

Dear Anchor Foster/Adopt Parent,

First, let me take a moment to congratulate you on your accomplishment of becoming a licensed foster parent with Anchor Family Services. We are so pleased that you made the decision to choose our agency in your road to becoming a foster parent. Your commitment is more appreciated than you will ever know, to both the children in our care as well as to our staff.

By completing all of the required application, training, and home study processes, you have gone through a rigorous effort to provide foster children in Texas the care that they so desperately need. We hope that this handbook will be of additional support to you, by referencing policies and other information that you will need, now that you are a foster parent. The handbook does not, however, replace the need for you to seek out other supports from our staff, as well as other families that are walking this journey alongside you. Please know that you are not in this alone, and that any of our staff will be there to help you as situations or additional questions arise.

Many thanks to you, as well as your family, for your commitment to our mission of Helping Kids and Strengthening Families.

# Purpose of Foster/Adopt Parent Handbook

You have been selected as a foster/adopt parent first and foremost because we trust you. By completing Anchor’s Family Initiative Training you have proven that you have the knowledge, skills and ability to care for children who have been abused and neglected. The next step is to ensure that you continually challenge yourself, by constantly assessing your actions, your behaviors, and trying to find the best way to model appropriate behavior using your heart, head, and soul.

As you have figured out by now, no manual could ever provide all of the answers that will come up during this journey God has led you on. However, our hope is that this handbook will give you a solid framework to help guide your decisions as well as ensure that you are aware of your own rights as a member of our team.

This manual is broken up into seven sections. These sections contain important information, much of which you are already aware. However, Anchor, and therefore all staff, foster/adopt parents, and individuals affiliated with Anchor, are regulated by multiple entities such as the Texas Department of Family and Protective Services (TDFPS), Residential Child Care Licensing (RCCL), and Youth for Tomorrow (YFT), as well as local, state, and federal governments. Additionally, Anchor has taken the extra step and has gone through the process to become accredited by the Council on Accreditation. This means that we strongly believe in delivery of best practices and we go above the state rules and regulations to deliver foster care, adoption and kinship services. Each of these entities monitors our compliance with their standards and regulations. In order for Anchor to safely care for our children, we must ensure that as a foster or adoptive parent you are kept informed and are compliant with all Foster Care and Adoption requirements as well as best practices.

**A complete version of TDFPS minimum standards is available at your local Anchor Office, or online at** [**www.dfps.state.tx.us.**](http://www.dfps.state.tx.us/) **We encourage you to obtain a copy and read it thoroughly.**

It is our hope that this handbook will be a helpful tool that you use over and over again to help guide you through the difficult task of caring for children in need.

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# Anchor Treatment Foster Care

Anchor Family Services serves to advance the well-being of children, families, communities, and culture by providing an array of services and engaging the local church to promote Christian responsibility and commitment to strengthen family life.

One of the programs we do that through is Anchor Treatment Foster Care. Anchor Treatment Foster Care recruits, trains, licenses and supports foster and adoptive families by providing therapeutic services from a Christian worldview. Our ultimate goal is to transition these children back into a healthy environment with their birth families. Or, when that is not possible, provide a safe, nurturing home environment from which they can launch into a successful adulthood.

You can learn about the other programs Anchor Family Services offers by visiting our web site at

In all our work, we believe:

1. Human life is of inestimable worth and significance in all its dimensions, including the unborn, the aged, the widowed, the mentally handicapped, the unattractive, the physically challenged and every other condition in which humanness is expressed from conception to the grave.
2. Children are a heritage from God. We are therefore accountable to Him for raising, shaping and preparing them for a life of service to His Kingdom and to humanity.
3. Every child and family is valued and loved by God and has the potential for growth and success according to God’s purpose.
4. In providing faith based services to children, youth, and families with compassion and integrity.
5. Spiritual nurture and growth is the critical factor for permanent, positive change.
6. It is essential for all community resources to form a collaborative partnership to provide a foundation from which every child can mature into a self-sufficient, productive member of society.
7. In treating individuals with respect, worth and dignity.
8. In a sound business operation, to ensure accountability and prudent expenditures of all funds.
9. In a state of the art information system that provides tools for effective outcome oriented service delivery.
10. In a management system that values staff inclusion in the decision-making process.
11. In providing services in a manner which gives glory and honor to Jesus Christ, while also demonstrating respect for religious and cultural diversity.

# CLIENT INTAKE

Children are referred to Anchor Treatment Foster Care by the Texas Department of Family and

Protective Services (TDFPS). TDFPS investigates allegations of child abuse, neglect, and abandonment. If the TDPFS investigator determines that it is not safe for a child to remain in their home, and there are no relatives who can care for the child properly, TDFPS takes Emergency Custody of the child. As soon as TDFPS takes Emergency Custody of a child, they contact Child Placing Agencies, like Anchor, to secure an appropriate placement for the child.

On the next business day, the Court determines whether the child needs to remain in out-of-home care. If so, the Court grants TDFPS Temporary Managing Conservatorship (Temporary Custody, also called TMC). Anchor Treatment Foster Care only accepts children and youth (sometimes referred to as “clients”) in the custody of TDFPS. Anchor serves these clients without regard to gender, race, religion, national origin, sexual orientation, or disability. Anchor believes that all children are a gift from God and equally deserving of protection and care. Detailed admission requirements are on file in program manuals, specified in contracts, and explained in brochures and other Anchor publications.

# PLACEMENT PROCEDURES

Anchor strives to make the best matches possible between the foster family and child. Multiple factors are taken into consideration when matching a child, including but not limited to: age, behavior, identified needs, and the personality of both the child and all foster family members. We encourage you to view all available documentation on the child, ask questions, and prayerfully consider whether or not the child is a good match for your home prior to accepting a child for placement. Anchor will share with you all the information that is known about a possible placement. Please understand that in an emergency situation there may be limited information available to Anchor and TDFPS.

Anchor will not force the admission of any child into any home. You may decline the admission of any child into your home. However, since placement disruption is so damaging to a child, once you have accepted a child into your home, both your family and Anchor staff must do whatever is feasible to work towards making the placement successful. Placement disruption is one of the most damaging things that can happen to a child in foster care.

After you have accepted a placement, the Child Protective Services (CPS) worker will bring the child to your home. Your Anchor Family Specialist (AFS) will meet the worker there to complete the necessary paperwork, and to help the child settle in. If, on rare occasions, your AFS is not able to be at the placement, they will visit your home within 72 hours to complete the placement process with you and the child. Your AFS will also make a second contact within seven days to ensure that you have all the services you need and that the child’s needs are being met.

# ON-CALL SERVICES

Anchor is committed to supporting our foster families whenever needed. Each office maintains an on-call system that ensures you will always be able to contact an AFS, as well as Anchor management staff, for urgent situations. Be sure to note the attachment to this handbook detailing how to access the support available in your area after hours.

# CHILDREN’S RIGHTS

Every child has the right to a safe, nurturing environment, to have their basic needs met, and to be treated with dignity and respect. In addition, TDFPS has published an extensive list of individual rights that must be protected for every child and youth in foster care. These rights are reviewed with each child when they are placed in your home. Anchor as an agency, and you as foster parents, are responsible for protecting these rights while a child is in our care:

## Rights of Children and Youth in Out-of-Home Care

**AS A CHILD OR YOUTH IN OUT-OF-HOME CARE:**

1. **I have the right to** good care and treatment that meets my needs in the least restrictive setting available. This means I have the right to live in a safe, healthy, and comfortable place, and I am protected from harm, treated with respect, and have some privacy for personal needs.
2. **I have the right to** know
	1. Why am I in foster care?
	2. What will happen to me?
	3. What is happening to my family (including brothers and sisters) and how is CPS planning for my future?
3. **I have the right to** speak and be spoken to in my own language when possible. This includes Braille if I am blind or sign language if I am deaf. If my foster parents do not know my language, CPS will give me a plan to meet my needs to communicate.
4. **I have the right to** be free from abuse, neglect and exploitation and harassment from any person in the household or facility where I live.
5. **I have the right to** fair treatment, whatever my gender, gender identity, race, ethnicity, religion, national origin, disability, medical problems, or sexual orientation.
6. **I have the right to** not receive any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment. This includes not being shaken, hit, spanked, or threatened, forced to do unproductive work, be denied food, sleep, access to a bathroom, mail, or family visits. No one will make fun of me or my family or threaten me with losing my placement or shelter.
7. **I have the right to** be disciplined in a manner that is appropriate to how mature I am, my developmental level, and my medical condition. I must be told why I was disciplined. Discipline does not include the use of restraint, seclusion, corporal punishment or threat of corporal punishment.
8. **I have the right to** attend my choice of community, school, and religious services and activities (including extracurricular activities) to the extent that it is right for me, as planned for and discussed by my caregiver and caseworker, and based on my caregiver’s ability.
9. **I have the right to** go to school and receive an education that fits my age and individual needs.
10. **I have the right to** be trained in personal care, hygiene, and grooming.
11. **I have the right to** comfortable clothing similar to clothing worn by other children in my community.
12. **I have the right to** clothing that does a good job of protecting me against natural elements such as rain, snow, wind, cold, sun, and insects.
13. **I have the right to** have personal possessions at my home and to get additional things within reasonable limits, as planned for and discussed by my caregiver and caseworker, and based on caregiver’s ability.
14. **I have the right to** personal space in my bedroom to store my clothes and belongings.
15. **I have the right to** healthy foods in healthy portions proper for my age and activity level.
16. **I have the right to** good quality medical, dental, and vision care, and developmental and mental health services that adequately meet my needs.
17. **I have the right to** not take unnecessary or too much medication.
18. **I have the right to** be informed of emergency behavioral intervention policies in writing. I have the rights to know how they will control me if I cannot control my behavior. To know how they will know they will keep me and those around me safe.
19. **I have the right to** live with my siblings who are also in foster care. If I am not living with my siblings, I have the right to know why. If there are no safety reasons why I cannot live with my siblings, it is my caseworker’s job to try to work hard to find a how where I can live with my siblings.
20. **I have the right to** visit and have regular contact with my family, including my brothers and sisters (unless a court order or case plan doesn’t allow it) and to have my worker explain any restrictions to me and write them in my record.
21. **I have the right to** contact my caseworker, attorneys, ad litems, probation officer, court appointed special advocate (CASA), and Disability Rights of Texas at any time. I can communicate with my caseworker, CASA, Disability Rights of Texas, or my attorney ad litem without limits.
22. **I have the right to** see my caseworker at least monthly and in private if necessary.
23. **I have the right to** actively participate in creating my plan for my services and permanent living arrangement and in meetings where my medical services are reviewed, as appropriate. I have a right to a copy or summary of my plan and to review. I have the right to ask someone to act on my behalf or to support me in my participation.
24. **I have the right to** go to my court hearing and speak to the judge.
25. **I have the right to** speak to the judge at a court hearing that affects where I am living including status hearings, permanency hearings, or placement review hearings.
26. **I have the right to** expect that my records and personal information will be kept private and will be discussed only when it is about my care.
27. **I have the right to** have contact with persons outside the foster care system. These visitors can be, but are not limited to, teachers, church members, mentors and friends.
28. **I have the right to** keep a personal journal, to send and receive unopened mail, and to make and receive private phone calls unless an appropriate professional or a court says that restrictions are necessary for my best interests.
29. **I have the right to** be informed of search policies. I have the right to be told if certain items are forbidden (or I am not allowed to have them) and why. If my belongings are removed, it must be documented.
30. **I have the right to** have possession of my personal earnings and to get paid for any work done, except for routine chores or work assigned as fair and reasonable discipline.
31. **I have the right to** give my permission in writing before taking part in any publicity or fund raising activity for the place where I live, including the use of my photograph.
32. **I have the right to** refuse to make public statements showing my gratitude to the foster home or agency.
33. **I have the right to** receive, refuse, or request treatment for physical, emotional, mental health, or chemical dependency needs separately from adults (other than young adults) who are receiving services.
34. **I have the right to** call the Texas Abuse/Neglect Hotline at the number below to report abuse, neglect, exploitation, or violation of personal rights without fear of punishment, interference, coercion, or retaliation.
35. **You Have the Right to** file a complaint with the DFPS Consumer Affairs Office or the

Disability Rights of Texas at the numbers below if I feel any of your rights have been violated or ignored. You cannot be punished or threatened with punishment for making complaints. You have the right to make an anonymous complaint if you choose.

