$289.66	\$107
13-18	\$18.69	\$4.25	\$1.77	\$24.71	\$345.94	\$122
Independent living				\$25.52	\$357.28	NONE

Note: The \$25.52 daily total for independent living includes the semiannual clothing allowance.

Effective on the child's 13th birthday, the maintenance rate is automatically increased.

DETERMINATION OF CARE (DOC) SUPPLEMENTS - EFFECTIVE 10/1/2001

Age or Special Need	Use Form	Level I	Level II	Level III
AGE 0-12	DHS-470	\$5	\$10	\$15
AGE 13-18	DHS-470	\$6	\$11	\$16
Medically Fragile	DHS-1945	\$8	\$13	\$18
Note: Refer to FOM 903-3, Payment for Foster Family Care.				

Note: DOC IV is a negotiated rate up to \$80 per day.

ALLOWANCE AND MONEY

The allowance and personal incidentals portion is intended to cover the child's weekly allowance and out-of-pocket expenses such as magazines, books, recreation, gifts, contributions, expendable school supplies, etc.

The personal needs portion of the daily rate is the amount left over after the allowance is deducted. These monies are used for other personal expenditures needed for the child. The following list is an example of some of the things for which this money can be used but is not limited to the following:

Toys	Teething rings	Medical supplies not covered by Medicaid
Diapers	Magazines	Year books and Class pictures
Prom	Books	Recreation
Gifts	Contributions	School Supplies
Class rings	Shampoo	Book bags
Field trips	Activities	Graduation Expenses

A portion of each child's daily rate is to be used for personal needs and allowances. The amount is determined by the age of the child and is identified by DHHS on the Current Financial Arrangements handout. The foster care case manager will assist the foster parent in identifying the amount of allowance for a specific child based upon the child's age and treatment needs. The issuance of the allowance will be discussed by the foster care case manager at each monthly home visit to ensure cooperation. Any money earned or received directly by the child remains the property of the child. This allowance should not be used as a reward or punishment, but rather something to which the child is entitled.

The Foster Care payment makes provision for allowance for a foster child. The foster parents will be informed by the agency of the daily amount allowed for each child. Foster parents may plan the disbursement of this money to the child on a regular basis (bi-weekly, weekly etc.). Restriction or denial of allowance will be made in conjunction with the assigned Case Manager and will be included as part of the child's plan of service. All allowance spent on behalf of the child shall be documented with receipts. The Personal Possessions, Allowance and Money Policy are part of the Foster Parent/Agency Agreement.

If a foster child does not receive allowance, a savings account will be opened in that child's name by the foster parent.

If a foster child receives any other type of benefit such as a trust fund or social security, a bank account will be opened for the child by the foster parent and the funds shall be deposited into the account. The foster parent will be responsible for giving copies of the bank statements to the Foster Care Case Manager as often as the bank statements are received.

CLOTHING

All foster children must complete a “***Clothing Inventory***” when they are placed into the foster home and when they leave the foster home with the assistance of the foster parent. Foster parents shall ensure that all foster children have the minimum required amount of clothing that is appropriate in size and season and that is in good repair. Foster parents are responsible for purchasing clothing for foster children with the allotted clothing monies from the daily per diem rate and assuring that each child has an adequate wardrobe while in placement as well as at the time of discharge.

All clothing receipts must be turned into the Case Manager on a monthly basis.

Foster parents are responsible to assure that foster children leave with not less than the minimum required clothing specified. All clothing items must be sent with a child when they leave the foster home even if they have outgrown the clothing. If clothing is torn and tattered the foster parent may discard it. All clothing the child has when he or she arrives at the foster home and all clothing purchased for the child while in the foster home remains the property of the foster child. Items that a foster child outgrows will remain in the child’s possession at the time of discharge.

The portion of the maintenance rate intended for clothing is for incidental clothing needs through the year. The semi-annual clothing payment made each September and March is to provide for seasonal clothing needs for children in foster family care. Both rates have been established on the premise that a child has an average wardrobe at the onset of foster care.

Semi-annual clothing payments are not made to children in independent living or in a child caring institution. The basic daily rate includes the full clothing allowance. The semi-annual clothing checks will be sent with the regularly scheduled foster care payments. The check stub will list the name and amount of the clothing allowance for each child whose clothing needs are included in the check. Each child in foster family care for whom payment is authorized on February 28 and August 31 respectively will receive this clothing allowance.

Policy recognizes that there are instances in which the maintenance payment will not cover unique situations of foster children; most common is the child who enters foster care from his/her own home without adequate clothing. A provision is made to purchase an initial clothing supply by means of a case service payment. It is not expected that the foster parent would have to purchase an entire wardrobe from the per diem; however, it is expected that the foster parent will maintain that wardrobe with necessary replacement clothing through using some of the per diem rate and the semi-annual clothing allowance.

Minimum allotted clothing:

Children 0-24 months

Outerwear:

Daytime Outfits	5
Jacket	1
Snowsuit	1
Blankets-receiving	6

Blanket-large	1
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Underwear & Nightwear:

Diapers	48
Rubber Pants	6
Undershirts	12
Pajamas	4

Footwear:

Socks	8
Shoes	1

Accessories:

Mittens	1
Hat	1

Girls 6-12 Years

Outerwear:

Heavy Coat	1
Raincoat	1
Jacket	2
Sweaters	1
Dresses	2
Skirts	1
Blouses	1
Shirts	3
Jeans	1
Slacks	2
Shorts	2
Bathing Suit	1

Underwear & Nightwear:

Slips	1
Panties	8
Bathrobe	1
Pajamas	2

Footwear:

Socks	6
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Children 2-6 years

Outerwear:

Daytime Outfits	5
Jacket	1
Snowsuit	1
Bathing Suit	1

Underwear &

Nightwear:

Training Pants or Panties	8
Undershirts	8
Pajamas	2

Footwear:

Socks	8
Shoes	1
Sneakers	1
Boots	1

Accessories:

Mittens	1
Hat	1

Girls 13-18 Years

Outerwear:

Heavy Coat	1
Raincoat	1
Jacket	1
Sweaters	2
Dresses	1
Skirts	2
Blouses	2
Shirts	4
Jeans	2
Slacks	2
Shorts	2
Bathing Suit	1

Underwear &

Nightwear:

Slips	1
Panties	8
Bra	3
Bathrobe	1
Pajamas	1

Footwear:

Tights	2	Socks	5
School Shoes	1	Nylons	2
Sneakers	1	School Shoes	1
Boots	1	Sneakers	1
<u>Accessories:</u>		Slippers	1
Gloves	1	Boots	1
Hat	1	<u>Accessories:</u>	
		Gloves or Mittens	1
		Hat or Scarf	1
		Belt	1

Boys 6-12 Years

Outerwear:

Heavy Coat	1
Jacket	1
Raincoat	1
Sweater	1
Slacks	1
Jeans	3
Dress Shirt	1
Polo Shirt	4
Tie	1
Shorts	2
Bathing Suit	1

Underwear & Nightwear:

Undershorts	7
Undershirts	7
Pajamas	2

Footwear:

Socks	8
School Shoes	1
Sneakers	1
Boots	1

Accessories:

Gloves or Mittens	1
Hat	1
Belt	1

Boys 13-18 Years

Outerwear:

Heavy Coat	1
Jacket	1
Raincoat	1
Sweater	2
Slacks	2
Jeans	2
Dress Shirt	1
Polo Shirt	5
Tie	1
Shorts	2
Bathing Suit	1

Underwear &

Nightwear:

Undershorts	6
T-Shirts	6
Pajamas	1

Footwear:

Socks	8
School Shoes	1
Sneakers	1
Boots	1

Accessories:

Gloves or Mittens	1
Hat or Scarf	1
Belt	1

SAFE SLEEP:

Whenever fostering an infant it is imperative for foster parents to utilize the following methods for safe sleep:

- Baby should sleep alone in a crib, portable crib or bassinet.
- Always put baby on back to sleep even when he/she can roll over.
- No pillows, blankets, comforters, stuffed animals or other soft things should be in the sleep area.
- Keep baby's face uncovered during sleep for easy breathing. Use a sleeper instead of a blanket.
- Don't allow anyone to smoke around the baby.
- Do not overheat the baby. Dress the baby in as much or as little clothing as you are wearing.
- Use a firm mattress with a tightly fitted sheet.
- Place baby in the same sleep position every time.
- All substitute caregivers must be provided this information to the foster parent. Please share this information with all family, friends, and other child care providers who may care for your baby to ensure they follow the safe sleep steps.

A safe crib has:

- A firm, tight-fitting mattress.
- No loose, missing or broken hardware or slats.
- No more than 2 3/8" between the slats (width of a soda can).
- No corner posts over 1/16" high.
- No cutout designs in the headboard or footboard.

If you are unsure of the safety of your crib call **1-800-638-2772**. Unsafe cribs must be destroyed.

Foster parents are required to ensure that all bedding and sleeping equipment comply with the standards set forth in the U.S. Consumer Product Safety Commission, Safety Standards for Full Size Baby Cribs and Non- Full Size Baby Cribs for the age of the child using the equipment and also comply with all of the following conditions:

- All blankets shall be appropriate for the weather..
- All bedding and equipment shall be in good repair and shall be cleaned and sanitized before being used by another person.
- All bedding used by children shall be washed when soiled or weekly at a minimum.
- A clean pillow is available for children 2 years of age and older.
- Infants, birth to 12 months of age, shall rest or sleep alone in a crib that meets the needs of the infant and the conditions of this rule.
- All cribs shall be equipped with all of the following:
 - A firm, tight-fitting mattress with a waterproof, washable covering.
 - No loose, missing, or broken hardware or slats.
 - Not more than 2 3/8 inches between the slats.
 - No corner posts over 1/16 inches high.
 - No cutout designs in the headboard or footboard.

- A tightly fitted bottom sheet shall cover the mattress with no additional padding placed between the sheet and mattress.
- An infant's head shall remain uncovered during sleep.
- Soft objects, bumper pads, stuffed toys, blankets, quilts or comforters, and other objects that could smother a child shall not be placed with or under a resting or sleeping infant.
- Blankets shall not be draped over cribs.
- Infant car seats, infant seats, infant swings, bassinets, highchairs, playpens, pack'n plays, collapsible cribs, collapsible play yards, waterbeds, adult beds, soft mattresses, sofas, beanbags or other soft surfaces are not approved sleeping equipment for children 24 months of age or younger.
- Children 24 months or younger who fall asleep in a space that is not approved for sleeping shall be moved to approved sleeping equipment appropriate for their size and age.
- The foster parent shall have the appropriate number and types of beds/cribs available in the home prior to licensure or a change in terms for all children who will be covered under the terms of the license.

U.S. Consumer Product Safety Commission

A SAFER GENERATION OF CRIBS

New Federal Requirements



5 New Federal Requirements:

- ✂ Traditional drop-side cribs cannot be made or sold; immobilizers and repair kits not allowed
- ✂ Wood slats must be made of stronger woods to prevent breakage
- ✂ Crib hardware must have anti-loosening devices to keep it from coming loose or falling off
- ✂ Mattress supports must be more durable
- ✂ Safety testing must be more rigorous

Beginning June 28, 2011 all cribs sold in the United States must meet new federal requirements for overall crib safety.

✂ SafeSleep is a campaign of the U.S. Consumer Product Safety Commission.



www.cpsc.gov



NSN 11-2

What Does a Safe Sleep Environment Look Like?

Reduce the Risk of Sudden Infant Death Syndrome (SIDS) and Other Sleep-Related Causes of Infant Death



Use a firm sleep surface, such as a mattress in a safety-approved* crib, covered by a fitted sheet.

Do not use pillows, blankets, sheepskins, or crib bumpers anywhere in your baby's sleep area.

Keep soft objects, toys, and loose bedding out of your baby's sleep area.

Do not smoke or let anyone smoke around your baby.



Make sure nothing covers the baby's head.

Always place your baby on his or her back to sleep, for naps and at night.

Dress your baby in sleep clothing, such as a one-piece sleeper, and do not use a blanket.

Baby's sleep area is next to where parents sleep.

Baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.

*For more information on crib safety guidelines, contact the Consumer Product Safety Commission at 1-800-638-2772 or <http://www.cpsc.gov>.



Eunice Kennedy Shriver National Institute of Child Health and Human Development



TRANSPORTATION

All transportation shall be done in a safe, responsible manner. A foster parent shall ensure that the transportation of the foster child, foster parents, and members of the household is conducted as required by state law regarding transportation in a motor vehicle.

Foster parents are required to assure the provision of transportation for parenting time, and routine transportation for which parents would normally provide for their own child such as: medical and dental appointments, school conferences, school activities, therapy, extracurricular/recreational activities, visitation, sports, and other events. Guiding Harbor does not provide reimbursement for transportation for Foster Care clients.

Foster parents are required to provide the agency with a copy of their auto insurance to the licensing worker prior to licensure and upon renewal. Foster parents must assure that their insurance provides coverage for driver's liability insurance.

Although foster parents are not required to have an automobile, they are required to assure that their foster child has transportation to and from school, parenting time visits, therapy, medical and dental appointments, school conferences, school activities, extracurricular/recreational activities, visitation, sports, and other events. This includes being driven in an insured automobile with a licensed driver at all times.

Foster parents must provide the licensing worker with a copy of their valid driver's license prior to licensure and at renewal of their driver's license. The licensing worker will confirm the license type.

Foster children are not permitted to drive other foster children in their cars.

All automobiles used for transporting foster children must have a valid registration and proof of insurance. All driver's transporting foster children must have a valid driver's license in the State of Michigan.

All children riding in an automobile must be restrained properly in either a child approved car seat or a seat belt. Children under 12 years of age are not permitted to ride in the front seat of an automobile.

Michigan law requires:

- Babies and toddlers should ride in a rear facing car seat until age 2.
- Children younger than age 4 to ride in a car seat in the back seat if the vehicle has a back seat. If all back seats are occupied by children under 4, then a child under 4 may ride in a car seat in the front seat. A child in a rear-facing car seat may only ride in the front seat if the airbag is turned off. (Guiding Harbor however prohibits any children under the age of 12 from riding in the front seat of an automobile).

- Children to be properly buckled in a car seat or booster seat until they are 8 years old or 4'9" tall. Children must ride in a seat until they reach the age requirement or the height requirement, whichever comes first.
- There's a new car seat recommendation for 2014 from the National Highway Traffic Safety Administration. The new recommendation states that the LATCH system (Lower Anchors and Tethers for Children) should no longer be used when the child and car seat combined weight is over 65 pounds. The LATCH system was designed to make child seats easier to install and, therefore, safer. To be sure you're meeting the 2014 car seat guidelines, you can take the following three steps:
 - Weigh your child.
 - Weight the car seat
 - Add them together. If they're over 65 lbs combined, start using the seat belt restraint versus the LATCH system.

Car Seats Need to be properly installed, follow the following guidelines:

- A rear-facing car seat must be buckled into the vehicle seat tightly. The seat should not move more than one inch from side to side or front to back.
- The seat should recline so the child's head lies back on the car seat without falling forward.
- Harness straps should be snug with no slack.
- The harness clip should be at armpit level.
- Always read the instructions that come with the car seat. Follow the weight and height recommendations on the car seat's label.
- Booster seats must be used with both a lap and shoulder belt, NEVER with a lap belt only.

Age Group	Type of Seat	General Guidelines
Infants/ Toddlers	Rear-facing only seats and rear-facing convertible seats	All infants and toddlers should ride in a Rear-Facing Car Seat until they are at least 2 years of age or until they reach the highest weight or height allowed by their car seat's manufacturer.
Toddlers/ Preschoolers	Convertible seats and forward-facing seats with harnesses	Any child who has outgrown the rear-facing weight or height limit for his convertible car seat should use a Forward-Facing Car Seat with a harness for as long as possible, up to the highest weight or height allowed by the car seat manufacturer.
School-Aged Children	Booster seats	All children whose weight or height is above the forward-facing limit for their car seat should use a Belt-Positioning Booster Seat until the vehicle seat belt fits properly, typically when they have reached 4 feet 9 inches in height and are between 8 and 12 years of age.
Older Children	Seat belts	When children are old enough and large enough for the vehicle seat belt to fit them correctly, they should always use Lap and Shoulder Seat Belts for optimal protection. All children younger than 13 years should be restrained in the rear seats of vehicles for optimal protection.

FOOD AND NUTRITION

Foster parents are required to provide for the nutritional needs of foster children. All meals shall be well balanced, nutritious and children shall receive an ample amount of food. Foster parents shall provide a special diet if a foster child has been prescribed a special diet. Only a licensed physician or other health professional under the supervision of a licensed physician may prescribe special diets. Foster children shall eat with other household members. Foster children shall be served the same meals as other household members unless otherwise dictated by differing nutritional requirements related to the child's age, medical condition or religious beliefs. Foster parents are required to use refrigeration for perishable foods. Foster parents may only serve pasteurized milk products to foster children.

FOSTER CHILD TASKS

A foster child's tasks must be within the child's ability, be reasonable, and be similar to routine tasks expected of other members of the household of similar age and ability.

RECREATION

Foster parents are required to provide opportunities for, and encourage a foster child to participate in, a variety of indoor and outdoor recreational activities that are appropriate for the child's age and ability.

INDEPENDENT LIVING SKILLS

Foster parents are expected to provide all children fourteen years of age and older with independent living skills. Independent living preparation activities for youths aged 12-13 years are encouraged based upon availability of services and assessment of need. Examples of age appropriate services are daily living skills, education training, employment and job skills training, mentoring, money management skills (budgeting, opening a checking or savings account), daily living skills (cooking, shopping for groceries and meal preparation, personal hygiene, teaching them how to clean and do household tasks such as laundry), provide them with community resources and preventative health skills (teach them to make medical appointments, teach them how to access public transportation), and parenting skills if warranted. Teaching these skills will assist children in assuming responsibility for their own physical, social, economic, and psychological well-being and assist them in preparing for eventual adult living.