1. **I have the right to** be told in writing of the name, address, phone number and purpose of the Texas Protection and Advocacy System for disability assistance.
2. **I have the right to** not get pressured to get an abortion, give up my child for adoption, or to parent my child, if applicable.
3. **I have the right to** hire independent mental health professionals, medical professionals, and attorneys at my own expense.
4. **I have the right to** understand and have a copy of the rights of children and youth in foster care.

**WHEN I AM AGE 16 AND OLDER IN FOSTER CARE, I ALSO HAVE THE RIGHT:**

1. **I have the right to** attend Preparation for Adult Living (PAL) classes and activities as appropriate to my case plan.
2. **I have the right to** a comprehensive transition plan that includes planning for my career and help to enroll in an educational or vocational job training program.
3. **I have the right to** be told about educational opportunities when I leave care.
4. **I have the right to** get help in obtaining an independent residence when aging out.
5. **I have the right to** one or more Circle of Support Conferences or Transition Planning Meetings.
6. **I have the right to** take part in youth leadership development opportunities.
7. **I have the right to** consent to all or some of my medical care as authorized by the court and based on my maturity level. For example, if the court authorizes, I may give consent to:
	1. Diagnose and treat an infectious, contagious, or communicable disease
	2. Examine and treat drug addiction
	3. Counseling related to preventing suicide, drug addiction, or sexual, physical, or emotional abuse
	4. Hospital, medical, or surgical treatment (other than abortion) related to the pregnancy if I am unmarried

If I consent to any medical care on my own, without the court or DFPS involved , then I am legally responsible for paying for my own medical care.

1. **I have the right to** request a hearing from a court to determine if I have the capacity to consent to medical care (Sec 266.010).
2. **I have the right to** help with getting my driver’s license, social security number, birth certificate, and state ID card.
3. **I have the right to** seek proper employment, keep my own money, and have my own bank account in my own name, depending on my case plan and age or level of maturity.
4. **I have the right to** get necessary personal information within 30 days of leaving care, including my birth certificate, immunization records, and information contained in my education portfolio and health passport.

If you experience new abuse or neglect, witness the abuse or neglect of any other child, or feel that your rights have been violated or ignored, **You Have The Right** to make a report.

***In addition to the rights above, a fundamental, basic right of all children is that they not be abused or neglected in any manner. This is the prime directive of Anchor and our caregivers.***

# SERVICES PROVIDED

There are three primary services Anchor Treatment Foster Care provides to children who are placed in our care: Safety, Treatment, and Permanency.

# SAFETY & WELL-BEING

**The most important role that you have as a foster parent is to keep children safe. Children must not be abused or neglected in any manner. This is the prime directive of Anchor and our caregivers. Any allegations of abuse and neglect will be immediately reported to TDFPS. We are entrusting you with this primary service to our children.**

Anchor takes the safety of the children and youth in our care very seriously. We will do whatever it takes to protect them from harm. We are responsible for monitoring your foster child’s safety and well-being while they are placed in your home and your community. We will take steps to intervene whenever unusual or inappropriate behavior is occurring. We will report all allegations of abusive behavior immediately.

During your training you spent a good deal of time talking about boundaries and touch. You learned that many children we serve have difficulty recognizing and accepting appropriate physical boundaries. They have been taught to communicate, touch, or be touched in ways that were not positive. You must ensure that you set appropriate physical boundaries for yourself, your family members, and your foster children. Children who have learned to touch in inappropriate ways must be redirected *immediately* in a non-accusatory manner. The Treatment Team will fully explore and develop services to address these issues. If you ever have a question about how your foster child chooses to express affection, *ask your Family Specialist*.

# TREATMENT PLANNING

We believe that the best way to help a child is through a team approach. This team, referred to as the Treatment Team, will be made up of all the important people in your child’s life. At a minimum, members of the team will include: the child, the foster parents, the Anchor Family Specialist, any therapist involved in the case, the CPS worker, and the birth parents. Other members may be school teachers, social workers, coaches, CASA representatives, and Guardian Ad-litems. The Treatment Team will identify the needs of the child and develop a plan to meet those needs. Each team member will be given responsibilities and a time frame to complete them. It is your Anchor Family Specialist’s responsibility to ensure that the child is getting the appropriate services; however, as a foster parent, you are the primary change agent in our children’s lives. You are a key member of the Treatment Team.

We trust our foster parents to handle most daily decisions, but there are many decisions regarding your child that must be made with other members of the Treatment Team. There are often a variety of clinical

and legal issues that must be taken into consideration. Anchor will work together with the entire Treatment Team, including you as foster parents, to develop a Treatment Plan for the child. All Treatment Plans include sections on supervision, medical care, recreational activities, discipline plans, and other important aspects of a child’s life. The Treatment Plan is your roadmap for how to parent the child on a daily basis.

*Classifications for Children*

There are two different systems of classifications for children in our care. CPS has traditionally used the Level of Care system, which designates children as Basic, Moderate, Specialized, or Intensive. These levels are explained in more detail in the Supervision section of this handbook. Currently, CPS reimburses foster parents based on this leveling system. However, changes have introduced a new way to classify foster children, as Child Care Services or Treatment Services children.

Child Care Services children have basic needs for supervision, care, education, and service planning. Treatment Services children require one or more specialized type of treatment or support services. These types of treatment services are: Emotional Disorder, Pervasive Developmental Disorder, Mental Retardation, and Primary Medical Needs.

Treatment planning currently involves considerations for both the child’s level of care, and the child’s service type (Child Care vs. Treatment). TDFPS is moving towards a system that uses only the Child Care vs. Treatment Services categories. In the meantime, you will see both classification systems being used when talking about the requirements for children in care.

*Types of Treatment Plans*

The child’s first plan is called a Preliminary Service Plan. The Preliminary Service Plan must be developed and implemented within 72 hours of the child’s first placement through Anchor. The Preliminary Service Plan is developed with you, the child, the CPS worker, and the AFS during the placement. The Preliminary Service Plan details how the child’s needs will be met while the Initial Treatment Plan is being developed.

A full Treatment Team meeting will be scheduled and convened, usually around the 20th to 30th day of placement. It is important to have initial reports and feedback from the child’s new school, doctors, therapists, and other providers available for this meeting to make sure that all of the child’s needs are being addressed. Your reports about the child’s behaviors will be vitally important as well. The Initial Treatment Plan must be approved and implemented by the 40th day of placement.

Each child's Treatment Plan must be reviewed and updated on a regular basis. For Basic, Child-Care Services children, this is done every six months. For Moderate or Specialized children, and all children receiving Treatment Services, this is done every three months. You may request a Treatment Team meeting at any time if you feel that changes in your foster child’s needs or in your own family’s situation make it necessary to update the plan before the next scheduled review.

Please remember, the Treatment Plan is a legal document. We as an agency, and you as foster parents, are required to follow the contents of this plan. You are required to participate in all Treatment Plan meetings, both for initial plans and for each review. Your AFS is required to develop the plan in conjunction with all members of the Treatment Team, and to submit it to Anchor supervisory staff for approval. Anchor will provide a copy of the finished Treatment Plan to you after it has been approved. This is a copy for you to keep in order to stay up to date on the child’s goals and progress.

# PERMANENCY PLANNING

Permanency is one of the primary goals for children in foster care. Federal and State laws mandate the maximum amount of time that a child is allowed to remain in Temporary Managing Conservatorship (TMC). The Court must decide on a permanent legal status for the child, generally within 12-18 months. At that time, the Court will consider CPS recommendations, the laws specified in the Texas Family Code, and testimony from all parties in the case, to make a legal ruling in the best interest of the child.

CPS will set a Permanency Goal for the child soon after the child comes into care. When children first come into care, the goal is almost always Family Reunification (return to the birth parents). CPS will develop a Family Service Plan for the parents that details what the parents must do in order to have their child returned to them. CPS will also set a Concurrent (sometimes called Secondary) Permanency Goal, to start planning for what will happen to the child if the parents are not able to complete the Family Service Plan. CPS is required to search for relatives who are able and willing to take custody of the child, if the child cannot be reunited with the parents.

Permanency Goals are reviewed every few months at ‘permanency planning meetings.’ There are several different names for these meetings. You may hear them referred to as Permanency Conferences (PCs), Family Group Decision-Making Conferences (FGDMs), or Permanency Planning Team meetings (PPTs). Anchor staff is required to attend these meetings, and we strongly encourage you to attend as well. Your input may be vital in determining the best course of action for the child. Depending on the parents’ progress in services and the needs of the child, the permanency goal may be changed at these meetings.

After 12-18 months, the Court must name a Permanent Managing Conservator. If the child cannot safely be returned to their parents or relatives, TDFPS will be given Permanent Managing Conservatorship

(PMC). At this point, the Court will decide whether the parents’ rights should be terminated. A termination of parental rights permanently ends the legal relationship between a parent and a child, and frees the child for adoption.

The Court may also decide that the parents should retain their rights, even though the child cannot live with them. The parents are then named the Possessory Conservator for the child. In this situation, the birth parents still have rights and responsibilities in planning and decision-making for their child. Some, but not all, of the rights and responsibilities of birth parents with Possessory Conservatorship are:

* the right to visit with the child
* the right to receive current information about the child’s health, growth, and development, their adjustment to placement, and any changes in placement
* the right to determine the child’s religious affiliation
* the right to consent to adoption, and
* the responsibility to provide financial support.

All birth parents have these rights and responsibilities unless their parental rights have been terminated. Your Family Specialist will keep you informed about the child’s permanency goal and legal status, and how this affects your care for the child.

Your job as a foster parent may involve either a little or a lot of contact with birth parents. This is something that you need to consider carefully, because best practice and changing child welfare standards are indicating a higher level of involvement with birth parents. No matter what type of abuse or neglect has occurred in the home, children are deeply connected to their birth parents on an emotional level. Your attitude toward the child's family and their place in the child's life will have a large impact on how the child feels about himself, and about you. It is natural to feel some resentment for parents who mistreated their children, but you should never express negative feelings about the child’s family in front of the child (through verbal OR non-verbal communication). Please talk to your AFS about any difficulty you are having in maintaining a respectful attitude towards the child’s family.

Contact with your foster child's birth parents may be very frustrating to you. It is important for you to remember that the birth parents are in a painful situation. They often feel powerless and out of control. They may lash out at you and others involved in the case out of their own frustration. It is important for you to be a good role model for the birth parents, as well as your foster child. Focus on maintaining your perspective and remaining true to your values. Always strive to resolve disputes in a respectful manner.

Some suggestions to keep in mind when working with the parents:

1. Support the parents' efforts to be parents. Accept what the parents can do (even if it is very little); as this may help the parents try harder.
2. Help the child by showing respect and acceptance for their parents and by accepting and acknowledging that the child is a member of a family other than your own. Showing disrespect toward the child's parents is very destructive to the child, who needs to be able to love their parents.
3. Don't play games. Parents may try to manipulate you to cause conflicts between you and the CPS caseworker, or you and the foster child. Avoid letting yourself get trapped in this sort of game. A good working relationship with the CPS caseworker is the best way to avoid this.
4. Support the CPS caseworker/parent relationship. Often parents are hostile to the caseworker and agency. This is understandable, but hostility interferes with the treatment plan for the parent and child. Do not take sides.
5. Do not overreact to criticism. Parents may belittle or criticize you to the child or CPS worker. Try to remember that the parents feel threatened by your relationship with their child and are acting out of a fear that their children will stop loving them as parents.
6. Document contact and concerns with biological families, so that this may be included into the child’s service planning. It is important to express concern, as well as strengths, to your AFS to ensure that the child’s connections are being maintained and respected.

Both Anchor and you as foster parents are required to support the permanency goal of each child. Depending on the goal, your role in permanency planning is as follows:

**Reunification:** You must encourage and support visitation. You are expected to transport the child to visits and to assist in arranging for visits with other siblings that may be placed in other homes. You are expected to keep a Life Book of pictures and memories to share with the birth parents. You may also be asked to take a teaching role with the birth parents to help them learn how to meet the child’s needs. **Relative Care (sometimes known as Kinship Care):** You must support CPS efforts to identify an appropriate relative placement. You must encourage and support visitation with relatives, provide transportation to visits, and assist in your child’s transition to the relative’s home. You are expected to keep a Life Book of pictures and memories to share with the child’s relatives.