The level of involvement in the plan and the services provided are dependent upon the youth's developmental abilities. As we are aware, youth in Foster Care face tremendous challenges and diligent efforts must be made to ensure a successful transition to adulthood. First and foremost, a youth must be connected to an adult who will guide and support him/her as a parent would after his/her case is closed. In order to prepare for independent living, the youth must participate in quarterly case planning.

It is expected that foster parents will teach independent living skills to foster children 14 years of age and older. Foster parents will have a comprehensive written plan with documentation of their input that children are learning at least one independent living skill weekly which will be documented in the Updated Service Plan. The youth must sign the plan. When developing the service plan for older youth the Case Manager must include additional components to ensure youth are provided with services and supports to assist in their preparation for adulthood. The treatment plan and services agreement for each youth age 14 or over **must** contain a written description of the programs and services which will help the youth prepare for transition to a state of functional independence or the ability to take care of oneself physically, socially, economically and psychologically.

It is also expected that foster children, 16 years of age and older, also attend community events to build independent living skills such as events sponsored by the Youth in Transition coalition.

Foster parents should also assist foster children in obtaining original birth certificates and social security cards to assist them in their transition to independence.

All foster children sixteen years of age and older are expected to complete the Daniel Memorial Independent Living Skills assessment, foster parents as well as the Case Manager must assist the child in the areas that he/she has deficits in. Upon discharge from the Foster Care program the Daniel Memorial will be administered again to gauge progress on Independent Living skills.

Independent living preparation must be done regardless of the permanency planning goal. Preparation services must be provided whether the goal is reunification, adoption, legal guardianship, placement with a fit and willing relative or placement in another planned permanent living arrangement (APPLA). Services are not an alternative to permanency. Reasonable efforts to finalize a permanency plan within a timely manner must still be provided. If the permanency planning goal is placement in another planned permanent living arrangement, compelling reasons must be documented in the ISP, USP and or PWSP which detail why reunification, adoption, legal guardianship or placement with a fit and willing relative is not in the child's best interest.

Additional IL Services:

Michigan Works

All youth ages 14 and older that are in Foster Care and do not have a reunification goal in place, must be referred to the local Michigan Works! Agencies (MWA) for participation in youth programs and services administered under the Workforce Investment Act (WIA).

Youth in Transition

YIT funds may be used to provide services that are not available from other funding sources or agencies for an eligible youth. All expenditures must support the youth in achieving self-sufficiency. This must be documented in the updated service plan (USP) or permanent ward services plan (PWSP). YIT funds may be used to provide the following goods and services after all other resources for the same good or service have been exhausted:

1. Education - Tutoring, books and supplies, computers, internships, tuition, ACT/SAT testing, GED, senior dues and expenses and extra-curricular activities.
2. Vocational/Employment - Career exploration, training, transportation, job placement, retention expenses (uniform, fees, tools, etc.) and life-skills training.
3. Independent Living Training - Cooking, laundry, accessing community resources, learning how to utilize public transportation and financial management.
4. Mentoring and Family Connection
 - Connecting a youth to a mentor and mentoring programs.
5. Housing
 - Assistance in locating a suitable living arrangement;

- First month's rent, damage deposit, and utility deposit. There is a lifetime limit of \$1500 for first month rent and security deposit.
- May only be provided to a youth, age 18 - 21, when his/ her case closes, at the age of 18 or older.
- These items may only be provided once to an eligible youth.

6. Start- Up Goods

- Furniture, cleaning, hygiene, and household goods.
- There is a lifetime limit of \$1,000 for start-up goods.

7. Medical and Health Needs

- Prenatal - Appointments and tests not covered by Medicaid or other health insurance.
- Preventive health care (pregnancy, smoking avoidance, substance abuse, hygiene, nutrition).

8. Mental Health

- Individual and/or group counseling for closed case youth only.
- Interpersonal/communication or relationship building classes.

9. Parenting

10. Money Management -- Trainings for budgeting, banking, credit cards, etc.

14. Fees for memberships such as sports, community organizations, associations.

12. Transportation

- Transportation for educational or employment purposes.
- Bus card.
- Medical, including counseling transportation (closed case services only).
- Driver's training.
- Van or other transport for youth group participation (only for youth in non residential placements).

13. Aftercare

- Follow-up services after the case is closed and after mandated aftercare services for a youth in foster care are completed. Services may include regular contact by phone or face-to-face with the youth to ensure progress towards living independently.

14. Coalition Building

15. Expenses for youth groups or peer support groups related to independent living.

16. Development and piloting of new initiatives with prior written approval of the central office IL service YIT coordinator.

FAMILY TEAM MEETING (FTM)

Family Team Meetings (FTM) represents a family-centered, strength-based and team-guided decision making process designed to produce the optimal decisions concerning a child's safety, placement and permanency. Family Team Meetings include child welfare staff, parents, caretaker(s), foster parents (of the children in Foster Care) and may also include extended family, friends, neighbors, community-based service providers, community representatives or other professionals involved with the family. The parents and child are encouraged to invite family, friends and/or other people they view as supportive or influential in their lives.

During the FTM, participants work together to create a plan for safety, placement and permanency tailored to the individual needs of each child. This process establishes a forum to share ideas and opinions, embraces the importance of the family's perspective and involvement, stresses full participation of all attendees, encourages honest communication and promotes dignity and respect for all participants.

FTM's are to occur as needed, at a minimum once per quarter. The FTM recommendation expires after 45 days, if another FTM has not occurred in its place. If a unanimous decision regarding the recommendation of the FTM cannot be made during the FTM, the decision is deferred to DHHS.

Certain circumstances or events and stages of a case progression mandate PPCs must occur within the required time frames as outlined below:

CHILD PROTECTIVE SERVICES:

Case Opening (ISP): Must occur within 30 calendar days before or 14 calendar days after case opening.

Open/Close: Prior to disposition.

Case Plan Reassessment (USP): Within 30 days before the case plan due date.

Court Intervention: Within seven business days of the date of the preliminary hearing.

Case Closure: Within 30 calendar days before case closure or one business day after unplanned court dismissal.

Request by Family: Within 14 calendar days of the request date.

FOSTER CARE:

Case Plan Development/Reassessment: Initial Case Plan (ISP); within 14 calendar days before the case plan due date.

Updated Case Plan (USP); within 30 calendar days before the case plan due date.
Permanent Ward Service Plan (PWSP); within 30 calendar days before the case plan due date.

Permanency Goal Review at Six Months in Care: Within 30 calendar days from the date the child has been in care six months.

Permanency Goal Change: Within 30 calendar days before the date of the goal change.

Placement Preservation/Disruption: At least three business days prior to a planned change of placement or no later than three business days after an unplanned placement change. **Note:** Planned and unplanned placement changes include reunification, placement in a residential setting, step-down from a residential or hospital setting, return from AWOLP, or request for change in foster home.

SECTION 5

UNUSUAL INCIDENTS

Immediately the foster parent/caregiver must notify the child placing agency of the following incidents:

- A foster child is missing from the home the foster parent must notify Guiding Harbor immediately after the child is missing (including AWOL). Guiding Harbor will immediately notify DHHS.
- Any illness or injury that requires hospitalization of a foster child (sickness, accident, suicide attempt) Guiding Harbor will report the incident to the legal parent or to the MCI superintendent for MCI wards.
- A foster child's involvement with law enforcement authorities.
- Attempted removal or removal of a child from the home by any person not authorized by the agency.
- A foster parent suspects alleged physical abuse, sexual abuse or neglect of a foster child at any time.

The foster parent is responsible for informing the Foster Care Case Manager, Licensing Worker or On-Call staff of the incident. It is the responsibility of **Guiding Harbor** to inform the biological parent/guardian and referral source as soon as possible, but no later than 24 hours of the incident.

In the event of the death of a foster child the foster parent is responsible for notifying the agency **immediately**. It is the responsibility of **Guiding Harbor** to inform the legal parent, guardian, or next of kin, the licensing authority, the referring agency; and DHHS immediately. In the case of MCI wards, the MCI Superintendent, as legal guardian must be informed immediately as well. Notification of parents whose rights were terminated is not required; although the ward's family should be notified and offered the opportunity to participate in the funeral arrangements, if appropriate.

FOSTER CARE INCIDENT REPORT PROCEDURES

PURPOSE: The "Incident Report" is a means of documenting serious incidents, injuries or illness and assists in improving communication between foster parents and Guiding Harbor staff.

WHEN TO USE AN INCIDENT REPORT: An "Incident Report" is to be used any time that a foster child in your home

- When a foster child is missing from a foster home.
- Leaves the home without your permission
- Has a physical injury, or any illness or injury that requires hospitalization of a foster child (sickness, accident, suicide attempt)

- Is absent from school unexcused
- Is caught stealing
- Has destroyed property
- Has used contraband or possession of (drugs, alcohol, cigarettes etc.)
- Has been fighting or assaultive with another individual
- Has had gang involvement.
- A foster child is missing from the home (including AWOL)
- A foster child's involvement with law enforcement authorities
- Attempted removal or removal of a child from the home by any person not authorized by the agency
- A foster parent suspects alleged physical abuse, sexual abuse or neglect of a foster child at any time.
- Death of a foster child

Guiding Harbor will notify immediately the foster child's parents, the responsible agency, and guardian ad litem as applicable, if either of the following occurs:

- When a foster child is missing from a foster home.
- Attempted removal or removal of a foster child from the foster home by any person who is not authorized by the agency.

Guiding Harbor will notify immediately the foster child's parents, the responsible agency, and guardian ad litem as applicable within 24 hours of knowledge of the following:

- Any illness or injury that requires hospitalization or emergency medical care of a foster child.
- A foster child's involvement with law enforcement authorities.
- Pregnancy of a foster child.
- Incidences of a foster child being abused.

Guiding Harbor will notify immediately all of the following entities of the death of a foster child:

- The child's parents.
- The referring agency.
- The department licensing authority.
- The lawyer guardian ad litem and court, as applicable.

HOW TO USE AN INCIDENT REPORT: Complete all information on the ***“Incident Report”*** form. Please be as specific as possible when describing the incident. Always include where the incident occurred, the time of day, other people involved, circumstances leading up to the incident, description of injury, actions taken after the incident. If the child requires medical attention, a medical visit form must be completed by the doctor and submitted to the Case Manager.

CRITICAL INCIDENT POLICY

A "Critical Incident" is any actual or alleged event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety or well being of client's or staff. Reportable Critical Incidents are defined as:

1. Abuse
2. Neglect
3. Exploitation
4. Rights Violations
5. Injury- Physical or Psychological
6. Missing Person/AWOL/Elopement/Wandering
7. Death
8. Medical & Psychiatric Emergency/Serious Illness
9. Restraint/Seclusion
10. Medication Error
11. Law Enforcement Contact
12. Homicidal/Suicide/Behavior
13. Emergency Interventions/Violence or Aggression/Seclusion or restraint/Possession or Use of a Weapon-
14. Possession or use of illicit Substances-
15. Vehicular Accident
16. Communicable disease, Bloodborne Pathogen, Infection control, Hazardous materials
17. Other Sentinel events – any occurrence involving

Any person who becomes aware of a critical incident as defined on this form is required to report and document the critical incident. If one incident had multiple witnesses, each witness is required to document the incident. . Critical incidents will be documented on an Incident Report form and provided to the writer's supervisor within 24 hours of the occurrence.

Critical Incidents

1. Abuse-

- Willful use of offensive, abusive, or demeaning language by a caretaker that causes mental anguish of any person with developmental disabilities;
- Knowing, reckless, or intentional acts or failures to act which cause injury or death to a developmentally disabled or mentally ill person or which placed that person at risk of injury or death;
- Rape or sexual assault of a developmentally disabled or mentally ill person;
- Corporal punishment or striking of a developmentally disabled or mentally ill person;
- Unauthorized use or the use of excessive force in the placement of bodily restraints on a developmentally disabled or mentally ill person; and

- Use of bodily or chemical restraints on a developmentally disabled or mentally ill person which is not in compliance with federal or state laws and administrative regulations.

2. Neglect-

- Inability of a person with disabilities to provide food, shelter, clothing, health care, or services necessary to maintain the mental and physical health of that person;
- Failure by any caretaker of a person with developmental disabilities or mental illness to meet, either by commission or omission, any statutory obligation, court order, administrative rule or regulation, policy, procedure, or minimally accepted standard for care of persons with developmental disabilities or mental illnesses;
- Negligent act or omission by any caretaker which causes injury or death to a person with developmental disabilities or mental illness or which places that person at risk of injury or death;
- Failure by any caretaker, who is required by law or administrative rule, to establish or carry out an appropriate individual program or treatment plan for a person with developmental disabilities or mental illness;
- Failure by any caretaker to provide adequate nutrition, clothing, or health care to a person with developmental disabilities or mental illness;
- Failure by any caretaker to provide a safe environment for a person with developmental disabilities or mental illness; and
- Failure by any caretaker to provide adequate numbers of appropriately trained staff in its provision of care and services for persons with developmental disabilities or mental illnesses.

3. Exploitation-

An act committed by a caretaker or relative of, or any person in a fiduciary relationship with, a person with a disability, means:

- The taking or misuse of property or resources of a person with developmental disabilities or mental illness by means of undue influence, breach of fiduciary relationship, deception, harassment, criminal coercion, theft, or other unlawful or improper means;
- The use of the services of a person with developmental disabilities or mental illness without just compensation; or
- The use of a person with developmental disabilities or mental illness for the entertainment or sexual gratification of others under circumstances that cause degradation, humiliation, or mental anguish to the person with developmental disabilities or mental illness.

4. Rights Violations-

- Through omission or commission, the failure to comply with the rights to which an individual with a disability is entitled as established by law, rule, regulation, or policy.

5. Injury- Physical or Psychological-

Reported, regardless of the cause or setting in which it occurred, when an individual sustain (this includes client, staff and visitor):

- A fracture; A dislocation of any joint; An internal injury; A contusion larger than 2.5 inches in diameter
- Any other injury determined to be serious by a physician, physician assistant, registered nurse, licensed vocational nurse/licensed practical nurse.
- Any injury that results in permanent impairment, loss of function, or risk of death. "Major Permanent Loss of Function" -- sensory, motor, physiologic, or intellectual impairment not present on admission requiring continued treatment or life-style change.
- Injury, whether accidental or intentional, that requires a visit to an emergency room, doctor's office, urgent care clinic, or admission to a hospital;
- Physical illness that requires a visit to an emergency room, doctor's office, urgent care clinic, or admission to a hospital. It does not include planned surgery, or other elective procedures, or treatment, whether inpatient or outpatient;
- Any other injury to an individual that requires emergency transfer to hospital or emergency care by a physician.

6. Missing Person/AWOL/Elopement/Wandering-

- Any unscheduled or unexplained absence of an individual from a residence or program, or while in the community under the care or supervision of Guiding Harbor.
- Whenever there is police contact regarding a missing person regardless of the amount of time the person was missing.
- All forms of unauthorized leave of absence by a consumer receiving supervised care;

7. Death-

- All deaths of persons, whether anticipated or unanticipated, that occur while the client, staff or foster parent is an active recipient of services of Guiding Harbor or within 60 days of case closure.

8. Medical & Psychiatric Emergency/Serious Illness-

- Admission of an individual to a hospital or psychiatric facility or the provision of emergency medical services (treatment by EMS) that results in medical care which is unanticipated and/or unscheduled for the individual and which would not routinely be provided by a primary care provider. Any unexpected illness of an individual who requires transfer of the individual to the hospital or emergency care by a physician.

Use Of:

- Emergency Medical Services (i.e.: emergency room care)
- Emergency Psychiatric Services (i.e.: mental health facility admission)
- Life Saving Intervention (i.e.: Heimlich, CPR)

* Examples are just one of several possible scenarios

9. Restraints/Seclusion-

Every time an individual is restrained, it is:

- Personal (the application of pressure, except physical guidance or prompting of brief duration that restricts the free movement of part or all of an individual's body).

- Mechanical and Chemical Restraints are prohibited
- Included In A Written And Approved Behavior Plan.
- Not Included In a Written and Approved Behavior Plan.
- Seclusion: involuntary confinement in a room that the person is physically prevented from leaving.
- Isolation: forced separation or failure to include the person in the social surroundings of the setting or community.

10. Medication Error-

When there is a n error/discrepancy between what a physician prescribes and what an individual actually takes and the individual self-administers medication under supervision of Guiding Harbor or has medication administered by Guiding Harbor. A medication error/discrepancy is when one or more of the following occurs:

- Wrong medication: an individual takes medication that is not prescribed for that individual. This includes taking medication after it has been discontinued or taking the incorrect medication because it was improperly labeled.
- Wrong dose: An individual takes a dose of medication other than the dose that was prescribed.
- Omitted dose: An individual does not take a prescribed dose of medication within the 24-hour period of a calendar day. An omitted dose does not include an individual's refusal to take medication.
- Dose Refused: An individual's refusal to take medication resulting in a medical emergency or use of restraint
- Medication errors by staff involving wrong medication, wrong dosage, double dosage, missed dosage, wrong person, or wrong time.
- Adverse medication reaction or side-effects to any prescribed or over the counter medication

11. Law Enforcement Contact-

- Criminal offenses involving consumers, including suspected offenses, arrests and/or convictions. A person receiving services is charged with a crime or is the subject of a police investigation, which may lead to criminal charges; an individual is a victim of a crime against the person; crisis intervention involving police or law enforcement personnel.
- Significant Property damage.

12. Homicidal/Suicidal/Behavior-

- The intentional attempt to take one's own life.
- A suicide attempt is limited to the actual occurrence of an act and does not include verbal suicidal threats by a person receiving services.
- Non-suicidal attempts including harm and threats of self-inflicted harm.
- Any suicidal or homicidal attempt or gesture.