**Adoption:** You must support CPS and Anchor’s efforts to identify an adoptive placement. Once a placement has been found, you must assist with visitation and the smooth transition of placement into the adoptive home. You are expected to keep a Life Book of pictures and memories to share with the child’s adoptive parents.

**Preparation for Adult Living:** You must teach the adolescent the basic life skills required for living on their own. This will include teaching them to do laundry, cook, clean, shop, budget, interview, etc. You must transport the adolescent to PAL (Preparation for Adult Living) program activities when enrolled.

You will assist the adolescent in keeping a Life Book that they will take with them into adulthood.

**Permanency Managing Conservator:**

*Per the DFPS website:* [(www.dfps.state.tx.us/Adoption\_and\_Foster\_Care/About\_Adoption/pmc.asp)](http://www.dfps.state.tx.us/Adoption_and_Foster_Care/About_Adoption/pmc.asp)

Permanent Managing Conservatorship (PMC) is a legal term in Texas used in child custody cases. It means that a judge appoints a person to be legally responsible for a child without adopting the child. The court can give PMC to someone other than a parent, including DFPS, a relative, a close family friend, or a foster parent. PMC can only be given by a judge. The judge decides the rights and responsibilities, depending upon the specific situation. When someone other than a parent is named as "permanent managing conservator," he or she is given certain rights and duties about caring for the child such as the right or duty to:

* Physically possess the child;
* Choose moral and religious training;
* Provide clothing, food, shelter, and education;
* Provide and consent to medical, psychiatric, psychological, dental, and surgical care;
* Get the child’s medical records;
* Receive money that supports the child;
* Hold or give out money that benefits the child;
* Consent to get married;
* Consent to join armed forces;
* Represent the child in legal issues;
* Make legal decisions;
* Decide where the child lives and goes to school; and
* Make other decisions that the child’s parent would normally make. *For more information, see the Texas Family Code, Section 153.371.*

Once the court names you permanent managing conservator, the judge will dismiss DFPS from the case. This means DFPS will no longer be involved with the child or your family.

This also means you will not receive services such as case management, day care, and post placement services from DFPS. If you are the child’s foster parent, you will not continue to receive foster care payments after you become permanent managing conservator. (“Foster parent” means that you have completed the process to become a foster parent through a child placing agency.)

If you are permanent managing conservator and decide to adopt later, you will not receive adoption assistance.

PCA: Kinship families coming to Anchor for foster/adoption verification may also have the option, depending on the child’s permanency goals and the case to receive Permanency Care Assistance.

The Permanency Care Assistance (PCA) program was created to help children and youth who could not be reunited with their parents or adopted. It will give an extra permanent option for children and youth who might otherwise grow up in foster care. This program requires that relatives and close family friends become the child's verified foster parents for at least 6 months, along with other requirements (see below) before they sign a PCA agreement and the court grants them Permanent Managing Conservatorship. The benefits include monthly financial assistance and health care assistance to help raise the child to adulthood.

If you are a foster or adoptive parent who has been selected to adopt a child whose parental rights have been terminated, you will of course have a much different role. Anchor will assist you in the process of forming permanent bonds with your child and taking all legal actions necessary to make the child a permanent part of your family.

# FOSTER PARENT ROLES & RESPONSIBILITIES

As mentioned above, foster parents play the most critical role in ensuring that children’s rights are protected. The next several pages identify the many responsibilities that foster parents have.

# CONFIDENTIALITY

One of your most important responsibilities is to ensure confidentiality for the children placed in your care. Whatever information is given to you is strictly confidential and is not to be shared. This includes background information such as why the children are in foster care. We do realize that some information may need to be shared with other professionals working with your child and others significantly responsible for your child's care. If in doubt about what should be discussed or with whom, please talk with your Family Specialist. Keeping the child's life experiences confidential is a true demonstration of respect for your foster child. This is always an area where foster parents must exercise care.

All foster parents and respite providers are required to sign a Confidentiality Statement.

Anchor staff, volunteers, independent contractors, foster parents, and respite providers will, as far as possible, guarantee confidentiality and privacy in regard to the care, treatment, records, and any discussions about any persons served by Anchor. The very fact that an individual is served by this organization is kept private or confidential. In informal situations, such as socializing in the community, many foster parents refer to their foster child as a niece or nephew, family friend, or a child who is

‘staying with’ the family. Older children, especially, are often troubled by being known as ‘the foster child’ at school or in the community.

The law requires, and our agency standards dictate that confidential information will and must be shared with the appropriate persons or authorities (outside of Anchor) when:

* a client is believed to present an imminent danger to self or others;
* a child is being, or is suspected of being, abused; or  as otherwise required by law.

# SOCIAL MEDIA

The following is directly from the Anchor Family Services Social Media policy:

Anchor acknowledges that social media has become a widespread means of communication among individuals and organizations and that if offers new opportunities and potential benefits. There are also potential risks to be considered. Given the general nature of family services, social networking media use must be approached with care to protect personal information and the privacy of all users. Preferred methods of communication between employees, foster parents, volunteers, students, sub-contractors, children, youth, families and collaterals remain face-to-face, telephone and through Anchor’s email. At no time is social media communication to become the primary form of communication with children, youth, families, and collaterals.

Any communication through social networking media is or can become public.

Even when deleted, information may endure electronically and may be retrieved and circulated. The identity of contributors is recorded and may be revealed so anonymity is not assured. The privacy challenges posted by social media are impossible to manage at a system-level. For that reason this policy gives attention to user behavior, both professional and personal.

Use of social networking media for Anchor-related business is a risk-based decision that must be founded on a strong rational derived from our mission statement and potential benefits for clients in connection with identified service goals and effective service delivery. Use of social networking media must be in accordance with professional ethical standards and all other Anchor policies and procedures.

Professional boundaries help to safeguard the worker-client or volunteer-client relationship and establish a framework for interaction that benefits the client. When using social media, employees, volunteers, students, sub-contractors, families and collaterals must avoid dual relationships. At no time are personal emails or social networking accounts to be used to communicate with clients.

As Anchor employees, foster parents, volunteers, students, sub-contractors and collaterals may serve as role models and trusted supports to clients, it is important that off-duty personal use of social networking media be consistent with preserving Anchor’s image and reputation of integrity and credibility and maintaining a positive work environment. Off-duty use of social media may become a work-related matter.

**PROCEDURE:**

1. Supervision
	1. Obtain authorization from a Supervisor prior to using social networking media, including text messaging to clients, as part of provisions of service. Supervisors are to discuss with staff appropriate use of social media and ensure workers are familiar with agency policies addressing such use. Such consultation and approval is be documented in supervision discussion notes.(RPM 6.03, 6.05)
	2. Communication between supervisors and workers through text messaging is to be limited to worker safety and administrative matters.(RPM 6.05)
2. Transparency
	1. Establish a professional account and profile for using social networking media for Anchor related business. Use your name and Anchor’s email address when creating accounts, (i.e.

jdoe@Anchor.org). Identify your position with Anchor when communicating through social media. (RPM 6.05)

1. Privacy Issues and Privacy Settings
	1. Use good judgment and common sense to govern use of social media. Read and understand the privacy setting options of a social networking media, especially in regard to how others may access a user account or profile. Apply privacy setting to accounts and profiles that are consistent with the intended usage and determined by Anchor. Enable HTTPS in social media accounts wherever possible to enable use of secure Internet channel. (RPM 6.03, 6.05)
	2. At no time is identifying information (i.e. name, picture, etc.) about clients to be exchanged through or posted on any social media belonging to employees, volunteers, students, subcontractors or collaterals. (RPM 6.03, 6.05)
2. Accountability
	1. Maintain a professional and respectful tone when communicating through social media and be constructive and concise. Consider how messages might reflect on the sender, recipient and Anchor. Express information accurately and clearly so that it cannot be misrepresented. Do not use language that might be perceived as defamatory, obscene, proprietary, or libelous. Avoid exaggeration, conjecture, derogatory remarks or characterizations, obscenity, copyrighted materials, and legal conclusions. Avoid communications that may alienate, harm or provoke.
3. Documentation
	1. Document all communication exchanged with or about clients through social media. Direct person-to person exchanges through social media are to be printed and filed in the client record. Exchanges through instant messaging technology and texting on mobile telephones are considered by Anchor as non-written communications and, as such, are to be documented in case notes, recording date, time and method of contact and content of communication.(RPM 6.03, 6.05)
	2. If through social networking media information that falls under the mandatory reporting child welfare guidelines is discovered, then a report must be made as required by law.
4. Client Contact
	1. Use of social media to communicate with a client may be authorized by a supervisor when its usage is consistent with the service plan or plan of care. Workers are to utilize social networking media only during regular business hours and only on approved Anchor social media sites. However, in exceptional circumstances, approval may be given for time-limited after-hour use.

In these situations, the Supervisor and Worker are to clarify in advance the manner in which the Worker is to respond when communications are received from the client outside regular working hours. (RPM 6.05)

* 1. The worker will obtain the client’s consent to communicate by using social media and will discuss with the client how the agreed upon media will be used, including anticipated response patterns to communications (for example, limitations on contact outside working hours).(RPM 6.03, 6.05)
	2. Whenever possible, use social media communication options that operates like email, i.e. direct person-to-person, so that only the intended recipient sees the message. Be aware that text messages may be viewed by other than the intended recipient. Workers are to shift as soon as possible to preferred communication methods, i.e. face-to-face, telephone, and email.(RPM

6.05)

# COMMUNICATION WITH ANCHOR

In order to ensure that each child is receiving the most appropriate services, it is critical that we communicate with each other frequently and clearly. There is nothing too small that we should not be made aware of. We believe in full and open communication between all Anchor staff and our foster parents. We use a variety of means to communicate information to our foster parents. These include, but are not limited to: face to face meetings at the foster home or office, telephone conversations, e-mails, newsletters, informational letters, reminders, licensing updates, coaching sessions, quarterly evaluations, annual foster parent evaluations, and corrective action plans.

We encourage you to communicate your ideas, issues, needs, and concerns to us directly, through telephone calls, emails, written letters, webpage submissions, and face to face meetings. For some issues, you may be requested to submit your comments in writing.

***The best policy is to over-communicate with us***. If at any time you have questions, please don’t hesitate to ask!

# FOSTER PARENT PROGRESS NOTES

The primary way to communicate how a child is doing in your home is through your progress notes. Progress notes need to be detailed and must document your child’s accomplishments, progress, difficulties, and needs. This is your "story" about what is happening with the child in your home. You should document school behavior, peer relationships, fun events, doctor’s visits, outbursts, progress towards specific treatment goals, progress on developmental milestones, reactions to caseworker visits, and reactions to birth family visits. You should also document your interventions with the child. Describe how you addressed the issues (both positive and negative) that came up during the week. Be sure to describe specific behaviors (who, what, when, where, how) - such as saying that the child “used foul language at dinner, threw their silverware down, and slammed their bedroom door” instead of saying the child “was angry.”

It is important for your documentation to provide a balanced view of the child. Always be sure to include positive behavior, growth, and progress in your notes.

Youth for Tomorrow (YFT) uses foster parent progress notes as the major indicator of the level of need for a foster child. Therefore, it is imperative that your notes be accurate and describe your child’s functioning in a variety of dimensions – social, psychological, behavioral, medical, recreational, etc.

In rare cases, your notes may become a part of the child’s legal record and be used as evidence in a court hearing. Always write your notes as if they may be read by a caseworker, therapist, lawyer, or judge. Your notes are official documents that become part of the child’s case file. When you sign your progress note, you are certifying that the information contained in the note is a true, accurate, and complete picture of the child’s behavior and well-being.

You may turn in your notes during a home visit with your AFS, by mail, fax, e-mail, or by dropping them off at the Anchor office. ***Your monthly notes and all documentation related to medication logs, medical visits, school issues, etc., are due to Anchor no later than the 5th day of the following month.***

Your AFS will review and approve all your progress notes before they are filed in the case. If your notes are not thorough or contain inaccurate information, your AFS will ask you to re-write your notes. If you are asked to rewrite your notes, you must re-submit them within 10 days. Your AFS will provide continuing feedback on your documentation. Additional training can also be arranged if necessary or at your request. We value what our foster parents have to say about our children. You as foster parents are in the best place to report on the daily behaviors of your foster child. Your documentation of their behaviors and progress is a vital part of treatment planning and service delivery.