13. Emergency Interventions/Violence or Aggression/Possession or Use of a Weapon-

- Fire occurring in the treatment or service facility, with or without damage.
- Any form of environmental emergency or disaster.
- A situation in which an individual receiving service has, uses, or threatens to use an object as a weapon. Also a situation in which a weapon is used by others to harm or threaten an individual receiving service.
- Any aggressive or unusual behavior on the part of an individual towards another person or persons.

14. Possession or use of illicit Substances-

- Any use or possession of illicit substances by Guiding Harbor client's or staff. This includes but is not limited to alcohol use, marijuana use, prescription and non-prescription medication that may impair or effect one's performance or judgment,
- The misuse or overuse of a legal substance for a non-therapeutic or non-medical effect; such as the over-indulgence in and dependence on alcohol or a narcotic drug. Also covers any use of an illicit substance, or the use of a psychotropic drug without appropriate medical authorization.

15. Vehicular Accident-

- Traffic accidents involving staff or clients
- Any motor vehicle accident where injuries occur to an individual while in the care or supervision of Guiding Harbor.

16. Communicable disease, Bloodborne Pathogen, Infection control, Hazardous materials-

- Any outbreak of a communicable disease or parasites such as scabies, or any occurrence of a reportable disease in a Guiding Harbor facility.
- Any occurrence of an illness caused by a micro organism (bacteria, virus or fungus, parasite) and transmissible from an infected person or animal to another person or animal. Transmission can be by direct or indirect contact with infected persons or with their excretions (e.g. blood, mucus, semen) in the air, water, food, or on surfaces or equipment).
- Use of Infection Control Implementation of policies and procedures to reduce the occurrence and spread of infections.
- Safety issues which include physical and environmental hazards in any Guiding Harbor facilities,
- Bio-hazardous materials or accidents involving any material that can cause disease in humans or animals, or cause significant environmental or agricultural impact. Bio-hazardous material includes viruses, fungi, parasites, and bacteria and their toxic metabolites; as well as blood, other body fluids, and human tissues, cells or cell culture.

17. Other Sentinel events-

- "is an "unexpected occurrence" involving death or serious physical or psychological injury, or the risk thereof. May include: "Serious injury" specifically includes loss of limb or function. The phrase, 'or the risk thereof' includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome."

- Other events which seriously disrupt or adversely affect the course of treatment or care of client's., staff and require further clinical or administrative attention.

SUBSTITUTE CARE:

Due to an array of behavioral & emotional issues faced by children in Foster Care, it is **required** that foster parents do not leave children unattended or unsupervised in the home. Decisions regarding supervision and increased independence for some children should be made prudently and jointly with the foster parents, Case Manager and youth (when appropriate).

When supervision of a foster child is needed the person identified to supervise must be at least **18 years of age**. The foster parent must provide information to the Case Manager regarding the substitute caregiver (i.e., name, address, telephone number, date of birth, social security number and driver's license number). Substitute caregivers may be utilized as babysitters in the home, daycare providers and/or respite care providers. They must be of Good Moral Character and may not have a criminal record or have been convicted of any type of child abuse or neglect. Foster children and minors are prohibited from "watching" or babysitting other youth in care.

If a foster parent plans on utilizing a substitute caregiver the foster parent must notify ***Guiding Harbor*** prior **to** the planned absence, which requires substitute care for a period of 24 hours or more. The foster parent must also notify ***Guiding Harbor*** within 24 hours of any unplanned absence, which requires substitute care for a period of 24 hours or more.

Substitute caregivers must obtain a clearance through the agency and must be pre-approved by the agency and the DHHS worker prior to foster children spending the night in an unlicensed home.

Respite care services can be arranged to prevent and reduce foster parent stress and crises. The Case Manager will assist the foster parent in arranging for respite care services.

Foster parents are not to allow foster children to spend the night in homes that are not approved by the agency. Each decision will be on a case specific basis and will be determined solely on the individual needs of the child and the service plan.

For all children that attend a daycare center the foster parent must inform the agency of the name, address and telephone of the daycare for the foster child's file.

SUPERVISION

Infants and young children shall never be left alone without competent adult supervision. All substitute caregivers must meet all of the criteria as outlined in the

Substitute Care section of this handbook. Due to an array of behavioral & emotional issues faced by children in Foster Care, it is **required** that foster parents do not leave children unattended or unsupervised in the home. Decisions regarding supervision and increased independence for some children should be made prudently and jointly with the foster parents, Case Manager and youth (when appropriate) and documented in the case file.

When supervision of a foster child is needed the person identified to supervise must be at least **18 years of age**. The foster parent must provide information to the Case Manager regarding the substitute caregiver (*i.e.*, name, address, telephone number, date of birth, social security number and driver's license number). **Guiding Harbor** will run an ICHAT clearance on the Substitute caregiver. Substitute caregivers may be utilized as babysitters in the home, daycare providers and/or respite care providers. They must be of Good Moral Character and may not have a criminal record or have been convicted of any type of child abuse or neglect. Foster children and minors are prohibited from "watching" or babysitting other youth in care.

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Substitute caregivers must obtain a clearance through the agency and must be pre-approved by the agency and the DHHS worker prior to foster children spending the night in an unlicensed home.

SMOKING

The State of Michigan rules for Foster Family Homes and Foster Family Group Homes states that smoking any substance inside of a licensed foster home is prohibited. Smoking any substance inside of a vehicle, while transporting foster children, is also prohibited.

Guiding Harbor foster parents agree to adhere to these rules.

HANDLING EPISODES OF VIOLENCE, ASSAULT, WEAPONS

Under no circumstances are foster families to put themselves or children in their home (biological, adoptive or foster) in danger. Should a foster child become violent or assaultive, both the police and **Guiding Harbor** should be notified immediately. The foster parents are expected to safeguard any children in their care from any violence or assault by any foster youth. Foster parents must use their own judgment related to restraining the youth, but under no circumstances are expected to place themselves or others in the family in danger. The foster parents must be cautious in using physical restraint, using the least restraint necessary to avoid any physical injury to the youth. If a foster child is violent and appears to be a danger to self or others, the above rule should also be used. In cases where weapons are used, the foster parent should:

- Minimize chances of confrontation with the child.
- Leave the immediate area with all children in their care.
- Call or have someone else call the police and **Guiding Harbor** as soon as possible.

The foster parent is not expected to disarm the youth, unless this can be done verbally.

STATUS OFFENSES

A status offense is an offense against the State that only a juvenile can commit. Generally, these types of offenses cover such things as truancy from the home or school, curfew violations and any other type of offense that an adult cannot be charged with in a Court of law. Usually the Court is reluctant to lodge a youth for committing any of these offenses. The police will generally either phone the parents/guardian or the foster parents if the child is apprehended. The police will expect the foster parents to pick the child up from the police station. If for some reason the foster parents are unable to pick up the child, the Foster Care Case Manager or the On-Call Worker should be notified immediately.

DESTROYED OR STOLEN PROPERTY

When a child has maliciously destroyed or stolen property from the home, a complaint may be filed with the local police. The foster parents should discuss this matter with the Foster Care Case Manager and they must also write an **"INCIDENT REPORT"** within 24 hours and submit the report to the Case Manager.

The foster parent, the child and the Case Manager may devise a plan as to how the child will replace the damaged or stolen goods. All parties must have an agreement regarding the action taken. **Guiding Harbor** does not provide insurance to replace lost or stolen goods.

RUNAWAY/AWOL-P

Youth who have difficulty dealing with conflict, anxiety, guilt or fear sometimes develop “defense mechanisms” of escape. These mechanisms may take many forms. They may appear as withdrawn, act out aggressively or truant from the foster home. One of the most difficult behaviors to deal with is runaway/truanting behavior. A youth can be considered to be on runaway status after his/her whereabouts are unknown at any time.

There are some steps to take which may reduce the potential for this behavior:

- If the youth has used this behavior in the past, avoid confrontation with the youth while he/she is experiencing stressful situations. Attempt, as much as possible, to reassure the youth of his/her safety and protection in the foster home.
- Observe the youth’s behavior just before runaway /truanting incidents and attempt to develop a set of “runaway signs”. These may include:
 - Aggressiveness
 - Evasiveness
 - Withdrawal (both physically and emotionally)
 - Increased anxiety or stress levels

The Case Manager may place a resident on AWOL precautions. When this occurs, the following steps must be followed:

1. The foster parent must be with the client at all times.
2. The client is not permitted to take walks or unsupervised outings.
3. The foster parent must thoroughly search the home and grounds for any packed bags or personal belongings. If found, confiscate.
4. Monitor all activity in the house, especially the use of the telephone.

These will vary with each youth. As foster parents get to know the children that are placed in their home, predicting behavior will become easier.

If a child truants from school or the foster home the following steps must be taken IMMEDIATELY:

- Contact the local police department and file a missing persons report.
- Contact the Foster Care Case Manager or the On-Call staff immediately, relaying any information regarding the cause for the episode, possibilities of where the youth may be going and the clothing worn by the youth. Provide the Foster Care Case Manager or On-Call staff with the responding officer’s name, badge number, and the missing persons report’s log number.
- The Case Manager or On-Call staff has the responsibility of notifying the referring agency, parents/guardian, and child’s attorney.
- Submit an incident report within 24 hours

When the foster parent has filed an AWOL report with the police the following information should be given:

- The youth’s full name
- Date of birth

- Physical description
- Clothing description
- Foster parents name, address and telephone number

If the youth is returned by the police or returns voluntarily, the foster parent should immediately notify the Foster Care Case Manager or the On-call staff. If the youth returns voluntarily the police should also be notified immediately.

When a child truants from a foster home the Foster Care Case Manager will inquire as to the foster parent's intention to accept the child back into their home. **Guiding Harbor** would hope that foster parents are willing to have the child return to their home, unless the circumstances are too severe and do not warrant a return. If the foster parent is unwilling to take the child back payment will cease immediately.

AWOL PROCEDURES

Foster Parents & Staff must be aware of each client's whereabouts at all times. Client's will be considered AWOL for situations that include running away, skipping school, unapproved outings, being absent from the foster home. They must be reported as missing immediately when their whereabouts are unknown.

Foster parent/relative caregivers, parents and residential facility staff must **immediately** notify law enforcement agencies (state police, local police or the sheriff's department) and Guiding Harbor when a ward under their care fails to return at the expected time.

If a client is AWOL for more than 5 days, he/she will be discharged from the residential program. The DHHS worker has discretion to discharge a client immediately if they so desire.

When a client has gone missing from the program, the following steps must be followed immediately:

The Foster Parent or Residential Staff are required to:

1. Search the home and grounds.
2. Contact the local police department in their city and report her/him as AWOL from the program immediately.
3. The foster parent/RTW will contact the Case Manager or "On - Call" staff and inform them of the incident.
4. If the AWOL occurs during the weekend or not during business hours, the On-Call worker will contact the client's Case Manager and the Case Manager will contact the DHHS Worker and leave a message regarding the AWOL. This must be completed immediately. If the AWOL occurs during business hours the Case Manager will contact the DHHS Worker.
5. Completely fill out an Incident Report form and include the report number from the local police department.

6. Complete the local Police Department's "Missing Person's" report form.
7. The foster parent/staff must pack all of the AWOL client's personal belongings, tag them with his/her name and secure their belongings.
8. For residential clients the RTW on duty must make a copy of all three forms (Incident Report, AWOL Report Form & Missing Persons Form) and for Foster Care the Foster Parents must take the copies to local Police Department immediately. For SIL the Case Manager or On-Call Worker is responsible to take the forms to the Local Police Department. The originals must go into the Program Manager's box for administrative review and distribution.
9. Should the client return to the agency and report sexual activity with someone over the age of 16, foster parents/RTW staff/Case Manager should consider taking her/him to the nearest Emergency Room or institute the "Rape Kit" procedure in case of Criminal Sexual Conduct (CSC) charges that may need to be filed. It is the foster parent's discretion to purchase RID shampoo for the client to shower and wash his/her hair with. Foster Parents/RTW Staff are to monitor the client and check her/his person.

The Case Manager is responsible for the following:

1. The Case Manager within 24 hours/1 business day of notification must:
 - Document action taken to find the child.
 - Notify the DHHS monitoring worker of any additional information.
 - Forward a copy of the DHHS-3198A to the local law enforcement to ensure that the child/youth is entered on LEIN as MISSING and ENDANGERED.
 - Forward copy of the DHHS-3198A to the court.
 - Forward a copy of the DHHS-3198A and the child's current photo to the DHHS monitoring worker.
2. The Case Manager must notify the Court of jurisdiction within 24 hours and the L-GAL within 24 hours.
3. The Case Manager will notify the parents, guardian or caregiver within 24 hours
4. The Case Manager will assure that a copy of the DHHS-3198 A is sent to the court. They will assure that a copy of the DHHS-3198A to the local law enforcement to ensure that the child/youth is entered on the Law Enforcement Information Network (LEIN) as MISSING and ENDANGERED. They must also retain a copy in the case file. The Case Manager must confirm that child has been entered on LEIN and document in case file. If local law enforcement refuses to place child on LEIN, the worker must document in case record and forward information to the Child Locator Centralized Unit.
5. Guiding Harbor will conduct a diligent search for the child within the first 48 hours and document efforts in the case contacts. The Case Manager is responsible for the following:
 - Review any available DHHS case records/SWSS FAJ records to identify information on the potential location of child/youth (family members, unrelated caregiver, friends, known associates, churches, neighborhood center, etc.).

- Contact the school that the child last attended. Verify that the child is not in attendance and determine if there are friends/teachers of the child who may have information.
 - Contact the local school district office(s) to determine if child has enrolled in a new school.
 - Review Medical Passport and medical records in case file and determine if there are: Outstanding medical needs and contact physician; Medication needs and contact pharmacy.
 - Document results of all contacts.
 - The foster care worker or local office designee must notify the court and law enforcement of the results from the search.
6. Guiding Harbor will conduct a diligent search for the child every calendar month that the child remains AWOL-P and document the efforts in the USP/PWSP and Court Reports. The foster care worker must continue to notify law enforcement of any further new information.
 7. An Action Summary will be completed within 5 days of AWOL which will include a narrative termination summary and reason for termination. If a client remains AWOL for more than 30 days the belongings will be stored and secured at the agency. When a child is AWOL for more than 90 days the belongings will be given to the DHHS worker.

OTHER:

1. If the resident is a PA-150, the Office of Juvenile Justice Director must be notified within 24 hours. The telephone number is (517) 335-3489 and the FAX number is (517) 241-2663. The following information is needed at the time of the call:
 - a. Date and time of AWOL
 - b. Name of client
 - c. Age of client
 - d. County of Commitment
 - e. Name of Agency and program
 - f. Committing offense
 - g. Any other significant information surrounding the AWOL

When a client returns to the program, the following must be completed immediately:

1. Notify the local Police of her/his return.
2. Notify her/his parents, the DHHS worker. L-GAL, the Court and "On - Call" worker.
3. Complete an AWOL Return Report form.
4. Complete an Incident Report regarding the return from AWOL
5. Place originals of all reports in the Program Manager's box.
6. If the client appears to be injured, seek appropriate medical attention.
7. Conduct a (Placement Preservation/Disruption) Family Team Meeting within three business days of the youth's return to care.

Client's will be considered AWOL for situations that include running away, or being absent from their home environment.

If a client is AWOL for more than 5 days, he/she will be discharged from the program. The DHHS worker has discretion to discharge a client immediately if they so desire.

HAZARDOUS MATERIALS POLICY

Guiding Harbor is committed to providing a hazard-free environment for youth placed in our care. In an effort to ensure safety for foster families and the children in their homes, the agency requires the following:

Dangerous and hazardous materials, objects, or equipment that may present a risk to children placed in the foster home shall be stored securely and out of the reach of children, as appropriate to the age and functioning level of the children.

Firearms shall be trigger-locked or fully inoperable and stored without ammunition in a locked area. Ammunition shall be stored in a separate locked location. A handgun shall be registered. Documentation of the registration of the handgun shall be available for review.

Dangerous and hazardous materials include, but are not limited to: Medication, Alcohol, *Alcoholic Beverages*, Household Chemicals/Cleaning Supplies, Cosmetics and Power Tools, Illegal and Unregistered Firearms, Flares, Hunting Knives, Bow Hunting items such as arrows, etc. and military equipment.

- The proper use and storage of these materials will be determined by the licensing worker prior to licensure and will be tailored to meet the needs and abilities of the biological and potential foster children.

Medications including Medicinal Marijuana:

- Medications including medicinal marijuana must be properly stored in a locked box; out of reach and inaccessible to children as age appropriate.

Weapons:

- All handguns must be registered to an individual residing in that home.
- If a foster parent or a member of the household brings a gun into the home at any point in time, whether it is purchased or it is given to the foster parent or member of the household, they must immediately report it to the Licensing Worker and provide proper documentation of registration.
- Under no circumstances should a foster child be allowed to handle, shoot or otherwise have access to guns or any other type of weapon while under the supervision of the foster parent. If the youth is an active member of the Boy

Scouts and owns a scout knife, the foster parent may keep it for the youth in a locked cabinet. No other weapons or guns are acceptable.

- Any youth who steals or otherwise gains access to a gun or knife should be reported to the police immediately.
- **Guiding Harbor** maintains a “Zero Tolerance” rule regarding weapons. Any client in possession of a weapon shall be reported to the appropriate authority immediately. The Case Manager shall also be apprised of the situation.
- Firearms shall be trigger-locked or fully inoperable and stored without ammunition in a locked area. Ammunition shall be stored in a separate locked location. A handgun shall be registered. Documentation of the registration of the handgun shall be available for review.

EMERGENCIES

Fire:

In the event of a fire in a foster home the foster parents are expected to evacuate the home immediately assuring the safety of foster children, themselves and their family. They must contact their local fire department and any other emergency personnel necessary.