# COMMUNICATION WITH TDFPS/CPS

Anchor encourages you to have an open relationship with the CPS caseworker and other TDFPS personnel working with your child. However, please remember that the State has placed the children with Anchor as an agency, and we, in turn, have placed them with you. **Please contact Anchor *before* contacting TDFPS to discuss problems, concerns, or requests**. We will be happy to facilitate communication with any and all relevant parties.

At times, your CPS caseworker will share information with you that is important to the child’s treatment, such as the timing of reunification with the parents, a change in the visitation schedule, or additional assessments or documentation that have been obtained for the child. CPS may also inform you about permanency staffings and court hearings that are coming up for the child. It is important for you to share this information with your Family Specialist so that we can all work together in the best interest of the child.

# SUPERVISION OF FOSTER CHILDREN

All children need appropriate supervision in order to ensure their safety. Foster children generally require a higher level of supervision, particularly when they are first placed in your home. Be mindful that you have limited information about your child’s history, abilities, and past environment. Often, your child will not understand what objects, people, situations, and behaviors are safe or not safe. Proper supervision is essential to ensure the well-being of your child.

## Level of Care System

CPS uses a leveling system to determine which children have more significant needs than others. The level system can be a good indication of the amount of supervision your child needs; however, you must always base your level of supervision on what is specified in the child’s Treatment Plan, and the child’s *current* level of functioning.

**Basic** – A child leveled at Basic has no or few special needs. A Basic child is adjusting to foster care in the way that any other mentally and physically healthy child would be expected. This does NOT mean that the child has the same behaviors and needs as any other mentally and physically healthy child. A Basic child in foster care has been removed from their family, surroundings, and comfort zone. They are in an unfamiliar environment, and are grieving losses. They may have been through several foster homes by the time they reach you. Children are *expected* to have a negative reaction to these situations. A Basic child still requires more supervision than you would expect for another child of the same age. However, a Basic child is generally able to respond well to routine behavior management techniques.

**Moderate** – A child leveled at Moderate has special needs that interfere with their ability to function as would be expected for their age and development level. This may mean the child has a significant physical, cognitive or behavioral disability. Moderate children with special behavioral needs are generally not able to respond well to routine behavior management strategies and require a more individually-tailored behavior management approach. This includes increased supervision, additional structure, and firmer limits. Moderate children with special physical needs require closer supervision to make sure their medical and physical needs are met.

**Specialized** – A child leveled at Specialized has serious physical, cognitive, or behavioral challenges. A Specialized child is at high risk of physical harm, to themselves or others, without close 24-hour supervision. This may mean that the child has persistent suicidal thoughts and gestures, has an explosive temper with the potential for violence, or requires frequent medical interventions. Although Specialized children require a high degree of supervision in a therapeutic environment, they are able to be maintained safely in a highly structured foster home. Anchor will never place a child in your home if we do not feel confident that you have the skills and the resources to keep you, your family, and the child safe.

**Intensive** – A child leveled at Intensive has extreme physical, cognitive, or behavioral challenges. Without constant, close supervision and structure, they are at risk of imminent and critical harm to themselves or others. Most Intensive children require facility care. It is rare for Anchor to place or maintain an Intensive child in a foster home. There are extensive special precautions that must be taken if an Intensive child is placed in a foster home environment.

## Ensuring Appropriate Supervision

Regardless of the child’s level of care, you must always provide supervision that will meet the needs of your child. When determining the amount and type of supervision that your child needs, you must consider:

* the child’s age (chronological and developmental)
* the child’s individual differences, abilities, and specific needs
* the child’s history of sexual abuse, physical abuse, or neglect
* the child’s history of any dangerous behavior such as fire-setting, suicide attempts, runaway behaviors, or substance abuse
* the child’s physical, mental, emotional and social level of functioning
* the indoor and outdoor layout of the home
* surrounding circumstances, hazards and risks (such as a busy street, body of water, or unknown persons loitering nearby).

In addition, Minimum Standards specifies that all infants (0-17 months) and toddlers (18-35 months) require constant supervision. You must keep them in eyesight or hearing range at all times, and be available to respond to their needs. Audio monitoring systems and video monitoring systems can be used with toddlers and infants to meet supervision requirements.

Video monitoring systems cannot be used to tape a child. You must ensure that images are accessible only to designated caregivers. Video cameras may not be used to monitor children three years of age or older unless it is specifically allowed in the child’s Treatment Plan.

It is Anchor’s policy that foster children may not be unsupervised at any time during the first 40 days of placement, regardless of age or level of functioning. For instance, children may not hang out with friends after school or go on a sleepover at a friend’s house during the first 40 days of placement. The first month of placement is an evaluation period to determine what the child’s supervision and other needs are, and how they will be met. You must provide close supervision until the initial Treatment Plan has been completed and approved. After the Treatment Plan is approved, you are responsible for following the Supervision Plan as stated in the Treatment Plan.

## Child to Caregiver Ratios

Each foster family may only provide care to a certain number of children, based on the children’s ages and needs. When looking at child care ratios, ALL children (and adults) in your cares are included. This will include your:

* biological children (under 18)
* adoptive children (under 18)
* nieces, nephews, grandchildren, etc., living under your care
* foster children of any age (up to 21)
* children in your home for respite care
* children in your home for day care
* elderly or disabled adults for whom you provide care

It is important for you to report any changes to your household as soon as they occur – including a young relative staying with you over the summer, or caring for a young relative regularly during the day.

The maximum number of children any foster home may care for is six. The maximum number of children any foster group home may care for is 12. Anchor does not routinely license group foster homes.

All caregivers who are counted in your ratio must:

* be aware of each child’s habits, interests, and special needs
* provide a safe environment
* cultivate developmentally appropriate independence in each child through planned but flexible program activities
* positively reinforce each child’s efforts and accomplishments
* share each child’s current behaviors and needs with any alternate caregiver before leaving a child in the alternate caregiver’s care
* implement and follow each child’s Treatment Plan.

You must ensure that your home remains in ratio for the majority of the day. You may be outside of ratio for short periods of time. Regardless of ratio, remember that your first responsibility is to ensure that all children in your care have supervision appropriate to their needs *at all times*.

The following rules apply to the number of children you may care for dependent upon their ages and needs:

* If all the children in your home are classified as Child Care Services children, and they are all over the age of five, one foster parent may care for up to six children.
* If all the children in your home are classified as Child Care Services children, and at least one child is under the age of five (including your biological or adopted children), one foster parent may care for up to five children.
* If at least one child in your home receives Treatment Services for Primary Medical Needs, one foster parent may care for up to four children.
* If at least two children in your home are receiving any type of Treatment Services, one foster parent may care for up to four children.
* No more than two infants (age’s birth to 18 months) may be placed in the same foster home.
* If two infants are placed in your home, you may not care for more than two additional children under the age of six.

## Safety Plans

When a child presents an immediate harm to themselves or to others, a Safety Plan must be developed and approved by the Treatment Team. Safety Plans are written for children who are suicidal, potentially violent, prone to running away, at high risk for substance abuse, sexually vulnerable, or who sexually act out. It is imperative that caregivers follow the Safety Plan at all times. The presence of a Safety Plan indicates that your child is at risk of serious harm unless you follow the provisions of the plan. Safety Plans will be reviewed periodically to determine if they are still necessary and if any changes to the plan are needed.

## Other Caregivers

As licensed foster parents, you are the primary caregivers for your foster children. There will be times when you use other caregivers to assist with your child-care responsibilities. Anchor must approve all other caregivers, as detailed later in this handbook. You must ensure that all other caregivers are able to provide for the supervision needs of your child.

You must share any Safety Plan that is in effect (or the portions of the Safety Plan relevant to the situation) with all other caregivers, including your child’s school, after-school program, and any persons supervising your child during transportation. Please discuss with your AFS the best way to communicate the child’s supervision needs while maintaining the highest degree of confidentiality possible. When there is a choice between confidentiality and ensuring appropriate supervision, you must always ensure appropriate supervision.

## Caregiver Responsibilities

You must always make certain that there is an approved caregiver responsible for your child, and that that caregiver is aware that they have primary responsibility for the supervision of the child during the time period specified. Please find the requirements for what constitutes an “approved caregiver” later in the handbook.

The designated caregiver is responsible for:

* knowing which children they are responsible for supervising
* knowing each child’s supervision needs as described in the Treatment Plan
* being aware of and accountable for each child’s on-going activity
* providing the level of supervision necessary to ensure the child’s safety and well-being
* maintaining eye-sight or ear-shot supervision of the child as necessary
* being able to intervene when necessary to ensure the child’s safety
* not being engaged in activities or tasks that clearly impede their ability to appropriately supervise or interact with the child (such as listening to loud music when ear-shot supervision is required, or being intoxicated)

## Increasing Supervision

If your child is demonstrating poor behavior or a poor attitude, it may be necessary to increase their level of supervision beyond what the Treatment Plan requires. It is important to be mindful of important events in the child’s life, such as missed visits by parents, parental visitation after a long absence, termination of parental rights, an embarrassing event at school, the addition or removal of a foster sibling from the home, or any other significant change. If your child becomes more withdrawn, angry, rebellious, or reckless, you must increase supervision to meet their current needs, up to and including 24-hour awake supervision when necessary.

Always discuss these situations with your AFS and the child’s therapist. Also make sure to document these situations in your foster parent progress notes. It may be possible to find a pattern for these setbacks. Documentation will also be valuable in the event that a serious incident occurs in order to determine what lead up to the incident and how future incidents may be avoided.

# CLOTHING POLICY

When each child is placed in your home, you will be given a Clothing Inventory Checklist. When you are helping the child unpack, fill this form out with them and submit it to your AFS. If it is the child’s first placement in an Anchor home, you *may* be given a one-time clothing allowance of no more than $150, depending on the initial clothing needs of the child. Foster parents must ensure that each child has five days’ worth of clothing within 48 hours of placement. If you notice that the child’s clothes are worn, too small, or otherwise not suitable to wear – determine whether the clothes hold any special significance to the child (such as being given to them by the birth family). If they do, you should store the clothes instead of discarding them. The need for clothing allowance is determined as a partnership between the foster parent and the Anchor staff.

As long as a child is in your home, you are required to provide clothing on a continual basis, using your foster care reimbursement. Anchor recommends that you set aside $2.00 per day from the daily reimbursement rate for the child’s clothing needs. Children must have their own personal clothing suitable to their age and size, comparable to the clothing of others in the community, and must have some choice in selecting their clothing. Children must also have suitable protective clothing such as coats, rain jackets, gloves, etc.

The procedure for monitoring the status of children’s clothes is as follows:

1. The AFS will monitor status of clothes (amount of clothes, condition of clothes, appropriate sizes) each quarter when completing the quarterly evaluation.
2. If adequate clothes are not available to the foster child, the AFS will discuss this matter with the foster parent at that visit. The need for more clothing will be documented in the quarterly evaluation to be placed in the foster parent file. The foster parent will be made aware that placement could be at risk if action is not taken. Foster parents may be given a copy of the clothing inventory as a reference. Local management staff will be notified of the concern.
3. The foster parents are then expected to purchase appropriate clothes by the next home visit or within time frames established by the AFS.
4. If suitable clothing has not been purchased by the next visit, the children may be moved to a more appropriate foster home. Anchor will staff this decision with CPS. Based on the amount of clothes needed, up to $150 will be subtracted from the foster parent’s reimbursement check. If this occurs, Anchor management staff will notify the foster parent before the deduction is made. The new foster parents will be given the amount deducted from the previous foster parent for the specific purpose of purchasing new clothing.

# HYGIENE

Each child must have adequate supplies to ensure appropriate hygiene and grooming, and be trained in how to maintain appropriate hygiene and grooming. Unless stated otherwise in a child’s Treatment Plan, you are responsible for purchasing all hygiene and grooming products using your foster parent reimbursement. Children of different ages, races, and ethnicities have different grooming and hygiene needs. If you are not familiar with your child’s needs, consult with your AFS to ensure that your child is receiving appropriate care for their hair and skin type.

Children must have appropriate privacy for bathing, toileting, dressing, grooming, and performing other personal care activities. Children must have privacy appropriate to their age and developmental level. If it is necessary to limit a child’s privacy due to problematic behaviors, this will be addressed in the child’s Treatment Plan.

When a child first enters your home, you must consult with your Family Specialist before cutting the child’s hair. In some cases CPS must get approval from the child’s parent before you may cut the child’s hair. You must always consult with your AFS before undertaking any action that will significantly alter the child’s appearance – such as getting ears pierced or dying a child’s hair.

Children should be given some freedom in how they wish to style their hair and maintain their appearance, based on their age, level of maturity, and cultural identification.

# PERSONAL POSSESSIONS

Children have the right to bring personal possessions into the foster home, and to acquire other personal possessions while they are living in your home. Anything purchased for an individual child (such as clothes, gifts, and rewards) becomes the personal property of that child. These items cannot be permanently taken away from the child. The privilege to use certain items (such as a radio, game, or stuffed animal) may be taken away for a specified period of time as a form of discipline, but must be returned to the child after the time period has expired.

At times, a child moving into your home may possess an item (such as a pocket knife or a T-shirt with a sexually explicit message) that is deemed inappropriate by Anchor and/or the foster parents. You may also find that a child has purchased for himself or been given items that are deemed inappropriate. These items may be taken away from the child, but must be stored and returned to the child or the child’s legal guardian upon discharge. Any limits on the kinds of possessions a child may or may not receive or maintain in their immediate possession must be discussed with CPS, Anchor, and the child.

Children must have storage space for their clothing and personal possessions (such as a closet or chest of drawers). They must be able to freely access this storage space.

# ALLOWANCE & CHILDREN’S MONEY

One of your responsibilities as a foster parent is to teach your foster children how to manage and be responsible with money. Children are often given money as gifts by family members and may earn money as allowance. Older children may earn money through employment. It is sometimes necessary to hold or help manage a child’s money. This section provides instruction for proper handling of child funds.

1. Money a child earns or is given as a gift or allowance must be their personal property.
2. A child’s money must be accounted for separately from the funds of the foster home where they are placed.
3. When you are holding money for a child, you must keep a log of all transactions (such as allowing the child to purchase an item with the money you are holding, or taking in additional moneys from a gift or paycheck).
4. A child must not be required to use their personal money to pay for room and board, unless it is a part of the Treatment Plan and approved in writing by CPS and Anchor.

Anchor staff and foster parents may regulate how and when children spend their money but are prohibited from garnishing, taking, or borrowing a child’s money.

1. Foster parents will work with children regarding the proper use of money, as would any caring parent. This may include restrictions on the child’s use of money, particularly if the child is at risk for substance abuse, running away, or any other high-risk activities. Foster parents and staff may hold a child to an agreement made to save money for a specific purpose (for example: a senior in high school might be required to follow an agreement or a requirement to save a reasonable percentage of money earned in a part time job).
2. Adolescents preparing for independent living will be given increased responsibility for spending money and will be taught money management skills before they leave care.
3. If a minimum amount is designated for a child’s allowance by a contract, licensing, or Anchor policy, that minimum amount must be given to the child or placed in the child’s savings account if the child is not allowed free spending money,
4. If money is being used as a reward in a behavior management system, then that system must be in writing and explained to the child. For example, some children may earn extra spending money as a result of outstanding behavior.
5. Foster parents may not hold large sums of money for a child. Foster parents should set limits on the amount of cash a child can maintain in the home. Any amount above a reasonable limit can be deposited in a savings account under the child’s name. This may be a joint account that includes the foster parent’s name; however, foster parents are not allowed to withdraw the child’s money for their own personal or household use. Under no circumstances will the foster parents deposit foster child money in the foster parent’s personal accounts. Any savings account for the foster child must clearly designate the child as an account holder or beneficiary.
6. When appropriate, a foster child may open a checking account. If this is a joint account with the foster parent, please be aware that you may be held liable for overdrafts or transaction fees.

# FAMILY CONTACT

Unless parental rights have been terminated, birth parents have a legal right to visit their child. Most of these visits will occur at the CPS office and will be monitored by the CPS caseworker. CPS may arrange for other family members (such aunts, uncles, cousins, and grandparents) to visit with the child as well. Depending on their progress in services, there may be times when parents or relatives are allowed to visit outside the CPS office (at a playground or restaurant), or the child may be able to visit in their parent’s or relative’s home for certain periods of time (such as weekend visits for older teenagers in long-term foster care). CPS will determine when, where, and with whom visitation will occur. Generally, CPS must allow birth parents to visit their child for a minimum of two hours per month. There may be times when visitation with birth parents or relatives is not in a child’s best interest. In these rare occasions, the child’s therapist may make a recommendation for visits to be temporarily halted. This recommendation must be submitted to and approved by the Court before CPS can suspend visitation.

Foster children may also have contact with their birth family through phone calls, emails, letters, gifts, and photos. CPS may not provide your address or telephone number to the birth family without your consent. Please consult with your AFS about your comfort level with different forms of birth family contact.

Foster children have the right to visit with their siblings. Every attempt is made to place siblings together in the same home, but this is not always possible. When siblings are placed apart, it is important for them to have regular contact through phone calls, emails, letters, photos, and face-to-face visits. It is expected that the child will have at least monthly face-to-face visits with all siblings. CPS is responsible for arranging these monthly visits, but you as a foster parent have a great deal of influence over the amount and quality of sibling visitation. With CPS approval, foster parents may arrange more regular sibling visitation by meeting each other in the community, arranging for siblings to attend each other’s birthday parties, or allowing sleepovers at each other’s homes. Please discuss strategies for maintaining sibling contact with your AFS and CPS caseworker.

Foster parents are responsible for transporting their foster children to and from all family visits. If the visits are scheduled for an inconvenient time, please discuss this with your AFS and CPS caseworker.

Generally, foster parents may not read a child’s incoming or outgoing mail (including email), or listen to a child’s telephone conversations. Foster parents may assist the child with using the telephone or reading mail if the child does not have the skills to do this independently. There also may be times when the child’s Treatment Plan specifies a need for foster parents to monitor these communications. These communication restrictions will be discussed with the child and reviewed periodically.

It is important for your foster child to remain connected to their biological family to the greatest extent possible. Anchor encourages birth parents and other important family members to be involved in treatment planning whenever possible. Efforts to engage the birth family in treatment planning may include:

1. Providing contact information for Anchor and the AFS assigned to the child. (Foster home addresses and phone numbers are never given to biological family members without foster parent consent.)
2. Inviting birth family members to participate in Treatment Team meetings.
3. Involving birth families in the treatment planning process.
4. Specifying types and amounts of family contact in the child’s Treatment Plan.
5. Providing information about how to file a grievance with Anchor administrators if a problem arises that cannot be resolved at the program level.
6. Involving birth families in discharge planning.
7. Making follow up contacts with the family after a reunification or relative placement.

Our primary goals of Safety, Treatment, and Permanency are best served when we work closely with the biological family. You as foster parents can be excellent sources of guidance and support for birth parents and other relatives. Anchor encourages all foster parents to develop a mentoring relationship with any birth family members that are open to change.

# COURT HEARING & PROCEDURES

There will be a specific court that has jurisdiction over the child in your home and makes orders for the child’s welfare and protection. Many counties have courts that specifically handle CPS and juvenile delinquency cases. If the child has been involved in a previous Family Court action (such as a divorce, custody hearing, or child support hearing), the child’s case will automatically be returned to that court when CPS takes custody. This court is called the “court of continuing jurisdiction.” The child’s case may be kept in that court, or transferred to one of the courts that specifically handles CPS cases. The district number of the court in charge of your child’s case will appear on their CPS Placement

Authorization, and all court orders. The cause number will also appear on the CPS Placement

Authorization and all court orders. Legally, the case is usually referred to by the cause number and the biological mother’s last name. Each district court has a presiding judge who is elected or appointed to their position. The judge may also appoint a Master of the Court, who acts as an alternate judge for the Court and has the authority to hear and rule on cases before the court.

If the child came into care at the same time as their siblings, the siblings are usually all included under the same cause number. If a sibling comes into care afterwards, that sibling may be added to the same cause number, or may be handled as a separate legal case. It is also possible to “sever” a child from a cause number, if different legal issues make it more practical to handle the siblings’ cases separately. All siblings included under one cause number have court hearings at the same time. A final determination cannot be made on the case until all legal issues regarding all of the children included under the cause number can be resolved.

You as foster parents have the legal right to have notice of all court hearings and to be present at all court hearings. The notice of a court hearing will come directly to your home. Please inform your AFS every time you receive notice of a court hearing. You are not required to attend court hearings, but there may be times when it is important for you and/or the AFS to be present. Your AFS will discuss these situations with you, and will be present with you at court if you request. After a child has been placed in your home for 6 months, you have “standing” with the Court. This means that you have the right to be heard by the Court and advocate for what you feel is in the best interest of the child. If the child has been placed in your home for less than 6 months, you do not have the right to address the Court. However, most judges will want to hear what you have to say. They usually place a lot of weight on direct reports from the child’s caregivers. Unfortunately, due to high caseloads and frequent turnover, there will be times when your child’s CPS worker is not very familiar with the child. You may be the only source of information for the Court regarding the child’s needs and progress.

Be aware that if you are present at court you may be called upon to testify, whether you planned to or not. Anything you bring with you to court, such as your foster parent progress notes or medical records, may also be taken into evidence, whether you would like it to be or not. If you are called upon to testify, remain calm, remain truthful, and make short, simple statements. The judge will ask follow-up questions if they would like more information.

The judge and attorneys may NOT ask for your last name, address, or other contacting information.

It is also important to be mindful of what you say before and after the hearing. CPS workers, attorneys, and family members usually discuss what is happening in the case and what is going to happen during the hearing before they go before the judge. You may be included in these conversations. Do not say anything that you would not say in front of the judge, because what you say may very well be repeated as soon as the hearing starts.

## Types of Hearings

State law allows TDFPS to take emergency protective custody of a child without prior authorization by the Court. Most CPS cases start this way, when action must be taken immediately. TDFPS must appear before the Court on the next business day to present evidence that the child should continue in protective custody. This is called the *Emergency Hearing*. It may also be called the Ex Parte Hearing. If there is not sufficient evidence to show the need for protective custody, the Court may dismiss the case and return the child to their parents. It is very unusual for this to happen.

If the case is not dismissed, TDFPS is given Temporary Managing Conservatorship or TMC. The birth parents continue to have Possessory Conservatorship. This legal situation is similar to when one parent in a divorce has primary physical custody and the other parent has a more limited form of custody, including visitation rights and certain other rights to be involved in the child’s life.

Fourteen days after the Emergency Hearing, there will be a *Show Cause Hearing* (sometimes called the 14-Day Hearing, or the Full Adversarial Hearing). The purpose of this hearing is to allow the birth family to prepare their case and argue for why the child should be returned to them. CPS must present evidence to ‘show cause’ for the child to remain in protective custody. If CPS does not show sufficient evidence, the Court may dismiss the case and return the child to their parents. The Court may also allow TDFPS to retain protective custody while ordering that the child be placed with their birth parents, other relatives, or family friends. Although it is more likely for a judge to dismiss a case (or order a non-foster home placement) at the Show Cause hearing than at the Emergency, it is still unusual for this to happen.

You will discover that different judges have different legal philosophies and personal preferences. Some judges will be more likely to order relative placements than others.

About 60 days after TDFPS takes custody, there will be a *Status Hearing* (sometimes called the 60-Day Hearing). CPS is required to submit Family Service Plans for the parents at the Status Hearing, and to report on the services being provided to the children in care. This is also the time when CPS officially notifies the Court of the child’s permanency plan.

The *Initial Permanency Hearing* will be held three to four months after the Status Hearing. CPS will report on progress towards the permanency plan, as well as the needs and progress of the children. There will be *Subsequent Permanency Hearings* every three to four months until a final legal decision is made. The main purpose of a Permanency Hearing is to make sure that CPS is making progress towards a permanent resolution of the legal case that is in the best interest of the child.

There may be more frequent hearings at the request of the judge, birth family, or CPS. These are generally referred to as *Special Hearings* or may also be called Status Hearings.

The judge may make specific orders at any hearing. Examples of things that a judge might order include:

* that the child be placed with a relative
* that CPS move a child to a new foster home
* that CPS maintain placement in a particular foster home
* that a child receives a specific evaluation or service in a set period of time
* that birth parents, relatives or CPS workers perform certain actions in a set period of time  that family visits occur more or less frequently than general CPS policy  that family visits be stopped.