If a fire occurs in the foster home the foster parent must call the Foster Care Licensing Worker as soon as possible to have the home inspected for safety. If this occurs during the evening or on a weekend the foster parent shall call the On-call staff and inform them of the situation and their back-up plan. If hospitalization occurs the foster parent must follow the medical emergency procedure.

The foster parent is responsible for having a fire evacuation plan and must train family members accordingly. This will be documented annually on the FIA-3080 form at the time of a renewal or annual home study.

Tornado:

In the event of a tornado in a foster home the foster parents are expected to take the precautionary measures needed to assure the safety of foster children, themselves and their family.

If the foster home has been hit by a tornado, the foster parent must call the Foster Care Licensing Worker as soon as possible to have the home inspected for safety. If this occurs during the evening or on a weekend the foster parent shall call the On-Call staff and inform them of the situation and their back-up plan. If hospitalization occurs the foster parent must follow the medical emergency procedure.

Foster parents must have an emergency plan for a tornado and follow civil defense procedures in the community and **Guiding Harbor** must approve the plan.

All family members including foster children must be trained on following the plan. This will be documented annually on the FIA-3080 form at the time of a renewal or annual home study.

In the event of significant “acts of God” including blackouts, severe weather conditions, or any other unforeseen events, foster parents are to contact the Case Manager or On-Call Worker to inform the agency of the situation and backup plan as soon as possible but no later than 24 hours after the significant event.

In the event that telephone service is interrupted and the foster parent is unable to notify the agency of the plan it is expected that the foster parent inform the agency as soon as service is restored, but no later than 24 hours later.

Serious Accident or Injury:

All emergency hospital visits and hospitalizations should be reported to **Guiding Harbor** immediately. Doctor appointments other than those, which are routine in nature, should also be reported immediately. **Guiding Harbor** staff must be aware of the youth’s general health care at all times. Always use an incident report for documentation and provide the completed report to the Case Manager within two business days.

In the case of a medical emergency the youth should be:

- Taken to the hospital immediately
- Call the **Guiding Harbor** office immediately at (734) 697-4804. If the hospital visit/hospitalization occurs after business hours or on the weekend, call the emergency On-Call cell phone at (734) 634-3243.

If a foster child is sick or hurt due to an accident, which is not life threatening but requires hospitalization or emergency services, then the Foster Care Case Manager must be contacted by telephone within 24 hours of the incident. The “**Consent to Obtain Medical Care**” form and **Medicaid Card** will provide the foster parent with the necessary permission to have a foster child treated in an emergency situation.

The Foster Care Case Manager will notify all the appropriate people after receiving all the necessary information from the foster parent. If there are any problems in obtaining medical treatment, **Guiding Harbor** should be notified as soon as possible to assist the foster parent in obtaining adequate health care for the youth.

Evacuation plan for children with disabilities:

Guiding Harbor must approve foster home evacuation plans when there are foster children who have restrictive movements or disabilities and need assistance to evacuate a home. The evacuation plan must be posted and the foster parent is responsible for training their family and providing the plan to the Licensing Worker. This will be documented annually on the FIA-3080 form at the time of a renewal or annual home study.

In the event that a foster home must be evacuated the foster parents must contact the Licensing Worker during business hours, if it is after business hours the On-Call staff must be notified. The Licensing Worker or On-Call staff will then devise a plan with the foster parent if alternate care is needed for the child.

SECTION 6

RECRUITMENT AND RETENTION

Guiding Harbor has an ongoing foster home recruitment program to ensure that there are an adequate number of suitable and qualified homes to meet the needs of the children served by the agency.

Guiding Harbor has developed, implemented and maintained a program of foster home retention that includes foster parent involvement and that identifies the causes of the loss of a foster home and prescribes actions to be taken to retain foster homes.

ACTIVE RECRUITING

The Licensing Worker is responsible to assure that homes are actively being recruited. The Licensing Worker is responsible for at least four monthly recruitment efforts. This includes letters to past inquiries, letters to churches, television/cable stations, radio stations newspapers, passing out flyers in the community, public speaking engagements, and community networking. Information and activities designed to draw the attention of prospective foster parents in designated geographic areas (e.g., counties) including print and broadcast media, personal appearances by staff, recruitment and mentoring by licensed foster parents

The Licensing Worker is responsible to report each effort to the Program Manager on a monthly basis per the recruitment-tracking log. All recruitment efforts are tracked in the quarterly CQI report.

FOSTER PARENT RETENTION

The Licensing Worker is responsible to implement a retention plan within the foster care program.

The Licensing Worker is responsible to offer an annual foster parent support group, which includes at least one training topic, that is helpful in retaining foster homes that identifies the causes of the loss of foster homes and prescribes actions to be taken to retain foster homes. Activities and information designed to reinforce and maintain interest in fostering for licensed foster parents including training and recreation activities, awards and incentives, and recognition banquets can be the retention methods utilized.

Foster Parent support group attendance will be counted towards training hours and the Licensing Worker is responsible for documenting attendance in the foster parent's training log.

Foster parents are sent out a survey the third quarter of each year addressing training needs, supervision, inclusion in the treatment team, inclusion in the service team and

accessibility to staff. The foster parents are able to provide additional comments anonymously.

An annual meeting is held with the foster parents and the foster care staff which is organized by the Licensing Worker to address foster home retention, identifiers in foster home closure and action to be taken in retaining foster homes.

A quarterly newsletter is provided to foster parents to provide them with training topics and updates on policy and procedures.

CERTIFICATION TRAINING

Guiding Harbor will ensure that all supervisors of Licensing workers who perform foster home certification functions receive certification training and special evaluation training provided by the department.

All Licensing Workers will attend certification training held by the department prior to licensing and training foster homes, unless the Licensing Worker has already been trained in this area. All Licensing Workers will attend special evaluation training held by the department prior to conducting a special evaluation, unless the Licensing Worker has already been trained in this area.

Program Managers will also be trained in this area prior to supervising Licensing Workers.

APPLICATION REQUEST

Guiding Harbor shall provide an orientation for prospective applicants for a foster home license before a foster home application is provided.

Prior to providing a person with an application Guiding Harbor documents:

- The person expresses a willingness to care for the types of children served by Guiding Harbor and the person has received Orientation.

Each person is provided with the following information prior to receiving an application:

- A copy of the Act
- Administrative rules for the foster homes
- Administrative rules for child placing agencies
- Good moral character rules
- The child protection law
- The children's ombudsman act
- Guiding Harbor's program statement
- Guiding Harbor's foster care services policies
- Guiding Harbor's foster parent-training requirements

Guiding Harbor will document that the licensee has been given an application for renewal of the license not less than 60 calendar days before the expiration date of the license.

- Prior to beginning the foster family home study, the prospective applicant must complete, sign and return the BCAL-3889, The Children's Foster Home Licensing Application. In a two caregiver home, both caregivers must sign the application
- .Act 116 gives a child placing agency the authority to inform the public about foster care licensing requirements. The agency is responsible for providing information about the need to be licensed, how to inquire about the family study process, and the penalty for violating the act. The agency refers to law enforcement if unlicensed operation continues, and refers to Children's Protective Services if children are at risk. Investigation of unlicensed homes is the responsibility BCAL.

ORIENTATION

Licensing Rule 400.12307 requires that an agency shall provide orientation to foster parents prior to providing them with an application.

Guiding Harbor foster parent orientation training consists of the following:

- The purposes of foster care
- The characteristics and needs of the children placed by the agency
- Attachment and separation issues
- The impact of fostering on the foster family
- The role of the foster family
- The licensing process
- Grievance procedures
- The importance of the child's family
- Parent and sibling visits
- Guiding Harbor policies and procedures
- Guiding Harbor foster parent training requirements
- Supportive services and resources
- Provisions of the children's ombudsman act
- Provisions of the child protection act
- Foster Care Review Board appeal procedures

Each foster parent is required to attend orientation. The Licensing Worker provides the foster parents with copies of the above materials and explains the meaning of the materials to the prospective foster families. Each family member that is applying to be licensed must signoff on the receipt of required materials form that they have read and received the above-mentioned materials.

Before completing and submitting an application for an original license, each prospective applicant, (including relative caregivers who are applying for licensure) must attend an orientation session. If there are two caregivers in the home, both must attend an orientation session. The purpose of orientation is to provide individuals with enough information to make an informed decision regarding whether to proceed with applying for a foster home license.

The orientation is to be up 3 hours. The purpose of orientation is to provide information to prospective applicants, not to obtain information from them. At the end of orientation, if the individual(s) indicates a willingness to care for the types of children served by the department and wants an application for licensure, the Foster Home Licensing Application must be provided.

APPLICATION SUBMISSION

Guiding Harbor shall act on a completed and signed application.

Guiding Harbor requires both caregivers in a 2-caregiver household to sign the application.

Guiding Harbor may consider an application withdrawn after 60 days if the applicant fails to cooperate with the completion of the licensing process.

RECORDS CHECK

Guiding Harbor, upon receipt of an application, initiates a records check of each applicant and each adult member of the household. The check shall pertain to previous licenses, criminal convictions, and substantiated child abuse and neglect records.

Guiding Harbor, upon receipt of information indicating lack of good moral character or suitability on the part of the foster parent, initiates a new records check.

Guiding Harbor will, upon receipt of an application, request the department of state police to conduct both a criminal history check and a criminal records check through the federal bureau of investigation for applicants. Guiding Harbor will also request the department to conduct a criminal history check on all persons residing in the home over 18 years of age. Additional checks shall pertain to previous licenses and substantiated child abuse and neglect records for all applicants and persons residing in the home 18 years of age or over.

Guiding Harbor will initiate a new records check if it receives information indicating a lack of good character or suitability of any person residing in the home who is 18 years of age or over who is not a licensee.

Guiding Harbor will initiate a criminal history check of a resident minor within 30 days after turning 18 years of age.

INITIAL EVALUATION

Guiding Harbor's Licensing/Licensing Worker/Supervisor will complete a written initial foster home evaluation before certifying the home for licensure.

The report shall include the dates and places of contacts and persons interviewed or observed.

The report will be an assessment of all of the following:

- Visits at the residence of the foster home applicants for observations of, and interviews with, each member of the household to determine all of the following:
 - Marital and family status and history, including current and past level of family functioning and relationships and any incidents of domestic violence.
 - Educational history and any special skills and interests.
 - Employment history, current financial status, including property and income, money management skills, and outstanding financial obligations.
 - Physical, mental, and emotional health of each member of the household.
 - Any history of substance abuse, including alcohol, drugs, or controlled substances by each member of the household and a description of any treatment received.
 - Current substance use, including alcohol, drugs, or controlled substances by each member of the household and a description of any treatment currently being received.
 - Parenting skills and attitudes toward children.
 - Methods of discipline of children.
 - Adjustment and special needs of the applicant's own children including children not living in the home.
 - Strengths and weaknesses of each member of the household.
 - Experiences with own parents and any history of out-of-home care.
 - Reasons for applying to be a foster family.
 - Previous licenses or experience in providing child foster care, child day care, or adult foster care.
 - Willingness to accept a foster child with the child's individual characteristics, needs, and background.
 - Willingness to parent cross-racially or cross-culturally and to create an atmosphere that fosters the racial identity and culture of a foster child.

- Willingness and ability to work with birth families and to understand the foster child's attachment to the birth family.
- An understanding of and willingness to participate in concurrent planning.
- Willingness and ability to give a foster child guidance, love, and affection and accept the child as a member of the household.
- Existence of social support system and alternate care providers.
- Spirituality or religious beliefs.
- Previous adoption evaluations or placements.
- Previous criminal convictions, and substantiated child abuse or neglect investigations or concerns brought to the agency's or department's attention for any member of the household.
- Three current references from persons not related to the applicants. The agency shall evaluate any negative references.
- A medical statement for each member of the household that indicates that the member has no known condition that would affect the care of a foster child. The statement shall be signed by a physician, physician's assistant or nurse practitioner within the 12-month period before the initial evaluation.
- Safety and maintenance of the applicant's house and property, including but not limited to: sufficient beds and sleeping space, pets, guns and other weapons, and water hazards.
- Assessment of the neighborhood, schools, community and available resources
- The age, number, gender, race, ethnic background, and the special characteristics of children preferred by the applicants.
- Training needs of the family.

Guiding Harbor will document placement specifications consistent with the information contained in the evaluation. The placement specifications shall include the following:

- Age.
- Gender.
- Race.
- Number of children preferred by the family.
- Characteristics of children best served by the family.

- Children who may not be placed in the home. The child's racial, ethnic, and cultural identity, heritage, and background may only be considered if an assessment of the individual child indicates that such consideration is in the best interests of the child.

Guiding Harbor will inform the applicant of the department's policies and procedures regarding concurrent planning.

Guiding Harbor will inform the applicant that a copy of the initial evaluation is available upon request.

FOSTER PARENT AGENCY AGREEMENT

Guiding Harbor will have a written foster parent/agency agreement signed by the foster parent and the agency before initially certifying a foster home for licensure.

The foster parent/agency agreement shall contain all of the following provisions:

- The responsibilities of Guiding Harbor.
- The services to be provided to foster children and the foster family.
- The responsibilities of the foster family.
- That the foster family has been informed of, and agrees to follow, agency policies and procedures.
- The role of the lawyer guardian ad litem and the court.
- Travel reimbursement

Guiding Harbor will document review of the foster parent/agency agreement with the foster family at least annually and, when needed, develop a new agreement.

Guiding Harbor shall give a foster family a copy of the signed current foster parent/agency agreement.

FOSTER PARENT TRAINING

Guiding Harbor will develop a foster parent training plan with the participation of foster parents.

The foster parent training plan shall provide for all of the following:

- The individual training needs of the foster parents.
- Not less than 12 hours of training to be completed by each person named on the license before a recommendation is made for licensure. Not more than 6 hours of the orientation may be included as part of the 12 hours of training.
- Not less than 6 hours of training annually for each licensee after the recommendation is made for licensure.

The training specified above will address all of the following areas:

- Characteristics and needs of children who may be placed into the home.
- Trauma
- Safe sleep practices for infants.
- Effective parenting.
- Behavior management, including de-escalation techniques.
- Importance of the foster child's family.
- Concurrent planning.
- Role of the agency.
- Emergency procedures, first aid, and fire safety.
- Preparation of the foster child for permanence and independence.
- The role of the court and lawyer guardian ad litem in permanency planning.

At least 1 adult member of the household shall have training in and maintain a current certification in **first aid and CPR** from the American Heart Association or the American Red Cross or other institution approved by the department.

An agency shall document all training received by each foster parent.

Twenty-four (24) hours of training must be provided to a foster parent by the end of the first year of licensure. The required training program is the GROW curriculum. GROW is a competency-based program which provides greater detail about the foster care system and the responsibilities of foster parents. Topics covered include: attachment and loss issues, discipline, effects of abuse and neglect, sexual abuse, and the effects of fostering and adopting on the family. The entire training provides 20-25 hours of content which will satisfy the pre-licensure requirement.

Michigan's GROW curriculum meets all policy and licensing requirements. The training program must be conducted by a trainer approved by the Child Welfare Training Institute (CWTI).

Ongoing training is any training that is offered after the initial orientation and replacement training. Generally, foster parents will have had at least one placement during the initial six (6) month licensing period. Licensed foster parents who have had a child placed in their home will be able to understand training information on a different level because of the experience of actually providing foster care. After the initial 20-25 hours of training from the GROW curriculum, each foster parent is required to obtain six (6) hours of training per calendar year. The purpose of ongoing training is to ensure that foster parents have the necessary skills and information to meet the needs of children placed in their homes. The requirements are the same for all licensed providers, including licensed relatives.

- The rights and responsibilities of foster parents and the agency.
- Supportive services available to children and foster families.
- Working with the foster child's family.

- The agency's role in supporting and monitoring the functioning of foster parents.
- Assisting children in transition to adoptive or other permanent placements.
- Requirements of the Multiethnic Placement Act and Interethnic Adoption Provisions (MEPA/IEP) and cultural sensitivity.
- Other relevant topics determined by the agency.

REEVALUATION

Guiding Harbor will conduct an on-site visit and complete a written re-evaluation of a foster home annually and as often as deemed necessary.

Foster families will allow the agency reasonable access to the foster home for licensing and foster child supervision purposes.

The annual re-evaluation will include a determination and assessment of the following:

- All changes to the factual information contained in the initial evaluation and subsequent renewal evaluations.
- Family functioning and interrelationships as determined by observation of, and interviews with each member of the household and Foster Care Case Manager who has had children placed in the home during the last licensing period.
- All family members must be interviewed
- Training needs for the family.
- Compliance with the licensing rules for foster homes.
- Compliance with the agency's written policies and procedures
- **Guiding Harbor** will record the dates and places of contacts and persons interviewed or observed as part of a re-evaluation.
- **Guiding Harbor** will document placement specifications consistent with the information contained in the reevaluation. Placement specifications shall include the age, gender, race, and number of children preferred by the family, characteristics of children best served by the home, and of children who may not be placed in the home. The child's racial, ethnic, cultural identity, heritage, and background may only be considered if an assessment of the individual child indicates that such consideration is in the best interest of the child.
- **Guiding Harbor** shall inform the foster parent of and discuss the agency's policy and procedures regarding concurrent planning.
- An agency shall complete a licensing record clearance request form on each adult non-licensee member of the household, including foster youth who turn 18 years of age, prior to each renewal and shall assess the results of the record check.
- **Guiding Harbor** will notify the foster parents that a copy of the re-evaluation is available upon request.
- **Guiding Harbor** shall complete a reevaluation and shall make a licensing recommendation to the department at least 15 calendar days before the expiration date of the foster home license.

- Foster parents will be expected to provide updated medicals, household budgets, training documentation, updated insurance and driver's licenses and additional information as needed and requested by the Licensing Worker prior to the scheduled annual/renewal.

The Licensing Worker will provide the Foster Parents with the following information prior to renewal/annual evaluation of their license: Application (only for renewal), Foster Parent Agency Agreement, Monthly Financial Statement, TB test every 3 years.