Court orders are legally binding on all parties and must be carried out. A person is in contempt of Court if they do not comply with a court order.

Until a final order is entered in the case, TDFPS has Temporary Managing Conservatorship (TMC) of the child. State law limits the amount of time a child can remain in TMC. Generally, there must be a final court order no later than 365 days after the child came into custody. In rare cases, the deadline may be extended for an additional 180 days. There must be a final decision at that point, or the case is dismissed and the child returns to their birth parents.

A final decision is made at the *Trial*, also called the *Final*. If the parents are in agreement with CPS recommendations, it called an agreed-upon Trial and will be over quickly. If the parents are not in agreement, it will be an Adversarial Trial and could last several days, or even weeks.

A final order will be made at the end of the trial. The final order will be either:

* Dismissal of the case, with return to birth parents
* Permanent Managing Conservatorship (PMC) to a relative
* Permanent Managing Conservatorship (PMC) to TDFPS without terminating the parents’ rights.  Permanent Managing Conservatorship (PMC) to TDFPS with parental rights terminated.

Terminating parental rights frees a child for adoption. TDFPS will work to find an adoptive family and transfer legal custody to the adoptive family.

If parental rights are not terminated, the child cannot be adopted. The birth parents remain Possessory Conservators and continue to have visitation and other rights. Many of the children we serve are in this situation. They cannot be adopted and they cannot go home. They will grow up in foster care. Anchor is committed to providing stable long-term foster homes for these children, who will otherwise bounce from home to home until they reach adulthood, or decide to run away.

When TDFPS has PMC of a child, they are required to have *Placement Review Hearings* every six months to inform the Court of the child’s current placement, needs, and progress.

## Court-Appointed Special Advocates

Some of your children will have Court-Appointed Special Advocates, known as CASA volunteers or Child Advocates. They are also referred to as the Guardian Ad-Litem (GAL) for the child. CASA volunteers complete a training class and are sworn in as officers of the Court. They serve as the Court’s “eyes and ears” and are responsible for identifying the needs of the child, and providing assistance to meet those needs. Some CASAs may be very involved in the case and visit your home often. You must allow the CASA to visit with your child. If you feel that the CASA volunteer is making unreasonable requests or not behaving properly, please discuss this with your AFS. CASA volunteers can be very helpful resources in making sure that a child’s needs are met.

## Attorney and/or Guardian Ad-Litem

All children in TMC status will have Attorney Ad-Litems appointed for them by the Court. The

Attorney Ad-Litem represents the legal interests of the child during court hearings. Some Attorney AdLitems will be very involved in the case, and others may have no contact with the child at all. You must allow the Attorney Ad-Litem to visit with your child. If you have difficulties accommodating the Attorney Ad-Litem, please discuss this with your AFS.

Attorney Ad-Litems and CASA volunteers will not always be in agreement with TDFPS about what is in the best interest of the child. It is important for you as foster parents to avoid forming alliances or taking sides with CASAs, attorneys, or CPS workers. If you feel uncomfortable meeting with an Attorney Ad-Litem, CASA volunteer, or CPS worker, your AFS can arrange to be present during those visits.

# PUBLICITY

Before involving a child in any fundraising or publicity, Anchor must obtain written informed consent from the child (if the child is able to give consent) and from CPS. A child must not be coerced to participate in any public events. A child may not be forced to make a public statement of gratitude to their foster parents or to Anchor.

You may use, and are expected to keep, photographs and other keepsakes for the child’s Life Book and for your private use. A child’s photograph may not appear in the media, a newsletter, on social media, or any other mass mailing or broadcast without prior written consent by the child (if applicable), Anchor, and CPS.

# MEDICAL & DENTAL CARE

You are responsible for meeting your child's medical needs. The Treatment Plan will identify routine medical needs and any special medical needs your child may have. You are also responsible for monitoring the child’s health and ensuring appropriate care for illness, injury, pain, and emergency situations. If your child becomes ill or is injured, seek medical attention as appropriate and notify your AFS. All medical care provided to the child must be given by a licensed health-care professional.

You must provide documentation for all medical appointments. Every time your child has a doctor’s visit or other medical visit, you must complete the Medical Report form. Your AFS will provide you with blank copies of the form, or you may download the form from our website.

Each Medical Report must include:

* the date of the examination
* the name of the health care provider (in legible print)
* the procedures completed (such as routine exam, immunization, MRI imaging)
* the diagnosis (or that no diagnosis was given)
* any prescribed medications
* any follow up treatment recommendations and the date of any scheduled follow up appointments.

If an older child refuses to accept medical treatment, you must document this on the Medical Report.

Each Medical report must be **signed and dated by the health-care provider.**

If follow-up care was recommended by the health care professional, you must provide the recommended care.

If the medical visit is the result of an injury, you must discuss the circumstances surrounding the incident with your AFS, including the date and time of the incident. Your AFS is required to complete a report on all injuries requiring medical care.

## Medical Insurance

All foster children are covered by Medicaid (STAR Health). The website for STAR Health is [www.fostercaretx.com.](http://www.fostercaretx.com/) If the birth parents already have private medical insurance for the child, they may choose to continue their coverage for the child, or, the Court may order that they maintain private health insurance for the child. You will be given a photocopy of the private insurance card to use for medical visits. The child will be placed on Medicaid as a secondary insurance to provide for any services the private insurance does not cover.

If your child’s Medicaid is not active when they are first placed with you, you are responsible for paying for any necessary medications, sick-child visits, and other expenses to ensure that the child’s medical needs are met. This expense will come out of your foster care reimbursement. Keep all receipts for these expenses. Your AFS will work with CPS to try to secure a special reimbursement for these expenses; however, we cannot guarantee you will receive a special reimbursement.

Medicaid does have a provision to pay medical providers for any care they give the child within the 90 days immediately prior to the child’s Medicaid enrollment. Some pediatricians may be willing to see the child and bill Medicaid after Medicaid coverage is established.

## Primary Care Physician and other Providers

As part of your foster parent training and application process, you identified a pediatrician and dentist to use for the children in your care. Please remember, medical providers must be covered by STAR Health, per our contract. This includes doctors, dentists, specialists, therapists, physical therapists, psychiatrists, etc. Usually, you will be able to use the medical providers of your choice. However, there may be times when CPS requires you to use the child’s previous providers or other providers of their choice. This will most often happen in the case of specialists, such as neurologists, psychiatrists, or endocrinologists. Your AFS will discuss this with you at the time of placement.

## Routine Physicals

You must ensure that each child placed in your home has a physical exam within 30 days of placement. If the child is receiving Primary Medical Needs Treatment Services, they must have a medical exam either seven days before, or three days after, placement in your home. If your child shows signs or symptoms of abuse or illness, you must take the child for an exam immediately. The person who places the child in your home should provide you with information about any scars or other marks on the child. If you notice that a child has unexplained bruises, cuts, scrapes, scars, burns, or any other injury, make note of this and take the child to a doctor immediately. It may be necessary to determine whether the child was mistreated immediately prior to placement in your home.

Each child must have a physical exam at least annually while in foster care. You must check the box for “Annual Well Child Exam” on the Medical Report. Make sure that the child’s height (or length) and weight are included on all annual physical exams. For infants and toddlers, you must ensure the child receives well-child checks as recommended by the Texas Health Steps program.

## Dental

Children aged three and older require routine dental care. Unless CPS provides a copy of the child’s previous dental exam, you must ensure that your child has a dental exam within 90 days of placement in your home. You must schedule this exam within the first 30 days of placement (although it may occur anytime in the first 90 days). Children often have extensive dental needs when they first come into care, so it is important to schedule this exam and any other follow up treatment as soon as possible.

Each child aged three and older must have a dental exam at least every six months while in foster care. If a physician recommends a dental exam for a child under three, you must ensure that a dentist examines the child. If a dentist recommends follow up visits more often that every six months, you must follow the dentist’s recommendations. Very rarely, in the case of a special needs child, the dentist may recommend routine exams *less* often than every six months. You must discuss this with your AFS and the rest of the Treatment Team to determine whether this can be approved.

You must also monitor your child for signs of dental pain, infection, or injury and secure appropriate dental care as needed. You are also responsible for teaching your child proper dental hygiene.

Each dental visit must be documented on a Medical Report form. The same information required for a medical visit is also required for a dental visit. You must ensure that any recommended follow up treatment is completed.

For younger children, save the child’s baby teeth when possible. These can be meaningful souvenirs for their birth families, or additions to the child’s Life Book.

## Vision and Hearing Care

You must ensure that your child has a screening for possible vision and hearing problems within 90 days of placement in your home. Vision and hearing screens may be done by your pediatrician as part of a routine exam. If your pediatrician does not do hearing or vision screens, ask for a referral to a provider that can. Consult with your AFS if you have difficulty locating a provider to perform a hearing or vision screen for your pre-school child. If your child is school-aged, they will have routine vision and hearing screens at school.

You must provide documentation of the child’s vision and hearing screenings. This may be a report from the school or you may use the Medical Report form if the screening is done by a physician or other licensed provider. The results of the screening should include how often screening is recommended (such as yearly, every two years, etc.) This is when the next screening will be due.

If the provider recommends that your child follow up with a full exam after the screening, you must ensure that your child receives a professional diagnostic exam as soon as possible. You must follow the recommendations of the exam, including the purchase of assistive devices such as eye glasses or hearing aids. Medicaid will pay a certain amount towards the purchase of assistive devices. You will be responsible for paying the difference, if any, in the cost to purchase appropriate devices. This is considered part of your foster care reimbursement. Please be aware that Medicaid usually does not pay for lost or damaged glasses (or other devices). You are limited to one pair of glasses per year. If the child requires a replacement pair of glasses, you must provide these whether Medicaid will pay for them or not. If your child frequently loses or destroys their glasses (or other assistive devices), or the noninsured cost of required devices is unreasonably high, discuss this with your AFS.

You must train the child in the use and care of any assistive devices. The child must return for follow up appointments as recommended by the provider. You must notify the child’s school of any vision or hearing needs the child may have.

## Immunizations

Children must be immunized against disease as recommended by the Texas Department of State Health Services. Your AFS will provide you with the child’s immunization records as soon as possible after placement. It may not be possible to locate immunization record for some preschool children. Frequently children coming into care will be far behind in their immunization schedule. It is your responsibility to bring your children up to date with immunizations and keep them up to date while they are in your care. Your pediatrician will map out a schedule of immunizations if your child is behind. You must begin the plan to bring the child’s immunizations up to date within 30 days of placement in your home.

The school district may not prevent you from enrolling a child if you are missing their immunization records (as discussed in the Education section below). The school district may not prevent you from enrolling your child if their immunizations are not up to date. The school will usually require you to submit the pediatrician’s plan to bring the child up to date. The school may require proof that your child has had the first set of immunizations on the plan.

You must complete a Medical Report form whenever your child receives an immunization. You must provide an updated copy of the child’s shot card to your AFS so that the complete immunization record will be in the child’s case file.

If the child’s physician recommends against routine immunizations, discuss this with your AFS. The physician will need to provide a written statement detailing the reasons why routine immunization would not be in the child’s best interest.

## TB Testing

Unless CPS provides a copy of the child’s previous TB test, you must ensure your child has a TB test within 30 days of placement in your home. If your foster child is returned to their parents or family members, and is later placed back in your home directly from a non-foster home placement, you must obtain another TB screening for the child.

Newborns are not required to have TB tests. Consult with your AFS about the necessity and timing for any TB test of an infant in your home.

## Allergies

Anchor will inform you of any known allergies (including allergies to food, insects, animals, pollen, mold, medications, and other substances) at the time of placement. If you discover that your child has an allergy that was unknown to Anchor, you must inform Anchor immediately. You must alert all caregivers, including your child’s school, to any allergies the child has.

## Primary Medical Needs Reviews

A licensed physician must review a child’s primary medical needs at least every 90 days or on a schedule recommended by the child’s physician. A licensed physician must also review the child’s medical needs whenever a medical or related problem occurs. These reviews must address whether the child can continue to be cared for appropriately in the foster home, and any new or changed orders regarding medications, treatments, diet, range-of-motion programs, habilitation, and any special medical or developmental procedures.

You must provide documentation of each primary medical needs review to Anchor.

## Psychiatric Care

Children with behavioral or mental disorders may receive psychiatric care. You may not schedule your child for a psychiatric evaluation without approval from the Treatment Team. If your child is receiving psychiatric services, you must use a psychiatrist or other health-care professional approved by the Treatment Team. Psychiatric visits must be documented in the same way as other medical visits, by using the Medical Report form. Only the child’s legal Medical Consenter may approve the use of psychotropic medications for the child. Any time a psychotropic medication is prescribed, or a change is made to the child’s psychotropic medications, you must consult with your AFS to ensure that proper consents are obtained and that the Treatment Team is in agreement with the child’s medication regimen.

Anchor discourages the use of pediatricians to deliver psychiatric services. Some pediatricians may be willing to write prescriptions for ADHD medications or anti-depressants; however, whenever possible, children receiving psychotropic (mind-altering or behavior-modifying) medications should be treated by a psychiatrist, or an advanced practice nurse working in conjunction with a psychiatrist. If it is not possible to locate a psychiatric professional in your area, consult with your AFS.

You must ensure that your child has follow up visits with the prescribing health-care professional as recommended by that professional. Your child must have medication evaluations with the prescribing professional at least quarterly. You must document any noticeable changes in your child’s behavior that occur in response to medication. You must share this information with the prescribing professional during medication evaluations.

## Prescription Medications

You are responsible for ensuring that your child receives all needed medications as prescribed. As part of your training, you took a Medications class that gave you the information you need to be able to store and administer medications safely. You must renew your Medications class yearly to ensure that you remain current on this information.

When a child is first placed in your home, they should have their medications with them. Unfortunately, there may be times when the child’s medication has been lost or a prescription has run out just before the child arrives at your home. Your AFS will work with you to secure the appropriate medications for your child on an emergency basis. This may include asking your local pharmacist to give you a 3-5 day supply of medication without a prescription or active Medicaid number. Most pharmacists will give an emergency supply for a critical medication. We must always ensure that children do not have a lapse in needed medication due to changes of placement. Abrupt withdrawal from medications can have serious health consequences.

Whenever a child is on prescribed medication, you must record each dose given to the child on the

Medication Administration Log. You must document the date, time, size of each dose (such as 15 mL or 0.5 mg), and who administered the medication. You must also record the reason for the medication. You must keep a copy of the drug information sheet provided by the pharmacist in the child’s record. For children under five, you must record each dose of ANY medication given, excluding vitamins. You must also record the reason the medication was given.

All medication must be administered by a foster parent or an approved caregiver who has taken Anchor’s medication class within the last 12 months, a licensed medical professional, or the child himself when the child is participating in a medically approved self-medication program as specified on their Treatment Plan. Prescription medication must be kept in its original container labeled with the child’s name, date, instructions, and the physician’s name. All medication must be given according to the instructions on the label. If there is an error on the label, you must notify the pharmacists immediately and have a new label printed no later than the next business day.

If a physician who provides medical services to all the children in a foster home wants to administer a medication — such as fluoride — in the same dosage to all children in care, the medication must be prescribed individually with appropriate labels prepared for each child in care. Prescription medication for more than one child may not be administered from one container unless a pharmacist is on duty to individually dispense the medication.

All medications must be kept in a locked container and out of the reach of children. Medication covered by Section II of the Texas Controlled Substances Act must be stored under double lock (such as in a locked container stored in a locked closet). Medication requiring refrigeration must be separated from food in a designated container. Refrigerated medication needs to be locked. Medications that are for “external use only” must be stored separately from other medications.

Medication must be disposed of when a child leaves the home, the medication is discontinued, or the medication expires. Medication must be destroyed in a way that ensures that children do not have access to it. This should be done in front of a witness and then documented to protect you from allegations of medication theft. You may also take the medication to your local pharmacy for disposal and have the pharmacist document that this was done.

# NUTRITION

Good nutrition is the cornerstone of your child’s physical and mental health. Minimum Standards specifies that you must provide your child with food that is of adequate variety, quality, and in sufficient quantity to supply the nutrients needed for proper growth and development according to the US Department of Agriculture guidelines (which may be found at: [www.cnpp.usda.gov/DietaryGuidelines.htm)](http://www.cnpp.usda.gov/DietaryGuidelines.htm)

Special nutrition needs, such as food allergies, food intolerances, and cultural food requirements, will be specified on your child’s Treatment Plan. You may not put your child on a special diet (low-carb, vegetarian, restricted calorie, etc.) without prior approval from Anchor. You may not serve your child nutrient concentrates or supplements, such as protein powders, liquid protein, vitamins, minerals, and other nonfood substances, in lieu of food to meet the child’s daily nutritional needs, except with written instructions from a licensed health-care professional. You may give your child a standard daily vitamin. You must ensure that your child does not have access to any vitamins or supplements in your home.

You must ensure that fresh drinking water is available to your child at all times. Children must be encouraged to drink water during physical activities and in warm weather. During periods of extensive physical exercise (such as at sporting practice or games) it is also important to ensure that children maintain an adequate electrolyte balance by consuming sports drinks, fruits, or other sources of sodium and potassium.

No more than 14 hours may pass between the last meal or snack of the day and the availability of the first meal the following day. You must feed an infant whenever the infant is hungry. Toddler and school-aged children must be offered three meals and at least one snack per day. Pre-school children should not go more than three hours without a meal or snack being offered, unless the child is sleeping. School-age children should not go more than six hours without a meal or snack being offered, unless the child is sleeping.

You may NOT force a child to eat. You are not required to offer food if the child refuses the food or refuses to come to the designated eating area. If the child has recurrent eating problems, you must discuss this with your AFS. Your AFS will consult with CPS and other member of the Treatment Team about the child’s eating habits.

You must offer all children in your home the same food choices, unless medically contraindicated or otherwise noted on the child’s Treatment Plan. You must offer all children in your home food choices that are at least comparable to what the adults in the home are eating, unless medically contraindicated or otherwise noted on the child’s treatment plan. A toddler or school-aged child must eat or be fed in the dining area, unless otherwise noted on the child’s Treatment Plan. Children with Primary Medical Needs must eat in an upright position, unless otherwise noted on the Treatment Plan. Children with Primary Medical Needs or Mental Retardation, including non-mobile children, must be served or fed in a way that encourages self-help and development. If a meal or snack is not appropriate for the child’s needs (in the case of food allergy or religious practice, etc.), you must offer the child an appropriate substitute.

If a child refuses to eat the food being served to the others in the home, it is best to offer the child a nutritious alternative, such as a peanut butter sandwich or a bowl of cereal. Many of the foods you eat may be new to the child. Your child may resist eating them because they seem ‘strange’ or they have never acquired a taste for the food. Other children, especially toddlers, may be finicky eaters. Offering a choice empowers the child to make decisions and can reduce meal-time power struggles.

Food that meets the child’s nutritional requirements may not be used as a reward or punishment. Under most circumstances, desserts, snacks, and other additional food should not be used as a reward for good behavior. Using food as part of a behavior management plan can lead to disordered eating. You must discuss any plans to use food as a reward with your AFS.

Infants should be fed an iron-fortified formula. (If an infant and mother are both placed in your home, the mother may breastfeed her child.) Infants should not be given cow’s milk, evaporated milk, sweetened condensed milk, goat’s milk, soy milk, or imitation milks (such as rice or nut milk), unless recommended by the infant’s health-care provider. You must give the infant a special or prescription formula if it is recommended by your pediatrician. Children under one year old should not be offered unpasteurized or raw honey.

Milk and milk products served to children over 12 months old or older should be Grade A pasteurized or from a source approved by the Department of State Health Services.

You may NEVER prop a bottle by supporting it with anything other than your hand. You must hold an infant aged birth to six months at all times when feeding. If an infant older than six months is unable to sit unassisted in a high chair or other seating equipment while feeding, you must continue to hold the infant while feeding, unless otherwise stated in the child’s Treatment Plan. You must clean high chair trays before each use. Infants may not share bottles or training cups.

Be mindful that 90% of choking deaths occur in children under the age of four. Examples of foods that present a choking risk include: hot dogs sliced into rounds, whole grapes, hard candy, nuts, seeds, raw peas, dried fruit, pretzels, chips, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, and chunks of meat larger than can be swallowed whole.

## WIC

WIC is the acronym for the Special Supplemental Nutrition Program for Women, Infants, and Children. This program provides nutritious foods to children birth through five, as well as pregnant and nursing mothers. Foster children under five qualify for the WIC program. Your AFS can help you complete the registration process.

## Food Banks

Anchor believes that the well-being and self-esteem of children placed in foster care is paramount. Anchor deems that self-esteem is best supported when a child is placed in a normal family setting. Anchor does not recognize acquiring food through a food bank system as being within the normal family experience. Anchor opposes the use of Food Banks by Anchor foster families. Foster parents are prohibited from using their association with Anchor as a qualification for the use of a food bank. Anchor staff are expressly prohibited from participating in the application process of any family seeking to use a food bank.

# EDUCATION

All children must have an appropriate education. As a foster parent, you serve as the liaison between the school, the child, and Anchor.

You must enroll any school-aged child in school within three days of placement in your home. (If the child is placed during the summer or another school break, you must enroll the child before the first day of school.) All school-aged foster children must be enrolled in an educational program accredited by the Texas Education Agency, the Southern Association of Colleges and Schools, or the Texas Private School Accreditation Commission.

CPS is required to provide all foster parents with an Education Portfolio. The Education Portfolio is a three-ring binder that holds the child's report cards, ARD/IEP paperwork, class schedules, and other information about the child. You are responsible for keeping this Portfolio up to date. Licensing or CPS can ask to see the child’s Education Portfolio at any time. The Portfolio is divided into 8 sections. Each section tab lists the items that are to be included behind the tab in the Portfolio. Portfolios for children that have been in care for more than one year may include more than one binder. The Education Portfolio will go with the child when they are discharged from your care.

If the child is being placed in your home on the day they are removed from their birth family, CPS may not have the child’s birth certificate or other necessary documents. The school district cannot prevent you from enrolling your foster child, even if you do not have the proper documentation. The Texas Education Code specifically mandates that schools must admit foster children who do not have proper documents:

## Texas Education Code Requirements for Enrollment 25.002 (g)

*A school district shall accept a child for enrollment in a public school without the documentation required by Subsection (a) if the Department of Protective and Regulatory Services has taken possession of the child under Chapter 262, Family Code. The Department of Protective and Regulatory Services shall ensure that the documentation required by Subsection (a) is furnished to the school district not later than the 30th day after the date the child is enrolled in the school.*

If, after 30 days, the school has not received the necessary documentation, the child may be sent home. Your Family Specialist will work with CPS to ensure that this does not happen.

Always remember that you are your child’s main advocate with the school system. It is important for you to remain in close contact with the child’s teachers, attend all school meetings, and keep your AFS up to date about the child’s school progress and behavior. You must provide the child’s report cards and progress notes to your AFS, as well as keeping a copy in the Education Portfolio. You are also required to review each report card and progress note with your foster child. You must document that you had these discussions with your foster child in your foster parent notes.

If you are concerned about the child’s progress in school, talk with the child’s teachers about whether special education testing is needed. If your child’s teacher does not refer them for testing, and you continue to have concerns, consult with your AFS. Your AFS can guide you through the steps necessary to request a special education assessment. We must ensure that each child has an appropriate education in the least restrictive setting.

When a child has been admitted to special education services, they will have regular ARD (Admission,

Review, and Dismissal) meetings. All special education services for the child will be discussed at the ARD. New services may be added, and current services may be discontinued. Any emergency behavior interventions will also be discussed at this time. You are required to know the types of emergency interventions being used for your child at the school, and to make sure these interventions are appropriate for your child. Any behavior intervention plans used by the school must include positive behavior supports designed to decrease the need for negative disciplinary techniques or interventions.

Attending the ARD is one of the most important ways you can advocate for your child’s needs. Please notify your AFS of all ARDs and other school meetings so that your AFS can attend them with you as necessary.

Because your child’s education is so important to their development and success, you are required to schedule therapy sessions, medical exams, dental exams, and other appointments outside of school hours whenever possible. You must provide a quiet and well-lit space for your child to study, and set up regular times for homework and study. It is also your responsibility to provide transportation to and from school, school supplies and money for field trips.