Foster parents are expected to read the information, sign and complete the documents and have them ready for their home inspection. They are expected to have training documentation, updated driver's license and auto insurance for the Licensing Worker at this time.

Foster parents are expected to allow the agency reasonable access to the foster home for licensing and supervision purposes. On an ongoing basis provide all changes to the factual information contained in the initial evaluation and subsequent evaluations. Share information on family functioning and interrelationships. Provide a preference or receiving children in placement, including the characteristics, age, race gender and ethnic background, and number of children the foster parents would not wish to accept in placement.

At the time of the home inspection the Licensing Worker will complete a Children's Foster Home Rules Compliance Record (DHHS-3080) to assess rule compliance and/or changes to the foster home. The Foster Parents will be interviewed along with all household members. All documents will be submitted to the Licensing Worker and a home assessment will be thoroughly completed. Upon completion of a home assessment renewal or annual the Licensing Worker will provide a completed copy to the foster family within 10 days of completion.

LICENSE RECOMMENDATION

Guiding Harbor will recommend to the department the appropriate licensing action based on facts contained in the foster home evaluation and any special evaluations.

Guiding Harbor will document foster home license changes in the foster home record and shall communicate the changes immediately to the department in the manner prescribed by the department.

Guiding Harbor will:

Except for an original license, Guiding Harbor shall recommend to the department the issuance of a regular license or the continuation of an active license only when all rules are in compliance or both of the following conditions exist:

1. All non-compliances relating to the recommendation are correctable.
2. A written corrective action plan has been developed. The plan shall be in compliance with all of the following requirements:
 - Specify the methods, the persons responsible, the time frames for correction; methods for ensuring the safety of any children placed in the home; how continuing compliance will be maintained once compliance is achieved; consequences if the corrective action plan is not completed; and what documentation will be required to demonstrate compliance or completion.
 - Require that the corrective action be completed within six (6) months of being signed.
 - Be signed and dated by the foster parent and the agency.

Except for an original license, Guiding Harbor shall recommend to the department the issuance of a provisional license only when both of the following conditions exist:

1. The agency complies with this rule.
2. The foster parent has been informed, in writing, of the facts and the basis for the provisional license.

Guiding Harbor shall recommend to the department the denial of license issuance, the revocation of a license, or the refusal to renew a license only when both of the following conditions exist:

1. The applicant or the foster parent falsifies information or, the applicant or the foster parent willfully and substantially violates the act, 1 or more of the licensing rules for foster homes, or the terms of the license,
2. The applicant or the foster parent has been informed, in writing, of the facts and the basis for the recommended action.

Guiding Harbor shall provide the department with all documentation that details the basis for the agency's recommendation or any requested documentation for a department licensing action.

Guiding Harbor shall participate in, and present facts at, a foster home licensing administrative hearing to support an agency recommendation or a department licensing action.

BORROWED HOME

Before placing a child in a foster home certified by another agency or tribe, Guiding Harbor will have a record containing the following:

- Prior approval from the certifying agency authorizing placement of the child in the home.
- Documentation that the foster parent is willing to accept the child.

- A copy of the initial evaluation with written endorsement by the borrowing agency that the evaluation is acceptable.
- A copy of the current reevaluation with written endorsement by the borrowing agency that the evaluation is acceptable.
- A list of the current children placed in the home.
- Documentation that the foster parent has received orientation to the policies of the borrowing agency.
- A copy of the foster parent agency agreement signed by the foster parent and the borrowing agency.
- A copy of the current children's foster home license application and children's foster home licensing transaction record documents from the certifying agency
- License certification documents from the certifying agency.
- A copy of all special evaluations completed during the last 2 years.
- The borrowing agency is responsible for securing the items identified in this rule annually for the duration of the child's placement
- The certifying agency is responsible for certification functions, including special evaluations, and shall share all information regarding changes in the home with all agencies that have children in placement in the home.

SPECIAL EVALUATION

Guiding Harbor will do the following when information is received that relates to possible noncompliance with any foster home rule:

- Submit a special investigation record to the department's licensing authority within 5 working days in the manner prescribed by the department.
- Initiate a special evaluation of the foster home as soon as indicated, based on the information received, but not later than 7 calendar days after receipt of the information.
- Conduct a thorough investigation including all necessary collateral contacts.

Guiding Harbor will notify foster parents of the following before they are questioned or interviewed regarding a special evaluation:

- That a special evaluation has been initiated.
- A clear description of the allegations.
- That the foster parents have an option to involve a person of their choice in any interviews with them involving the special evaluation if the involvement does not impede the timely completion of the evaluation.
- Notify all social service workers who have children placed in the home that a special evaluation has been initiated.

Guiding Harbor will complete a special evaluation within 45 calendar days after receipt of the information. If additional time is required, then the agency shall inform the foster parent, in writing, of the basis for the extension and the expected length of the

extension. The total time for the completion of the investigation shall not exceed 90 calendar days without written approval from the chief administrator or his or her designee.

Before completion of the written report required Guiding Harbor shall provide the foster parent with a verbal summary of the preliminary findings at the conclusion of the evaluation.

Within 15 days of the conclusion of the evaluation, Guiding Harbor shall complete a written report that includes all of the following information:

- The date the information was received.
- Identification of the information source, unless anonymous or confidential, as specified in the child protection law,
- The allegations.
- Dates and places of contacts, names of persons interviewed, and names of the interviewers. If children are interviewed, their last names shall not be included in the report.
- Findings of fact, based upon the evaluation.
- Conclusions regarding licensing rules compliance or noncompliance based on the findings of fact.
- Any change in the agency's decision regarding the number, gender, age, race, ethnic background, and specific characteristics of children who may be placed that is based upon the documentation contained in the summary and conclusions of the report.
- Recommendations regarding licensing action and any required corrective action

Guiding Harbor will do the following:

- Provide the foster parent with a copy of the report within 10 calendar days of its completion.
- Inform the foster parent, in writing, that he or she has a right to have his or her written response included as an attachment to the report.
- Provide a copy of the report to any social services worker that has children placed in the home.

If any violations are cited and there is a signed corrective action plan, all social service workers who have children placed in the home shall be notified there is a corrective action plan and what is required of the foster parent in that plan.

Foster parents must:

- Allow representatives of ***Guiding Harbor into*** their home reasonable access to the foster home for licensing and foster child supervision purposes.
- On an ongoing basis, provide all changes to the factual information contained in the initial evaluation and subsequent evaluations.
- Share information on family functioning and interrelationships.

- Provide a preference for receiving children in placement, including the characteristics, age, gender, race ethnic background, and number of children the foster parents would not wish to accept in placement.
- Cooperate fully with **Guiding Harbor's** monitoring program for the maintenance of foster home quality.
- Understand that **Guiding Harbor** has the right to make an unannounced home visit if warranted
- Comply with the special evaluation
- Allow staff access (within 45 days) to interview the foster parents and all household members that resided in the home prior to the special evaluation being initiated.

Note: Adverse action could occur if foster parents are non-compliant with this rule

FOSTER HOME RECORD

Guiding Harbor will maintain a foster home record for each foster home.

The record shall contain the following information:

- All documents pertaining to certification of the home.
- Any special evaluation reports.
- Placement agreements between the foster parent and the agency.
- A placement list of all children placed in the foster home, including all of the following information about each child:
 - Name, age, gender, and race of the child.
 - Date of placement.
 - Date of, and reasons for, a child's removal from the foster home.
- Any written response from a foster parent, as provided by R 400.12327(6) (b).

Guiding Harbor will make copies of a record available to the applicant or licensee upon request, except for the following items:

- Pending evaluation reports and documents.
- Records of privileged communication.
- Criminal records, police reports, child protective services information, and social security numbers from any source.

Guiding Harbor shall maintain records for not less than 7 years after closure.

FOSTER PARENT INFORMATION

Guiding Harbor will provide a foster parent with all of the following information before the placement or replacement of a child:

- Child's name.
- Child's date of birth.

- Available known information about the child's health.
- Any known history of abuse or neglect of the child.
- All known emotional and psychological factors relating to the care of the child.
- All known behaviors of the child.
- Circumstances necessitating placement or replacement of the child.
- Any other known information to enable the foster parent to provide a stable, safe, and healthy environment for the
- foster child and the foster family, including information about siblings who do not reside in the foster home.
- Name of assigned social service worker.
- Authorization to provide routine and emergency medical care.

For an emergency placement, if any of the information is not available at the time of placement, then the agency shall provide information to the foster parent within 7 calendar days of the placement.

After the child is placed, and on an ongoing basis, Guiding Harbor will notify the foster parent of any known information that will enable the foster parent to provide a stable, safe, and healthy environment for the foster child and the foster family, including information about siblings who do not reside in the foster home.

**GUIDING HARBOR
FOSTER FAMILY ACKNOWLEDGMENT/WAIVER FORM**

I/We understand that R. 400.12417 Foster Parent Information requires Guiding Harbor to make full disclosure of non-identifying information for foster care placements which include the following:

- ☐ The child's name
- ☐ The child's date of birth
- ☐ Available known information about the child's health
- ☐ Any known history of abuse or neglect of the child
- ☐ All known emotional and psychological problems of the child
- ☐ All known behavioral problems of the child
- ☐ Circumstances necessitating placement or replacement of the child
- ☐ Any other information to enable the foster parent to provide a stable, safe, healthy environment for the child and the foster family, including information about siblings who do not reside in the home.
- ☐ Name of the assigned Case Manager
- ☐ Authorization to provide routine emergency medical care
- ☐ For an emergency placement if information is not available at the time of placement then the information shall be provided to the foster parent within 7 calendar days of the placement by Guiding Harbor.

After the child is placed, and on an ongoing basis, Guiding Harbor will notify the foster parent of any known information that will enable the foster parent to provide a stable, safe, and healthy environment for the foster child and the foster family, including information about siblings who do not reside in the foster home.

Information required above that is unobtainable prior to foster care placement shall be submitted to or provided to the foster parent once the information has been obtained.

I, _____, and, _____,
Do hereby acknowledge that I/We have been afforded an opportunity to review the above listed documentation pertaining to (child/ren) _____

I/We understand that there may be information regarding the child that has not been made known to Guiding Harbor therefore they are unable to divulge such information to me. I further understand that if said information is made known to the agency that they will inform me of such, I further hold the agency harmless for their failure to divulge information that they were unaware of at the time of placement or that was reasonably available to them.

Foster Parent Date

Foster Parent Date

Worker Date

CLIENT RIGHTS & GRIEVANCE PROCEDURE
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CLIENT RIGHT'S

1. The right of confidentiality of communication and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state or federal statutes, unless release of information is specifically authorized by the client or parent or legal guardian of a minor client or court appointed guardian of the person of an adult client
2. The right to freedom from abuse, financial or other exploitation, retaliation, humiliation and neglect.
3. The right to access information pertinent to facilitate decision making.
4. The right to have access to one's own psychiatric, medical, or other treatment record unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan. "Clear treatment reasons" shall be understood to mean only severe emotional damage to the client such that dangerous or self-injurious behavior is an imminent risk. The person restricting the information shall explain to the client, and other persons authorized by the client, the factual information about the individual client that necessitates the restriction. The restriction must be reviewed at least annually to retain the validity. Any person authorized by the client has unrestricted access to all information. Clients shall request to review their record in writing for viewing or obtaining copies of personal records;
5. The right to access legal entities for appropriate representation; The right to have the opportunity to consult with independent treatment specialists or legal counsel at one's own expense
6. The right to access self-help and advocacy support services.
7. The right to be treated with consideration & respect for personal dignity, autonomy, & privacy;
8. The right to service in a human setting which is the least restrictive as defined in the treatment plan;
9. The right to be informed of one's own condition, of proposed or current services, or treatment or therapies, & of the alternative;
10. The right to consent to or refuse any service, treatment, or therapy on behalf of a minor client;
11. The right to a current, written, individualized service plan that addresses one's own mental health, physical health social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
12. The right to active & informed participation in the establishment, periodic review & reassessment of the service plan;

13. The right to freedom from unnecessary or excessive medication;
14. The right to freedom from unnecessary restraint or seclusion; if restraint is an appropriate measure to keep the client safe the client has the right to be restrained safely by a trained professional who takes into account the physical, developmental and abuse history of the client.
15. The right to participate in any appropriate & available Agency service, regardless of refusal of one or more other services, treatments, or therapies, unless there is a valid & specific necessity which precludes and/or requires the client's participation in other services. This shall be explained to the client and written in the client's current service plan.
16. The right to be informed of and refuse any hazardous treatment procedures;
17. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, television, movies or photographs;
18. The right to understand all legal rights;
19. The right to be informed in advance of the reason(s) for discontinuance of service provisions and to be involved in the planning of the consequences of that event;
20. The right to receive an explanation of the reason for denial of services;
21. The right not to be discriminated against in the provision of serviced on the basis of religion, race, color, creed, sex, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
22. The right to know the cost of services;
23. The right to be fully informed of all rights;
24. The right to exercise any and all rights without reprisal in any form, including uncompromised access to service;
25. The right to ethical treatment and research guidelines;
26. The right to file a grievance; and
27. The right to have oral and written instructions for filing a grievance.
28. The right to exercise one's rights without reprisal.
29. The right to grieve and obtain resolution.
30. Clients' Rights in out of home care:
 - a. Outgoing and incoming mail is not censored unless there is suspicion mail may contain unauthorized or illegal material. In that case mail is opened by addressee in presence of designated personnel.
 - b. Visit family, receive visits, and have phone calls with family members unless contraindicated by service plan.
 - c. Have personal property and place for safe storage.
 - d. Be free from exploitation in employment related or gainful employment.

CLIENT GRIEVANCE PROCEDURE

GRIEVANCES & COMPLAINTS

Guiding Harbor encourages its clients to resolve any problem, concern, disagreement, complaint, and/or grievance through appropriate procedures. If you have a complaint in regards to services or your rights being violated, you may file a grievance. The Grievance procedure is as follows:

THE GRIEVANCE PROCEDURE

1. To begin the process, advise any staff person at Guiding Harbor that you wish to grieve about some problem with the agency's treatment of you. This grievance may include, but is not limited to the following:

- DENIAL OF SERVICES
- INADEQUACY OF SERVICES
- PAYMENT OF FEES
- DISCRIMINATION IN THE PROVISION OF SERVICES
- ANY OTHER COMPLAINT REGARDING THE MANNER IN WHICH SERVICES ARE OFFERED OR DELIVERED
 - a. Upon admission, each client will be provided with a copy of the attached Client Rights and Grievance Procedures. Upon request, anyone may receive a copy of this policy and procedure statement.
 - b. In crisis or emergency situations the client will, at a minimum, be advised of their immediately pertinent rights.
 - c. The Client Rights Statement and the Client Grievance Procedure will be posted in a prominent area where clients and visitors may review them.
 - d. Upon the client's written request, the Agency will forward information concerning the client's grievance to any outside agent the client so identifies.
 - e. Annually, the Clients Rights Advocate (COO) will arrange for training. Staff attendance will be mandatory.
 - f. The Client's Rights Policy will be posted in client areas and staff offices.
 - g. A copy of both the Grievance Procedure and Client Right's signoff, dated and signed will be kept in each client's file to indicate receipt.

2. Your complaint must be **in writing and include the date, time, description and/or names of individuals involved in the incident or situation being grieved**. You may obtain assistance from the Client's Rights Advocate in writing your complaint. You have a right to request assistance from a different advocate and Guiding Harbor will appoint someone to help you. The staff person that acts as a Clients Rights Advocate helps clients to exercise their rights, investigate grievances, and monitor agency's implementation of the State administrative

code regulations concerning client's rights. The Client's Rights advocate is responsible for explaining any grievance procedures.

2. Your complaint is then submitted to the Rights Advocate who will attempt to resolve the complaint and provide you with a written and oral explanation of the resolution within five (5) working days of your initiation of the complaint. If the Client's Rights Advocate is providing direct services to you in another capacity, or you wish assistance from another advocate, Guiding Harbor will appoint someone else to assist you. The Client's Rights Advocate will attempt to resolve your complaint. **A complaint will not result in retaliation or barriers to service. Every effort will be made to resolve the complaint at this level, however if the incident is not resolved at this level you are encouraged to follow the next step.**
3. If you are not satisfied with the decision, you may appeal to the agency's Chief Executive Officer who will act as an impartial decision maker. The appeal must be initiated within five (5) working days after receiving the decision from the Rights Advocate. Within five (5) working days of receiving your appeal, the Chief Executive Officer will make a determination, in writing, regarding your complaint and schedule time to meet with you regarding your complaint. The Client's Rights Advocate will be available to assist you in preparing your grievance and in its presentation if you desire to do so.
4. If the determination is not met to your satisfaction, then you may take your complaint to the Department of Human Services (DHHS) or Community Mental Health (CMH) where applicable.
5. Guiding Harbor will assure that there will be resolution within 30 days of the initial grievance unless an extension is needed and will be done so in writing by the CEO.

CONFIDENTIALITY OF CLIENT RECORDS

The confidentiality of client records maintained by this program is protected by Federal law and regulations. Generally, the program may not inform a person outside the program that a client participates in the program or disclose any information identifying a client unless:

1. The client or responsible adult consents in writing,
2. The disclosure is allowed by court order, or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal Law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

FOSTER PARENT BILL OF RIGHTS GRIEVANCE PROCEDURE

The foster parent bill of rights has been developed to ensure that each foster parent is treated with dignity, respect, trust, and consideration. In the event that Guiding Harbor does not ensure that each foster parent has access to or receives the following listed below then a grievance may be filed:

1. Explanation and clarification regarding the supervising agency's role and expectations, information concerning the supervising agency's policies and procedures, and changes to those policies or procedures relative to the role as a foster parent or the children in the foster parent's care within 30 days after those changes are made.

The agency will explain our role and expectation during initial orientation and training and anytime thereafter. Any time policy or procedures are changed foster parents will be made aware of the changes within 30 days.

2. Treatment by the supervising agency that does not violate the provisions of the Elliott-Larsen civil rights act, 1976 PA 453, MCL 37.2101 to 37.2804. (AN ACT to define civil rights; to prohibit discriminatory practices, policies, and customs in the exercise of those rights based upon religion, race, color, national origin, age, sex, height, weight, familial status, or marital status; to preserve the confidentiality of records regarding arrest, detention, or other disposition in which a conviction does not result; to prescribe the powers and duties of the civil rights commission and the department of civil rights; to

provide remedies and penalties; to provide for fees; and to repeal certain acts and parts of acts.)

The agency will treat all foster parents in accordance with the provisions of the Elliott-Larsen civil rights act.

3. Evaluation and feedback regarding the foster parent's provision of care role. As used in this subdivision, "feedback" means providing a copy of the written annual assessment of rule compliance and the written special evaluation report upon completion of the report to the foster parent.

Foster parents will receive a copy of all home evaluations upon completion.

4. Necessary training to enable the foster parent to provide quality services to children who are or will be in his or her care that includes information on the policies developed by the supervising agency designed to support and aid foster, kinship, and adoptive families relative to foster care and prospective adoptive placement.

Foster parents will receive initial training and will be provided with additional training as needed to assist them in providing quality services to children. Training may be offered in various modalities such as online training, in classroom training, foster parent support groups, newsletters and mailers.

5. Necessary support for the foster parent that includes all of the following:

- Reasonable relief and respite as allowed by the supervising agency's resources. As used in this subparagraph, "respite" means substitute care that is provided to a foster child when the foster parent is not present or not available as defined in the supervising agency's substitute care policy or as facilitated by the supervising agency.
- Access to the supervising agency staff for assistance dealing with family loss and separation when a child leaves the foster parent's home.
- Access to information about local and statewide support groups that includes local and statewide foster, kinship, and adoptive parent associations.

The agency will provide support to the foster parent including respite services. Staff assistance and support will be made available to foster families and children at times of loss and separation. The agency will provide foster parents with information on support groups.

6. Access to the appropriate supervising agency 24 hours a day, 7 days a week, for emergency information and assistance for children in the foster parent's care.

The agency will provide emergency on-call services.(734)634-4243 after hours (734) 697-4804 during business hours.

7. Timely financial reimbursement for foster children in the foster parent's care. As used in this subdivision, "timely financial reimbursement" means payment issued within 30 days after submission of accurate and complete documentation.

The agency will pay the foster parents their stipend every two weeks. All other payments received will be paid within 30 days.

8. Timely investigation of complaints concerning the foster parent's licensure, the right to have a person of the foster parent's choosing present during a licensing investigation, and the right to file a grievance when the foster parent disagrees with a finding in a licensing investigation. As used in this subdivision, "timely investigation" means an investigation is completed within 45 calendar days after receipt of the information. If additional time is required, the supervising agency shall inform the foster parent, in writing, of the basis for the extension. Any extensions under this subdivision shall not exceed a cumulative total of 90 days.

The agency will ensure that complaints are timely and that foster parents have the ability to file a grievance if necessary. Foster parents will have the right to choose to have a person present during the licensing investigation. The agency will complete an investigation within 45 days and if they cannot within 45 days they will inform the foster parent in writing of the reason for the basis of the extension and an estimated time frame for completion, not to exceed 90 days.

9. A hearing regarding licensing as provided in section 11(2) of 1973 PA 116, MCL 722.121.

Foster parents have the right to a hearing for the following reasons: denial, revocation, or refusal to renew license or certificate of registration; modifying provisional status of license; grounds; notice; appeal; hearing; decision; protest; denial of license for noncompliance; complaint by legislative body of city, village, or township; procedure; previous revocation of license or certificate of registration.

10. Decisions concerning a licensing corrective action plan that are specifically tied to the applicable licensing rules regarding the licensing violation.

Foster parents will participate in developing corrective action plans.

11. To the extent permitted by state and federal law, copies of information relative to the foster family and services contained in the personal foster home or foster parent records.

Foster parents may request copies of their foster family file in writing and in accordance with the law.

12. Information before placement of the child regarding the child's behavior, individual or special needs, background, health history, or other issues relative to the child that may jeopardize the health and safety of the foster family or alter the manner in which foster care should be provided. In an emergency situation, the supervising agency shall provide information as soon as the information is available.

Foster families will be provided with information pertaining to a child prior to placement as outlined in the foster parent acknowledgement waiver form. For an emergency placement if information is not available at the time of placement then the information shall be provided to the foster parent within 7 calendar days of the placement by Guiding Harbor. After the child is placed, and on an ongoing basis, Guiding Harbor will notify the foster parent of any known information that will enable the foster parent to provide a stable, safe, and healthy environment for the foster child and the foster family, including information about siblings who do not reside in the foster home.

13. The option to refuse placement of a child into the foster home or to request, upon reasonable notice, the removal of a child from the foster home, without adverse effect on assignments of future foster children or prospective adoptive placements.

Foster parents have the right to refuse placement and provide the agency a 30 day notice for removal of a child without adverse effect on future placements.

14. Information through the supervising agency regarding the number of times a child has been moved, the reason for the move, and names and telephone numbers of previous foster parents, if the previous foster parent has authorized release of that information.

The agency will provide the foster parent information in the number of moves a child has made, the reason for the move and former foster parent's information if the information is releasable.

15. Advance notice of a child's move from a foster home in order to prepare the child and foster family members. The advance notice required in this subdivision does not apply in a case of an emergency situation when there is evidence of mistreatment as provided in section 13b(7) of chapter XIA of the probate code of 1939, 1939 PA 288, MCL 712A.13b or when the court orders a child to be moved from a foster home but does not allow for advance notice.

Foster parents will be notified in advance of a foster child's move according to policy; exception is in the event of an emergency.

16. Notification and the option to participate in writing or in person, depending on the case, in meetings concerning the child, to be informed of decisions made by the court or the supervising agency concerning the child, and to provide input concerning the case service plan for the child and to have that input considered by the supervising agency.

Foster parents will be provided with notification regarding meetings pertaining to foster children in their home to allow for their participation.

17. The option to receive a copy of the supervising agency's placement and case service plan concerning the child's care in the foster parent's home and to participate in

and receive case service plan revisions as well as any other information relevant to the child's care, including subsequent revisions to the case service plan as allowed by state and federal law in a timely manner. Foster parents are to be meaningful participants in the development or revision, or both, of the case service plan for the child in that foster parent's home. Case service plans must be provided within 10 days after a foster parent's written request.

Foster parents are to participate in the development of all case service plans. They may request a copy of the plan and it will be provided to them within 10 days of request.

18. Timely and complete written notice from the supervising agency of all court proceedings, including notice of the hearing date, time, location, the name of the judge or hearing officer assigned, the court docket number, and the option to submit factual written statements to the court as provided by state or federal law. As used in this subdivision, "timely notice" means notification of a hearing within 7 days after the supervising agency receives notice from the court.

The agency will provide written notice of all future proceedings to the foster parents within 7 days after notice has been obtained by the agency that include hearing date, time, location, the name of the judge or hearing officer assigned, the court docket number, and the option to submit factual written statements to the court as provided by state or federal law.

19. The option to be considered as a foster parent when a child formerly placed with the foster parent is reentering foster care and the option to be considered when a child previously placed in the foster parent's home becomes available for adoption, if relative placement is not available and the placement is consistent with the best interest of the child and other children in the foster parent's home.

Foster parents will be given the option to foster a child previously placed with them if the agency is informed of the future placement and relative placement is not available and this placement would be in the best interest of the child and other children in the home.

If the agency fails to comply with any of the above stated requirements (1-19) the foster parent is able to file a grievance.

The grievance procedure is as follows:

1. All foster family grievances must be submitted in writing and dated to the Program Manager. Please address and submit grievances in the following manner to :
Guiding Harbor
Foster Care Program Manager
RE: Grievance
525 Huron River Drive
PO Box 727
Belleville, MI 48112
2. The Program Manager will review the grievance and provide a copy of the written grievance to the Chief Operating Officer within 1 business day.
3. The Program Manager and Chief Operating Officer have up to 30 days from the date after receiving the grievance to respond in writing to the foster family with a statement of how the foster parent's grievance will be addressed.
4. In the absence of the Program Manager the grievance will be submitted to the Chief Operating Officer and then the Chief Operating Officer will review the grievance and provide a copy of the written grievance to the Chief Executive Officer within 1 business day. The Chief Operating Officer and Chief Executive Officer have up to 30 days from the date after receiving the grievance to respond in writing to the foster family with a statement of how the foster parent's grievance will be addressed.
5. If the Chief Operating Officer/Chief Executive Officer does not provide a written response within 30 days after the grievance is filed with Guiding Harbor, the foster parent may file a complaint with the department's bureau of children and adult licensing.
6. If the grievance is not resolved by filing a complaint with the department's bureau of children and adult licensing, the foster parent may request that a hearing be conducted under chapter 4 of the administrative procedures act of 1969, 1969 PA 306, MCL 24.271 to 24.287 (AN ACT to provide for the effect, processing, promulgation, publication, and inspection of state agency rules, determinations, and other matters; to provide for the printing, publishing, and distribution of certain publications; to provide for state agency administrative procedures and contested cases and appeals from contested cases in licensing and other matters; to create and establish certain

committees and offices; to provide for declaratory judgments as to rules; to repeal certain acts and parts of acts; and to repeal certain parts of this act on a specific date.)

7. The sole remedy that may be provided under this section is limited to injunctive relief (A court-ordered act or prohibition against an act that has been requested in a petition to the court for an injunction. Usually injunctive relief is granted only after a hearing at which both sides have an opportunity to present testimony and legal arguments).

8. In accordance with the provisions set forth in section 5 of the children's ombudsman act, 1994 PA 204, MCL 722.925 (AN ACT to establish the children's ombudsman office; and to prescribe the powers and duties of the children's ombudsman, certain state departments and officers, and certain county and private agencies serving children; and to provide remedies from certain administrative acts), a foster parent may file a complaint with the office of the children's ombudsman to investigate the supervising agency's alleged violation of law, rule, or policy.

9. Guiding Harbor is required to provide the information regarding the grievances and administrative hearings received under this section to the department for compilation and submission of a report to the appropriations subcommittees for the department's budget and the senate and house of representatives standing committees having jurisdiction over issues involving human services. The department shall provide the report described in this section beginning October 1, 2015, and each October 1 after that. The report shall include, at a minimum, all of the following:

- a. The total number of grievances filed for the reporting period.
- b. The total number of grievances resolved within 30 days.
- c. The total number of grievances that were not resolved within 30 days.
- d. The total number of complaints filed with the department's bureau of children and adult licensing, including the number of licensing actions that resulted from those complaints.
- e. A summary of any policy changes that were initiated in response to the grievances filed.
- f. The total number of grievances that resulted in an administrative hearing process, including the number of actions where the administrative law judge denied or dismissed the action, agreed with the supervising agency, or agreed with the foster parent.

10. The children's ombudsman's investigations of the violations under this section are subject to an appropriation of funds for those investigations.

FOSTER PARENT GRIEVANCE PROCEDURE

For all other grievances the foster parent should follow the following prescription. In the event that a foster parent has a grievance relating to compliance with the rules promulgated under the act, and the agency's written policies and procedures regarding services covered by these rules the following steps are to be taken:

- A. Attempt to resolve the problem by discussing it with the Foster Care Case Manager or Licensing Worker directly.
- B. If the issue is not resolved to the foster parents' satisfaction, they may then appeal to the Foster Care Program Manager/Licensing Supervisor and schedule a meeting within 5 working days after meeting with the Case Manager/Licensing Worker.
- C. If discussion with the Program Manager/Supervisor does not resolve the issue to the foster parents' satisfaction, they may then submit the grievance in writing to the **Guiding Harbor** Chief Operating Officer within five working days after the meeting with the Program Manager.
- D. The Chief Operating Officer will schedule a meeting with the appropriate parties to attempt to resolve the issue within five working days of receipt of the grievance.
- E. If the issue is still unresolved after this meeting, the grievance must then be submitted in writing by the foster parent, to the Chief Executive Officer will reply in writing within five working days.
- F. If after following the procedures as outlined above, the foster parent(s) does not feel the issue has been satisfactorily resolved, it is their right to take their grievance or complaint to the Licensing Consultant and request a foster home licensing administrative hearing.

OFFICE OF CHILDREN OMBUDSMAN

The mission of the Office of the Children's Ombudsman is to assure the safety and well-being of Michigan's children in need of foster care, adoption, and protective services and to promote public confidence in the child welfare system. This will be accomplished through independently investigating complaints, advocating for children, and recommending changes to improve law, policy, and practice for the benefit of current and future generations.

The Office of Children's Ombudsman (OCO) suggests that foster parents and relative care providers try to resolve any concerns about a case using existing remedies before contacting the OCO to file a complaint. The OCO investigates complaints about children involved with Michigan's child welfare system (protective services, foster care, adoption, and juvenile justice) because of abuse or neglect issues.

The following are some suggestions that may be helpful in assisting you in resolving conflicts or questions regarding your foster child, the case plan, or the agency's

recommendations. While this list is not comprehensive, it provides some basic steps you can take when a question or concern arises

- Talk directly to the child's foster care worker if you have a question or concern about the child's case plan or the agency's recommendations.
- Be sure you have all of the case information to which you are entitled regarding your foster child's case.
- Initiate and maintain contact with the child's Lawyer Guardian Ad Litem, the person appointed by the court to represent the child in abuse/neglect proceedings.
- Attend each court hearing relevant to the foster child's case.
- Provide a written statement to the worker and request that it be attached to the service plan.
- Attend and participate in the Foster Care Review Board (FCRB) proceedings.
- Exercise your right to appeal the decision to remove a foster child from your home.
- Educate yourself about the policies that govern children's protective services, foster care, and adoption.
- It is important for foster parents and relative care providers to be a part of the team that plans for the foster children in their home.

To file a complaint cut and past the link into your browser:

http://www.michigan.gov/oco/0,4647,7-133-3190_49158---,00.html

CONFIDENTIALITY OF OUR CLIENTS

Guiding Harbor is committed to protecting the privacy of the youth in our care. At no time will the youth's picture, voice, case file or any other part of his/her person be used in any public or fund raising activity. No brochures distributed by this agency will include any specific information related to any youth who has been, or is currently being served, by **Guiding Harbor** without appropriate releases.

It is important that foster parents are sensitive to the needs of confidentiality in working with foster children and their families as well. Confidential information about children and their families should only be shared with persons who are intimately involved in the child's development and only after consultation with the Foster Care Case Manager. Information in service plans is confidential. You need to protect the confidential information given to you, sharing it only when it is necessary for the child's well being. An example would be doctors or school officials may need confidential information to properly care for the child.

A foster parent shall keep information obtained, and records maintained, by the foster parent regarding a foster child and a foster child's parents and relatives confidential and shall release information only to a person authorized by the agency placing the child in the foster home.

The requirements for confidentiality do not prohibit a foster parent from communicating with any person or organization that has a statutory privilege or any person representing the foster parent in a licensing or legal matter.

To effectively deal with the foster child, a certain amount of information needs to be shared between the foster parent and the Foster Care Case Manager. The Foster Care Case Manager has access to case material which will be shared with the foster parent prior to intake and when obtained. This will be helpful to foster parents in deciding whether or not to accept a foster child into their home. This information will be helpful in understanding the child and his/her behavior, and in dealing with problems that may arise during the child's stay in Foster Care. Please understand that your Foster Care Case Manager cannot always obtain the information, which would be helpful to you prior to placement. Confidential information that will be useful to foster parents is:

- The reason the child needs placement.
- Experiences that effect the behavior of the child.
- Information on the child's behavior, and mental, emotional and physical status.
- School related information, i.e. immunizations, IEPC's, MET summaries etc.

Licensing Workers and Foster Care Case Managers will respect the confidential information that they have concerning foster parents and their family as well.

Information pertaining to birth families is confidential as well, it is expected that foster parents will only share necessary information regarding the parents to only those parties that have a NEED TO KNOW, pertaining to the well being of the child. Friends and family members are not privy to confidential information.

SECTION 7

DEVELOPMENT OF THE SERVICE PLANS

Guiding Harbor will develop service plans with the child, the child's parents or legal guardian, the referring agency, and other parties involved in providing needed services, or medical care, unless the agency documents why any of the entities have not been involved.

Guiding Harbor shall complete written service plans for each child and parent or parents, as follows:

- Within 30 calendar days from removal from the home.
- Within 120 calendar days after the initial removal and at least once every 90 calendar days thereafter.

When case responsibility changes from 1 child placing agency to another child placing agency, a modified service plan must be completed within 30 calendar days of the change in agency responsibility if no other plan is done within 30 days. The plan shall address why the agency responsibility changed and whether there are any modifications to existing service plans.

Guiding Harbor shall place service plans in the case record, give a copy to and review the plans with foster parents. The agency shall inform the foster parent that the information in the plan and any other information about the child and the child's family is confidential.

Guiding Harbor shall involve the foster parents in the development of service plans to enable the foster parents to understand the plan for the child and the foster parent's role in assisting the agency in carrying out the plan.

Service plans shall be signed by the Case Manager and the Program Manager.

INITIAL SERVICE PLAN (ISP)

The Initial Service Plan (ISP) must be prepared within 30 calendar days after the removal date of the child. A copy of the ISP is required in every case file regardless of individual court reports.

Initial Service Plans are developed to obtain historical data on each youth placed into a new Foster Care placement. ISP's are also developed to provide prospective placements with information to assist with the treatment planning of the child. This assures proper care and services to the client as well as tracking data for future use.

The Case Manager is responsible for completing the Initial Service Plan. The ISP is to be completed within the first 30 days of the client being admitted to the program.

The Case Manager is responsible for assessing the strengths and needs of the client(s) and their family(s) with the assistance of the foster parents, birth families and prior placement providers. The Case Manager is responsible for developing the treatment plan with the birth parent/guardian, child, foster parent, DHHS Worker and referring agency worker. Goals for the treatment plan are based on the assessment of strengths and needs (FANS- Family Assessment of Needs and Strengths or CANS- Child Assessment of Needs and Strengths).

The Case Manager will send a copy of the treatment plan to the birth family/guardian for their signature with a cover letter requesting their signature for the file.

The Case Manager will also provide the treatment plan to the client and the foster parent and have both parties sign the treatment plan and leave a copy with the client/foster parent.

The ISP is the document used by the foster care worker to:

- Document information about the family.
- Assess the functioning of the family and child (ren), documenting the specific identified needs and strengths.
- Identify the permanency planning goal.
- Identify the services necessary to achieve the permanency planning goal.

The child's family, the child and the foster parent/relative/unrelated caregiver provider must be offered the opportunity to participate in preparing the case service plan. Specifically, the foster care worker is required to engage the family in the development of all case service plans. The plan must designate the person(s) responsible for coordinating and implementing the plan

R 400.12419 Initial service plans.

Rule 419. (1) The initial service plan, as required in R 400.12418(2) (a), shall include all of the following information:

- Dates, types, and places of agency contacts and persons contacted.
- Circumstances necessitating placement.
- Assessment of the placement selection criteria as required under R 400.12404 (4).
- A social history pertinent to the circumstances necessitating placement that assesses the child and all persons in
- the child's family to determine the services best suited to meet the child's needs.
- A plan that has as its goal reunification of the child with his or her family or another goal of permanent placement.

The plan shall include all of the following information:

- The permanency goal for the child.
- The conditions necessary to achieve the permanency goal identified in paragraph (i) of this subdivision.
- Action steps and time frames to achieve the necessary conditions identified in paragraph (ii) of this subdivision.

- The persons responsible for implementing the action steps identified in paragraph (iii) of this subdivision.
- Projected length of placement in foster care.

Specific goals, as appropriate, to meet the child's needs in the following areas:

- Education
- Health
- Vocational training
- Psychological, psychiatric, and mental health services

Plans for visits between the child, siblings, the child's family, and any other person.

The child management plan to be used by the foster parent.

If parental rights have not been terminated, the service plan shall include all of the following:

- An assessment of the parents' needs as they relate to the care of the child.
- The parents' role while the child is in placement, including parenting time.
- The requirements to be met for the return of the child.
- (d)The time frames for meeting the stated requirements.
- (e)Documentation of how the parents were informed of their rights and responsibilities in the care of their child.

THE UPDATED SERVICE PLAN (USP) & PERMANENT WARD SERVICE PLAN (PWSP)
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The Updated Service Plan (USP) must clearly reassess progress made to alleviate the presenting problem(s) that necessitated entrance into foster care. This discussion must include a reassessment of all problems and the primary barriers to reunification as identified in the ISP and any subsequent USP which necessitate continuing out-of-home placement. In addition, compliance or non-compliance by the parent(s), and if applicable, the non-parent adult(s) based upon the ISP must be clearly recorded.

The Permanent Ward Service Plan (PWSP) is used by the foster care worker to record the progress of services and ongoing planning for all permanent wards (MCI wards and permanent court wards). The PWSP may be used as a revised case service plan in court reviews by adjusting the time frame for completing it to coincide with the schedule for reviews. For more detailed information on requirements.

The Case Manager is responsible for completing the Updated Service Plan/Permanent Ward Service Plan. The USP/PWSP is to be completed every 90 days from the date of the ISP. The PWSP is to be completed once Permanent Wardship has been taken for that USP period.

The Case Manager is responsible for assessing the strengths and needs of the client(s) and their family(s) with the continued input of the foster parents and birth families. Goals for the treatment plan are based on the assessment of strengths

and needs (FANS- Family Assessment of Needs and Strengths of CANS- Child Assessment of Needs and Strengths).

The Case Manager is responsible for developing the treatment plan with the birth parent/guardian, child, foster parent, DHHS Worker and referring agency worker.

The Case Manager will send a copy of the treatment plan to the birth family/guardian for their signature with a cover letter.

The Case Manager will also provide the treatment plan to the client and the foster parent, review the plan with them and have both parties sign the treatment plan and provide them with a copy for the client/foster parent.

R 400.12420 Updated service plans.

(1) An updated service plan, as required in R 400.12418(2) (b), shall include all of the following information:

- Dates, types, and places of agency contacts and persons contacted.
- Confirmation that the child's current foster home continues to appropriately meet the placement needs of the child.
- A summary of information pertinent to the updated services plan received since the last service plan from the child,
- the child's parents or legal guardian, foster parents, referring agency, and others, unless the agency documents why any of these entities cannot be involved.
- Assessment of progress in achieving the permanency goal for the child.
- A plan which includes any changes made since the previous plan and which has the content specified in R 400.12419.
- Plans for visits between the child, siblings, the child's family, and any other person.
- A child management plan which includes any changes made since the previous plan and which is to be used by the foster parents.

THE SDM ACTION SUMMARY

The SDM Action Summary is to be completed whenever there is an "action" on a case. This form also serves as notice to the courts of changes in placements, parent's living situation and the FC worker/agency, as identifying information is indicated. The FC/JJ action summary meets licensing requirements for replacement documentation.

All foster care cases where there is:

- A replacement.
- Termination from foster care placement.
- A change in FC worker.
- Agency change/transfer to another FC agency (if less than 30 days of completion of last case service plan).
- A change in the parent's living situation.
- Case closing (if less than 30 days of completion of last case service plan).
- Foster care transfer to adoption.

In cases where there is a case transfer to another agency or the case is closed by the court, the FC/JJ action summary may be used to document the necessary information for the case action provided less than 30 days have transpired since the completion of the last case service plan. The FC/JJ action summary must accurately document all case service delivery from the report period end date of the last service plan through the closing or transfer date on SWSS FAJ.

The Action Summary should accurately describe an assessment of the change and the rationale justifying any placement changes which are to be made in the best interest of the client.

CASE RECORD MAINTENANCE

A case file is established for all children who enter the Foster Care program. Case records for children receiving foster care services must contain all court orders, forms and narrative reports. All items must be maintained in the designated sections of the case file, as applicable for the individual case file/record.

First Section (Financial)

- DHHS-3600 (Contract expires every 10 months)
- DHHS-626 (Payment Authorization for State funded clients)
- Clothing Inventory (FC only)
- Placement Change Notice (update for each move with an Action Summary)
- FIA-634(Unscheduled payments)
- FIA-470/DOC (FC Only- every 6 months)
- Client Budget (SIL Only-monthly)
- Clothing Receipts (FC only)
- All other items pertaining to Finances
- YIT forms
- Funding Determination
- Benefit Eligibility

Second Section (Intake & Legal)

- GTF Intake Assessment
- Consent to Treatment
- Consent to Obtain Medical Care
- Authorization to Release Information
- Multi-Media Consent Agreement
- Consent for Psychological/Psychiatric Testing
- All Court Orders/Petitions
- Court Dispositions

- Birth Certificate
- Social Security Card
- Client Rights & Grievance Acknowledgement
- GTF Program Intake Forms (Placement Letter, New Resident Admission Sheet, Intake Checklist)
- All Reports Obtained at Intake (Other Agencies)

Third Section (Reports)

- Initial Placement Outline (IPO)
- Agreement Upon Intake (FC)
- Client Foster Parent Agreement
- Initial Service Plan/Initial TX Plan
- Updated Service Plan/Updated TX Plan(PWSP)
- Reunification Assessments
- Safety Assessments
- Action Summaries
- Court Reports
- SIL Contract

Fourth Section (Progress Notes)

- All Case Contacts & Progress Notes (signed)
- Foster Home Visit Forms (monthly)
- Birth Family Visit Forms
- Other Pertaining to Contacts or Visits

Section Five (Medical)

- Medical Cover Sheet
- Physical
- Medical Passport
- Medical Visit Forms
- Dental Exams
- Vision Exams
- Immunizations
- Medication Reviews
- Consent for Psychotropic Medication
- Psychiatric Evaluation
- Psychological Evaluation

- Medical History
- Mental Health Assessments

Section 6 (Education)

- Education Letter
- Report Cards/School Records
- Youth/Educational Placement Record
- I.E.P.C (If Applicable)
- MET Summary (If Applicable)
- Educational Record
- School Social Work Reports
- Vocational Training Records
- SIL Educational Intake Assessment
- SIL Educational Advisor Log
- SIL Employment Log
- Employment Information

Section 7 (Parent/Guardian Information):

- Parent/Guardian Cover Sheet
- All Correspondence to Parent/Guardian
- Parenting Class Documentation (If Applicable)
- Housing Documentation (If Applicable)
- Employment Documentation (If Applicable)
- Home Visit Agreements
- Parent/Guardian Home Assessments

Section 8 (Miscellaneous):

- All Correspondence
- Incident Reports
- FC & Home Assessments/DHHS-197
- Daniel Memorial Assessments (Intake/Discharge for SIL & 14 and over FC)
- Family Team Meeting Forms
- Fax Cover Sheets
- On-Call Client Form
- Durable Power of Attorney
- SWSS information
- Assistance to Voluntary Foster Care

- MARE Registration
- SSI Documentation

FOSTER CARE RECORD

Guiding Harbor will maintain a record for each child in its foster care program and protect each record against destruction and damage and shall store and maintain each child's record in a manner to assure confidentiality and to prevent unauthorized access.

The record will contain all of the following information:

- Initial service plan.
- Any required updated service plans.
- Medical and dental records.
- Placement documentation as required by R 400.12404.
- Change of placement documentation as required by R 400.12405.
- Plan of visitation and parenting time as required by R 400.12421.
- A photograph taken at least annually.

The record will be maintained for not less than 7 years after the agency's termination of services to the child.

If the agency would cease to operate as a child placing agency, the records shall be returned to the child's referring agency.

THE ROLE OF THE GUARDIAN AD LITEM AND THE COURT

The lawyer guardian ad litem (L-GAL) is responsible both for protecting the legal rights of his or her client—an independent and equal party in the proceedings—and for serving as an independent voice for what is in the client's best interests.

Lawyer-guardian ad litem: A lawyer-guardian ad litem must be appointed for a child in every child protective proceeding instituted under the Juvenile Code. The lawyer-guardian ad litem has some responsibilities derived from the attorney-client relationship, and some responsibilities that are derived from the guardian ad litem's position. A L-GAL's purpose is to determine and advocate for a child's best interests. A L-GAL must be appointed for a child who is the subject of child protective proceedings.

A lawyer-guardian ad litem's duty is to the child, and not the court. The lawyer-guardian ad litem's powers and duties include at least all of the following:

- (a) The obligations of the attorney-client privilege.
- (b) To serve as the independent representative for the child's best interests, and be entitled to full and active participation in all aspects of the litigation and access to all relevant information regarding the child.
- (c) To determine the facts of the case by conducting an independent investigation

including, but not limited to, interviewing the child, social workers, family members, and others as necessary, and reviewing relevant reports and other information. The agency case file shall be reviewed before disposition and before the hearing for termination of parental rights. Updated materials shall be reviewed as provided to the court and parties. The supervising agency shall provide documentation of progress relating to all aspects of the last court ordered treatment plan, including copies of evaluations and therapy reports and verification of parenting time not later than 5 business days before the scheduled hearing.

(d) To meet with or observe the child and assess the child's needs and wishes with regard to the representation and the issues in the case in the following instances:

- (i) Before the pretrial hearing.
- (ii) Before the initial disposition, if held more than 91 days after the petition has been authorized.
- (iii) Before a dispositional review hearing.
- (iv) Before a permanency planning hearing.
- (v) Before a post-termination review hearing.
- (vi) At least once during the pendency of a supplemental petition.
- (vii) At other times as ordered by the court. Adjourned or continued hearings

do not require additional visits unless directed by the court.

(e) The court may allow alternative means of contact with the child if good cause is shown on the record.

(f) To explain to the child, taking into account the child's ability to understand the proceedings, the lawyer-guardian ad litem's role.

(g) To file all necessary pleadings and papers and independently call witnesses on the child's behalf.

(h) To attend all hearings and substitute representation for the child only with court approval.

(i) To make a determination regarding the child's best interests and advocate for those best interests according to the lawyer-guardian ad litem's understanding of those best interests, regardless of whether the lawyer-guardian ad litem's determination reflects the child's wishes. The child's wishes are relevant to the lawyer-guardian ad litem's determination of the child's best interests, and the lawyer-guardian ad litem shall weigh the child's wishes according to the child's competence and maturity. Consistent with the law governing attorney-client privilege, the lawyer-guardian ad litem shall inform the court as to the child's wishes and preferences.

(j) To monitor the implementation of case plans and court orders, and determine whether services the court ordered for the child or the child's family are being provided in a timely manner and are accomplishing their purpose. The lawyer-guardian ad litem shall inform the court if the services are not being provided in a timely manner, if the family fails to take advantage of the services, or if the services are not accomplishing their intended purpose.

(k) Consistent with the rules of professional responsibility, to identify common interests among the parties and, to the extent possible, promote a cooperative resolution of the matter through consultation with the child's parent, foster care

provider, guardian, and caseworker.

(l) To request authorization by the court to pursue issues on the child's behalf that do not arise specifically from the court appointment.

If, after discussion between the child and his or her lawyer-guardian ad litem, the lawyer-guardian ad litem determines that the child's interests as identified by the child are inconsistent with the lawyer-guardian ad litem's determination of the child's best interests, the lawyer-guardian ad litem shall communicate the child's position to the court. If the court considers the appointment appropriate considering the child's age and maturity and the nature of the inconsistency between the child's and the lawyer-guardian ad litem's identification of the child's interests, the court may appoint an attorney for the child. An attorney appointed under this subsection serves in addition to the child's lawyer-guardian ad litem.

The court or another party to the case shall not call a lawyer-guardian ad litem as a witness to testify regarding matters related to the case. The lawyer-guardian ad litem's file of the case is not discoverable.

A L-GAL's duty is to the child, not the court. A L-GAL owes the child the duties of competent and zealous representation that an attorney owes to an adult client. A L-GAL's duties, like those of any attorney, include a duty to investigate the facts of the case, appear at hearings on the client's behalf, and examine witnesses. The child is entitled to the effective assistance of counsel. Failure to comply with statutory and other requirements may result in sanctions.

A LGAL is required to serve as the independent representative of the child's best interests, not as the representative of the child's wishes or preferences. Although the L-GAL is required to consider the child's wishes and preferences when determining the child's best interests, the L-GAL is not bound by them as in the traditional attorney-client relationship. Nonetheless, to the extent possible, the LGAL must maintain a normal attorney-client relationship with the child. If there is a conflict between the child's expressed wishes and the L-GAL's perception of what is in the child's best interests, the L-GAL should notify the court, and the court may appoint an additional "attorney"

A L-GAL is "entitled to full and active participation in all aspects of the litigation and access to all relevant information regarding the child." A L-GAL must attend all hearings, including the preliminary hearing. If the DHHS is considering filing a petition requesting termination of parental rights at the initial disposition hearing, the L-GAL should attend the conference to determine an appropriate course of action. A L-GAL should attend local Foster Care Review Board meetings involving a review of the child's or a sibling's case. The L-GAL should attend mediation sessions if held.

Attorney: In addition to appointment of a L-GAL, an “attorney” may be appointed to represent a child’s expressed wishes where the L-GAL’s determination of the child’s best interest’s conflicts with the child’s expressed wishes.

Court Appointed Special Advocate: If available in the jurisdiction and appropriate in a given case, the court may appoint a Court Appointed Special Advocate or CASA. A CASA is a volunteer who investigates the child’s circumstances and makes recommendations to the court concerning the best interests of that child.

Guardian ad litem: Like a CASA, a guardian ad litem (GAL) may be appointed to investigate the child’s circumstances and make recommendations to the court regarding the child’s best interests. A guardian ad litem’s duty is to the court, not the child. “Guardian ad litem” means an individual whom the court appoints to assist the court in determining the child’s best interests. A guardian ad litem does not need to be an attorney.

The Court:

Court hearings play a critical role in foster care. The court hearing is the time when individuals meet with a judge to review the progress on the family’s goals and determine the next steps. Children in Foster Care have the right to attend the court hearing meet with their L-GAL.

Preliminary Hearing: The preliminary hearing is typically held prior to the removal from the home. It is required to happen within 24 hours of the removal. The judge or referee tells the family the reasons for removal and why a petition was filed by CPS. If the family(s) deny the allegations, the case proceeds to a trial. The family(s) will be advised of their right to have an attorney. An attorney will be appointed if they cannot afford to hire one themselves.

Pre-Trial Hearing: The court may choose to have a pre-trial hearing before the actual trial. At this hearing, the attorneys give the court a list of people who may testify as witnesses for the family or DHHS at the trial. A date for the trial is usually scheduled at this time. In some cases, the family admit to the allegations or plead “no contest,” in which case a full hearing is not necessary.

Adjudication Hearing or Trial: Adjudication is the legal process when a judge reviews evidence from opposing parties so he/she can come to a decision that determines rights and obligations between the parties involved. An adjudication hearing must occur no later than 63 days after children are removed from the home. Evidence is presented to the court, and witnesses will testify and be cross-examined. Sometimes, it is during this hearing that parents admit to the allegations or plead “no contest,” in which case a full hearing is not necessary. Other times, parents tell the court they have done nothing wrong. In that case, the case goes to trial. At the conclusion of the trial, the court decides whether youth should stay in foster care or be returned to their parent’s care.

Dispositional Hearing: The dispositional hearing must occur within 35 days after the adjudication hearing. At this hearing, the court orders family’s to achieve certain goals

so youth can safely return home. Caseworker's recommend services for family's which are outlined in a Parent-Agency Treatment Plan and Service Agreement. In certain cases, DHHS may seek termination of parental rights at the beginning of a case. If so, termination of parental rights may occur at this hearing.

Review Hearing: Review hearings take place at least every 91 days after the dispositional hearing, for as long as youth remain in care. At each hearing, the court reviews the family's progress. The court then decides whether youth should return home or stay in foster care. Youth have the right to attend and voice their opinion to the court. The court also monitors youth's adjustment to foster care and checks to see that their health, educational and social needs are met.

Permanency Planning Hearing: The permanency planning hearing must occur no later than one year after youth were removed from their parent's care. The purpose is to:

- Determine a permanency goal for the youth's future.
- Decide if the youth can safely return home.
- Decide if the youth will remain in foster care.
- Decide if it is necessary to begin the process to terminate parents parental rights.

Termination Hearing: "Termination" means a parent's rights to parent his/her child will be ended permanently. If a legal petition has been filed to end parental rights, the court holds a termination hearing or trial. Evidence is presented to the court, and the judge decides whether there is enough evidence to terminate parent's parental rights. The court considers the youth's best interest when deciding whether or not to terminate parental rights.

Voluntary Release: Parent(s) may decide they cannot provide a safe home and/or situation for their children. If this is the case, parents may voluntarily release their parental rights. If they do, a full termination trial will not be held.

TRAVEL REIMBURSEMENT

Note: Indicate in the comments section of the DHHS-634 the reason for foster parent supervised transport must include the reason MA will not cover the cost of the transportation.

Payment of transportation cost of a parent to attend parenting time with a youth in a DHHS supervised placement is paid via a DHHS-1582CS at state rates.

Mileage, meals and lodging costs are reimbursable for one foster parent if a child placed in his/her home must stay overnight in a facility when care is needed away from the regular placement. These costs are reimbursed to the foster parent by authorizing a DHHS-634 in SWSS FAJ with a service code of 0827, Exception Request. Such reimbursement for one foster parent and the foster child cannot exceed established Michigan Standardized Travel Regulations.

- Mileage reimbursement is available upon request for transporting children to parent/child visitations. Standard Rate \$.655/mile
- Mileage will be reimbursed for round-trip travel from the foster parent's home to the location of the parent/child visitation at the agency or other community location, within 60 miles.
- Any mileage reimbursement request over 60 miles must be **pre-approved** by the Federal Compliance Division, within the Department of Human Services.
- Mileage will be reimbursed at the current State standard rate, as published in The Department of Technology, Management & Budget Vehicle and Travel Services Schedule of Travel Rates. The rate schedule can be accessed at:
- http://www.michigan.gov/documents/dmb/Travel_Rates_Jan2013_405569_7.pdf
- Mileage reimbursement is paid per mile and may only be claimed once per trip, regardless of the number of children transported.
- The route or routes taken to and from the destination must be the shortest and most cost effective.
- Mileage reimbursement requests should be submitted monthly by the foster parent and the foster parent must include the following information and supporting documentation: A memo including the child(ren)'s name(s), date(s) of birth, dates of travel, miles traveled, and amount to be reimbursed.
- A copy of the authorized, pre-approved travel over 60 miles, if applicable.
- A MapQuest print-out showing distance to the approved destination.

GUIDING HARBOR FOSTER PARENT / AGENCY AGREEMENT:

The signing of this agreement constitutes a mutual understanding that _____, the foster parents, and **Guiding Harbor**, as members of a service team, will work openly and honestly with each member for the provision of Foster Care services to the children placed by **Guiding Harbor** in the foster home.

Goal of Foster Care

Foster Care is a program designed to provide a family environment, in an agency-approved household, for children who need care until reunification is possible with their biological family. Biological families may have a variety of problems, which resulted in the removal of their children from the home. Reunification is the primary goal of Foster Care. If this is not possible, permanency planning will become the goal for the child.

Guiding Harbor Agrees:

1. To provide the foster parents with a written and verbal explanation of the foster home licensing rules and regulations of the Michigan **DHHS**.
2. To provide the foster parents with regular payments at the current per diem rate for each night that the child is in their home, and to assure that such payments are made on a regular basis to assist in meeting the needs of the children placed in the foster home for as long as the agency has the legal authority to make such payments. Guiding Harbor has made direct deposit available to foster parents. In the event of a lost payroll check Guiding Harbor is not responsible for covering the "stop payment" cost of a payroll check that is lost/stolen after it has been mailed to foster parents. Guiding Harbor will only reissue a lost/stolen check after 5 business days and after a "stop payment" order has been given to the bank. If you have not received your check please inform Guiding Harbor staff.
3. To maintain the quality of the foster home program through an active and regular routine training of foster parents and evaluation of foster homes to assure the compliance with licensing standards. To provide the foster home with an annual home study and a renewal home study.
4. To provide written procedures and policies on placement, change of placement, confidentiality, behavior management, religion, communication personal possessions, allowance and money, clothing, substitute care, mail, education, emergencies, medical and dental care, substitute care, unusual incidents, hazardous materials, foster parent information including substitute care, supervision, reevaluation, license recommendation, borrowed homes, special evaluation, service plans, visitation, Foster Care records and training.
5. To share with the foster parents, via pre-placement assessment and visitation, information regarding the child, including the child's name; date of birth; available information about the child's health; any known history of abuse or neglect of the child; all known emotional and psychological problems of the child; all known

behavioral problems of the child; circumstances necessitating placement; any other know information to enable the foster parents to provide a stable, safe and healthy environment for the foster child and the foster family; name of the assigned social service worker; authorization to provide routine and medical care; if the placement is an emergency then all the information will be provided to the foster parent within 7 calendar days of placement. To provide the foster parent with methods of meeting those needs as identified in the treatment plan. The placement will be consistent with the placement specifications of the foster home.

6. To not require the foster family to accept a child if, in their opinion, it will not be in the best interest of the child or the foster family.
7. That the Foster Care Case Manager will coordinate, develop and implement all aspects of the child's treatment program: including arranging or providing the necessary therapy to the child.
8. That the Foster Care Case Manager will provide continuing support and consultation to the foster family and will coordinate the treatment planning between the foster family, biological parents, **Guiding Harbor** and the referring agency.
9. That the Foster Care Case Manager will coordinate visitation with the biological parent and keep them up to date with the child's progress.
10. To facilitate Family Team Meetings as requested, at regularly scheduled intervals and when requested.
11. To provide written medical consent authorizing routine medical and dental assistance, and written procedures for obtaining medical and dental care, including emergency procedures.
12. To obtain necessary written permission for elective surgery from the child's parent, guardian or from the probate court.
13. To provide or otherwise obtain those medical and dental services required by the child upon initial placement in the foster home. The authority for making necessary appointments and purchases shall be with the foster parents, in agreement with **Guiding Harbor**.
14. To provide educational consultation to assist foster parents with planning, implementing and maintaining an appropriate educational program for the children placed in the foster home.

15. To provide notice an explanation for removing a child from the foster home and to provide for an opportunity for the foster parent(s) to help prepare the child for this separation if at all possible.
16. That after receiving 30 days notice from the foster parent(s) of the need to remove a child from their home, the agency shall remove a child within that time period or within a mutually agreed upon time.
17. To explain fully to foster parents any changes in their license or reasons whereby a license is revoked or not renewed.
18. To provide a written procedure for addressing grievances, disagreements, and complaints of foster parents to safeguard the legal rights of the child and the foster parent(s).
19. To provide for travel reimbursement when applicable.
20. To provide a written procedure for addressing grievances, disagreements, and complaints of foster parents to safeguard the legal rights of the children, their families, foster families, releasing parents, and adoptive families.

Foster Parent Agrees:

1. That their home shall be licensed in accordance with the rules of the Department of Health and Human Services and that they comply with the licensing rules.
2. To comply with all provisions of the annual and renewal evaluations and to complete all the necessary documents in a timely manner. To schedule the annual and renewal prior to expiration of the license or the annual date.
3. To notify **Guiding Harbor** any significant change in the foster home by the next working day from the time that a foster parent knows of a change, including any of the following changes: change of telephone number, a change in employment status of a foster parent; serious illness, injury or death of a foster parent or member of the household; changes in household composition; arrests and criminal convictions of a foster parent or member of the household; Court-supervised parole or probation of a foster parent or member of the household; admission to, or release from, a correctional facility, a hospital, or an institution for the treatment of an emotional, mental, or substance abuse problem of a foster parent or member of the household; counseling treatment or therapy on an outpatient basis for emotional, mental, or substance abuse problem of the foster parent or member of the household.
4. To notify **Guiding Harbor** for approval of absences from the home exceeding 24 hours including extended trips or distances in advance when possible.

5. To adhere to the substitute care policy and have a plan acceptable to **Guiding Harbor** for the provision of care and supervision of the child by a competent person whenever the foster parent(s) are absent from the home. To provide the agency with the information necessary to complete a clearance for all substitute caregivers.
6. To respect the confidentiality of information concerning the child's (or the family's) physical, mental, and social background, information obtained in the treatment plan, or the child's past and present problems, and to share this information only with appropriated persons specifically authorized by **Guiding Harbor**. To keep information obtained, and records maintained, by the foster parent regarding a foster child and a foster child's parents and relatives confidential and shall release information only to a person authorized by the agency placing the child in the foster home. The requirements of this shall not prohibit a foster parent from communicating with any person or organization that has a statutory privilege or any person representing the foster parent in a licensing or legal manner.
7. To provide **Guiding Harbor** with a copy of their driver's license, as well as a certificate of insurance in order to protect both the youth and the foster parent(s) in case of an auto accident and to provide updated copies of both when they expire.
8. To attend foster parent training as required by agency policy and foster family home requirements (not less than **12 hours** of training within a two-year period after initial licensing for each licensed individual). At least 1 adult member of the household shall have training in and maintain a current certification in first aid from the American Heart Association or the American Red Cross, or other institution approved by the department.
9. To abide by the Child Protection Law, Act Number 238, Public Acts of 1975, as amended being Sections 722.621-722.636, Michigan Compiled Laws, which state that foster parents are obligated, by law to contact Children's Protective Services, if they suspect that a child is being physically or sexually abused or neglected.
10. That they will not take a child from another source without permission from **Guiding Harbor** as long as they are licensed by **Guiding Harbor**.
11. To provide **Guiding Harbor** with a copy of a Birth Certificate for all family members (living in the home) and a Marriage License if applicable. To provide a death certificate when applicable.
12. To grieve complaints, concerns, disagreements according to the steps in the Grievance Procedure and Foster Parent Bill of Right's Grievance procedures in an attempt to receive resolution of grievances in a satisfactory manner.

13. To comply with all policies and procedures set forth by the agency including policies on placement, change of placement, behavior management, religion, mail, education, personal possessions, allowance and money, clothing, emergencies, substitute care, unusual incidents, communication, supervision, hazardous materials, foster parent information, service plans, visitation, Foster Care record, training and participation.
14. To admit representatives of **Guiding Harbor** into their home whenever a situation requires their presence and to cooperate fully with **Guiding Harbor's** monitoring program for the maintenance of foster home quality. To understand that **Guiding Harbor** has the right to make an unannounced home visit if warranted and that Guiding Harbor must make a quarterly unannounced home visit.
15. To accept **Guiding Harbor's** final responsibility to remove a foster child when, in the opinion of **Guiding Harbor**, such a removal is indicated.
16. To notify **Guiding Harbor** in writing at least 30 days in advance of any condition which requires removal of a particular child from their foster home, unless an emergency situation arises within the home of the family so that physical care for the child can no longer be provided.
17. To immediately notify **Guiding Harbor** of any illness, hospitalization, or accident of a foster child, or a member of the foster family home and to document the incident on an incident form.
18. To keep specific financial, school, immunization, clothing, and other records including all receipts as requested by **Guiding Harbor** ; to submit training documentation forms, receipts, medical and dental examination records, and all other forms in a consistent and timely manner. To understand that if medical/dental examinations are not completed in a timely manner the foster parent could be cited.
19. To provide a healthy home environment to meet the physical and emotional needs of the foster child; and provide nurturing, training and clothing for the child.
20. To assure that the child has appropriate medical and dental services and records. To assure that all Foster Care youth placed in their home have current immunizations. To assure that all children initially entering Foster Care have a physical examination within 30 days after the Foster Care placement and within fourteen months thereafter. To assure that all foster children initially entering care a dental exam is completed within 90 days of placement unless a dental exam occurred within the 12 months prior to placement and documentation has been obtained. To assure that a Vision screening is completed once every 2 years.

21. To **transport** youth to appointments for therapy, educational classes, medical/dental appointments, recreational/vocational activities, and any other scheduled visits and appointments. Have reliable alternative modes of transportation and inform the Case Manager of this. In an emergency the foster parent must provide reasonable notice and cooperate with the Foster Care Case Manager in making alternate plans.
22. To arrange for school enrollment, attendance, educational needs, except for school lunches, book rental and incidental supplies; to call any special educational needs to the attention of the Foster Care Case Manager in making alternate plans.
23. To follow On-Call procedures for emergency purposes only. The On-Call number is **734-634-3243**.
24. To cooperate in planned visits or placement with the child's birth relatives, siblings, adoptive parents, or other persons important in the child's life and to allow birth relatives, other significant caregivers, potential adoptive or foster parents to meet the child in your home as agreed upon with the Foster Care Case Manager; to allow the child to make and receive telephone calls to and from the child's family and to assist in the implementation of scheduled visits per the agency's visitation policy.
25. To facilitate the bonds, both physical and emotional, between the foster child and birth relatives, adoptive parents and other significant individuals, as agreed upon in the individual plan of service developed by the **Guiding Harbor** Foster Care Case Manager.
26. To ensure that the child has his/her own bed and reasonable privacy, to allow the child to have personal property and a safe storage space. To assure that R 400.9306 is adhered to and that safe sleep procedures are followed.
27. To not exploit the child in employment or employment related training, to cooperate with the agency in the child's treatment and to allow the child to express his/her opinion.
28. The foster parents agree that they have been informed of and agree to the policies and procedures set forth by the agency and the DHHS, Contract requirements and the MSA.
29. To abide by the policies set forth by **Guiding Harbor** and agreed to by the foster parent(s).

***Guiding Harbor
Foster Parent Sign-off Sheet***

By signing below I _____
agree that I have read, reviewed and agree to adhere to all of the policies and
procedures outlined in the Guiding Harbor Foster Parent Agency Agreement as written.
It is further understood that a violation by the foster parent (s) may result in a complaint
against the foster home. It is further understood that the foster parent(s) can grieve a
violation by the agency according to the agency's grievance procedure and/or Foster
Parent Bill of Right's grievance procedure.

Foster Parent

Date

Foster Parent

Date

Licensing Worker

Date

***NOTE- THIS MUST BE SIGNED BY BOTH FOSTER PARENTS IF APPLICABLE**

****A COPY IS TO BE PROVIDED TO THE FOSTER PARENTS ANNUALLY**

REV: ML 4/21/15

REFERENCES

Licensing Rules for Child Placing Agencies – State of Michigan Department of Human Services – Bureau of Children& Adult Licensing – CWL Publication – 11

Licensing Rules for Foster Family Homes & Foster Family Group Homes for Children State of Michigan Department of Human Services – Bureau of Children& Adult Licensing – CWL Publication – 10

Child Protection Law State of Michigan Department of Human Services – Bureau of Children& Adult Licensing – CWL Publication – 3

PA 116 -Act No. 116 of the Public Acts of 1973

Good Moral Character- State of Michigan Department of Human Services – Bureau of Children& Adult Licensing – CWL Publication – 673

Mental Health Code – Act 258 of 1974 – State of Michigan
Chapter Seven, Section 330.1726 – Communication by mail and telephone; visits

CARF- Commission on Accreditation of Rehabilitation Facilities- Child and Youth Services Standards Manual

DHHS- Foster Care Manual & <http://www.michigan.gov/DHHS>

Office of Children's Ombudsman

EMERGENCY NUMBERS: (to be posted in the foster home)	
Guiding Harbor Administrative Office	734-697-4804
Guiding Harbor Emergency On-Call	734-634-3243
Wayne County Children's Protective Services	800-716-2234
Statewide CPS	855-444-3911
Wayne County Crisis Helpline DWIHN	800-241-4949
Children's Hospital (Detroit)	888-DMC-2500
U of M (Ann Arbor)	734-764-5173
Crib Safety	800-638-2772
Child Locator Tip Line	866-729-0026 517-335-4151
Poison Control:	800-222-1222
Other Important Numbers:	
Local Fire Department:	
Local Police Department:	
Nearest Hospital:	
School:	
School:	
Family Physician:	
Family Dentist:	

Guiding Harbor

Foster Parent/Youth Sign-off Sheet

By signing below I _____ agree that I have read, reviewed and agree to adhere to all of the policies and procedures outlined in the Guiding Harbor Foster Care Handbook; the Licensing Rules for Foster Family Homes and Foster Family Group Homes for Children (CWL PUB-10); Licensing Rules for Child Placing Agencies (CWL PUB-11); Good Moral Character Rules (CWL 673); Child Protection Law (DHS PUB 3); Act No. 116 of the Public Acts of 1973; Children's Ombudsman Act; Guiding Harbor Foster Care Program Statement of Need; Guiding Harbor Foster Parent/Agency Agreement.

By signing below I _____, also agree that I have read, reviewed and agree to adhere to all of the policies and procedures outlined by Guiding Harbor in the 2023-24 Handbook and agree to adhere to all changes in the Handbook. I/We agree to adhere to the additional following policies, which are included in the Foster Care Handbook:

- Confidentiality
- Behavior Management
- Personal Possessions/Allowances
- Mail
- Religion
- Education
- Clothing
- Grievance Procedure
- Special Evaluations
- Foster Parent Agency Agreement
- Medical/Dental Care
- Unusual Incident Reporting
- Safe Sleep

I agree to return this within 7 days of receipt.

_____	_____
Foster Parent	Date

_____	_____
Foster Parent	Date

_____	_____
Youth	Date