Anchor expects you to encourage all children to participate in extracurricular activities, such as school clubs and sports. You must make reasonable efforts to allow your child to participate in school extracurricular activities to the extent of their interests and abilities and in accordance with their Treatment Plan.

# RECREATION

Minimum Standards specifies that each foster each has the right to reasonable opportunities to participate in community functions, including recreational and social activities such as Little League teams, Girl Scouts and Boy Scouts, and extracurricular school activities to the extent that is appropriate for the child. Each child must participate in organized family activities, religious activities, or local social events. You must provide daily indoor and outdoor recreational activities appropriate to the needs, interests, and abilities of the child. Each child must have individual free time as appropriate to the child’s age and abilities.

It is Anchor policy that every child should participate in structured and non-structured recreational activities. Every child should be able to participate in recreational activities and have some choice in what activities they participate in. Children should have some choice in their selection of books, toys, TV programs, and music.

The recreational activities listed on the child’s Treatment Plan may NOT be suspended by the foster parent without prior consultation with the AFS. These recreational activities are specified as part of the child’s therapeutic services in the same way that formal counseling sessions may be a part of the child’s treatment. They are not privileges that can be suspended as part of a behavior management plan (unless the Treatment Plan specifically allows this).

Minimum Standards also specifies special recreational needs for children with disabilities:

* Non-ambulatory children must have recreation that includes (1) changes in environment – such as placing the child outside or playing music for the child, and (2) physical fitness development that prescribes a variety of body positions. Exceptions to these rules can only be made if a written medical order states that they are not in the child’s best interest.
* Children receiving Treatment Services for Primary Medical Needs or Mental Retardation must have a minimum of one hour of physical stimulation each day. Their surroundings and experiences must reflect normal patterns of community living as closely as possible and as appropriate for the child’s special needs.
* All children receiving Treatment Services will have an Individualized Recreational Plan that is a part of their Treatment Plan. You must ensure that the child receives any medical or physical support the child requires during recreational and leisure-time activities.

You must ensure that your child will have appropriate supervision during all recreational and leisuretime activities, including transportation to and from events. Discuss the child’s special needs with all staff that will be responsible for supervising the child. You may share only those details of the child’s needs that are relevant to the recreational activity. This may include the child’s behavioral issues and any concerns about sexual vulnerability or acting out. You must ensure that the child is safe and protected at all times while maintaining the greatest degree of confidentiality possible. If you are uncertain about what should be shared with people who provide supervision to your child during recreational activities, consult with your AFS.

## Water-Based Activities

Foster homes must comply with all local and county ordinances regarding water-based activities. Foster homes must also be in compliance with the following water safety requirements:

***Supervision During Water-Based Activities***

Children under the age of 5 (chronologically or developmentally) must be supervised at all times in a bathtub.

All foster children must wear life jackets when:

* participating in boating activities
* in more than two feet of water if they do not know how to swim
* ordered by a physician for a child with a medical issue or disability

You must provide close supervision for young children at all times that they are in or near bodies of water, including backyard swimming pools, backyard wading pools, public swimming pools, water parks, lakes, rivers, and the beach.

 You must always provide the type and amount of supervision specified in each child’s Treatment Plan. The following chart is meant for basic children without special supervision needs. Treatment children may require higher levels of supervision. All children in an adult’s care (including biological/adopted children, minor relatives, and friends of the child) must be counted in the adult/child ratio. There must always be two or more adults supervising whenever four or more children are involved in a swimming activity. At least one adult must be able to swim, carry out a water rescue, and be prepared to do so in an emergency.

|  |  |
| --- | --- |
| Youngest Child  | Maximum Ratio, Adults: Children  |
| 0-23 months  | 1:1  |
| 2 years  | 1:2  |
| 3 years  | 1:3  |
| 4 years  | 1:4 (there must be at least 2 adults if 4 or more children)  |
| 5 years or older  | 1:6 (there must be at least 2 adults if 4 or more children)  |

Children who are non-ambulatory or at risk of seizure must have a 1:1 adult/child ratio during water activities, unless a doctor has provided a written statement that: (1) the risk of seizure is low and no special precautions are necessary, or (2) the child only needs to wear a life jacket while swimming and no other special precautions are necessary.

When children are using a public swimming pool, there must be a lifeguard on duty. Anchor policy is that the lifeguard may not count as a supervising adult. Only the children under the care of the supervising adult(s) are counted in the adult/child ratio at a public pool.

Children over 12 may be specified as “proficient swimmers” in their Treatment Plans. These children do not count in the adult/child ratio for swimming. However, in accordance with general supervision standards, no caregiver may supervise more than six children at any one time. No foster child may supervise other foster children in the water – even if your foster child is certified as a lifeguard.

 ***Wading Pools (less than two feet deep)***

You must provide supervision as above whenever children are using an inflatable or plastic wading pool. These pools must be drained at least daily and kept stored out of children’s reach when not in use (including overnight). The pool must not hold water while stored.

***Hot Tubs***

You must provide supervision as above whenever children are using a hot tub. Hot tubs must be covered with a locking cover when not in use.

***Swimming Pools at the Foster Home***

Any pool that holds more than two feet of water is subject to all the rules governing swimming pools. If you have a swimming pool on your property, you must talk with your child about the house rules for pool use and all safety precautions. You must ensure that your child does not have unsupervised access to the pool. You must be in compliance with all requirements for foster family swimming pools as listed in Section VI of this Handbook.

***Natural Bodies of Water***

If you allow your child to swim in a natural body of water (such as a lake, river, the ocean, etc.), you must set clear rules concerning where the child is allowed to swim. You must explain the rules you have set for the swimming activity in a manner that is clearly understood before the child begins the activity.

## Outdoor Sports and Activities

Whenever your child is playing outside, you must ensure that they are properly clothed for the activity and protected from inclement weather. You must also ensure protection from the sun (sunscreen, hats, etc.) and from insects (insect repellant, netting, etc.)

Your child must wear a helmet whenever riding a bicycle. During sports practice and games, your child must wear protective gear, such as goggles, pads, or helmets, as needed. All sports equipment must be maintained in the best possible condition.

A child must be allowed to stop participation in an activity if the child complains of pain, exhaustion, rapid pulse, or other symptoms. You must ensure that your child stays adequately hydrated during periods of physical exertion or exposure to heat.

## Special Occasions

Anchor believes that every child is a gift from God, and that the birthday of every child should be celebrated. Although Anchor allows your family to celebrate birthdays using your own customs and traditions, we do expect that normal societal patterns be observed - for example, providing your child with a birthday cake, special meal, gift, and/or special outing. However your family chooses to celebrate, the day should be a special one for the child. If your child has their own family customs regarding birthday celebrations, these should be accommodated whenever possible.

Christmas time is a special celebration for both the birth of our Lord as well as the traditional holiday festivities we celebrate in the United States. Although Anchor allows your family to celebrate Christmas using your own customs and traditions, we do expect that you will also recognize the cultural heritage of the child. Normal societal patterns should be observed; such as having a Christmas tree, hanging stockings, exchanging gifts and/or going on special outings. However your family chooses to celebrate, the day should be a special one for the child. If your child has their own customs regarding the celebration of Christmas, these should be accommodated whenever possible.

Your foster child may belong to a different religion or culture than your family. You must allow your foster child to celebrate the holidays of their own religion and culture. These holidays, such as Passover, Juneteenth, and Cinco de Mayo, are important ways for your foster child to remain connected to their birth family and community.

Anchor expects our foster children to have a positive and supportive family environment that celebrates all of the child’s accomplishments. Your foster care reimbursement rate is calculated to cover expenses such as school year-books, class photos, class rings, etc. If you have rules for your biological or adoptive children that regulate the purchase of such items, please contact Anchor so we can work together to support your parenting decisions while also providing normative experiences for the children in our care.

## Hunting

The safety of the children in our care is Anchor’s first priority. If a foster family wishes to take a child in Anchor’s care ***firearm hunting*** the following conditions must be met:

1. The child’s Treatment Plan must state that hunting with a firearm is approved by everyone on the Treatment Team (including CPS).
2. The child must attend and successfully complete the Hunter Education Course provided by the Texas Department of Parks and Wildlife. For more information please visit [http://www.tpwd.state.tx.us/learning/.](http://www.tpwd.state.tx.us/edu/hunted/)
	1. For youth 12 to 18 (or older if still in the care of Anchor) a copy of their Hunter Education Certificate must be on file with Anchor.
	2. For youth under the age of 12 a copy of their Hunter Education Attendance Certificate must be on file with Anchor.
3. The foster parent who will be taking the child firearm hunting must also attend and complete the Hunter Education Course provided by the Texas Department of Parks and Wildlife.
	1. The foster parent must register and attend the Hunter Education Course, in its entirety, with each child they wish to take hunting.
	2. A copy of each Hunter Education Certificate must be on file with Anchor.
4. A child in the care of Anchor may not go hunting with anyone other than their foster parent.
	1. If the foster parent wishes the child to go hunting with another adult, special approval must be granted by Anchor and the CPS caseworker.
	2. At a minimum, a foster child will only be allowed to go firearm hunting with an adult who is in possession of a Texas Department of Parks and Wildlife Hunter Education Certificate.
5. The child must be directly supervised by a qualified adult at all times whenever they are hunting or otherwise has access to a firearm or ammunition.
6. You must notify Anchor of each hunting trip in advance.

*Please note that similar provisions apply to bow hunting or any other form of hunting. You must consult with your AFS concerning any type of hunting trip.*

## Explosives and Projectiles

You must consult with your AFS about whether it is appropriate for your child to use explosives (such as fire crackers or model rockets) or projectiles (such as darts) prior to use. All children must have direct adult supervision any time they have access to or are using an explosive or projectile.

## Movies and Television

Anchor trusts that you will use good judgment in regulating what movies or television your child can attend or watch. You should learn as much as possible about a film or television show before you permit your children to watch. Reading reviews and feature articles or speaking with your theater manager and friends are good ways to gather information in addition to the ratings.

We ask that you follow the guidelines established by the Motion Picture Association of America, the National Association of Theatre Owners, and TV Parental Guidelines. These guidelines specify appropriate age ranges for viewing particular movies and television shows.

**Overnights - Slumber Parties -Etc.**

Slumber parties and overnight activities are a normal part of childhood. We encourage you to provide your foster child with positive experiences outside the home such as sleepovers with friends, slumber parties, lock-ins, etc. However, there are often special safety considerations for children in care. The child’s Treatment Plan will address whether it is appropriate for your child to go on overnight visits and what specific precautions may be necessary. At a minimum, you must ensure that:

* Anchor is notified before the event occurs
* the child has been in your home at least 40 days
* the person responsible for the child’s supervision is over 21 years of age , and
* the child’s special needs and any safety concerns (such as sexual vulnerability or runaway behavior) are shared with the person responsible for the child’s supervision.

It is important for you to understand that foster parents maintain responsibility for their foster child regardless of the child’s whereabouts. You must always leave accurate contact information with any alternate caregiver and be readily available to answer their questions or respond to an emergency.

**Anchor Treatment Foster Care will make all decisions regarding where the child will sleep (this includes respite, friends’ homes, overnight camps or emergency respite).**

# DATING POLICY

One of your responsibilities as a caregiver for adolescents is to teach them about healthy adult relationships. Anchor encourages positive, pro-social, dating for older adolescents. Please discuss this with your AFS so that it may be included in your child’s Treatment Plan.

# TRANSPORTATION

Unless otherwise stated in the child’s Treatment Plan, **you are responsible for all transportation related to your foster child** including, but not limited to, visits with biological family, getting to and from school, to and from jobs, medical and dental appointments, visits with friends, extracurricular activities, and therapy appointments. Foster children are not allowed to walk to or from school unless approved by Anchor.

Every driver who transports a foster child by car must be at least 21 years of age, have a valid driver’s license, current liability insurance, and a safe driving record. On rare occasions, exceptions for younger drivers may be made, but this must be clearly documented in the child’s Treatment Plan. All foster parents must provide proof of current insurance to Anchor.

Anchor also requires an annual driving record to be submitted to the office that documents any driving violations that have occurred during the past year. This can be obtained through the DPS website [www.txdps.state.tx.us/DriverLicense/driverrecords.htm.](http://www.txdps.state.tx.us/DriverLicense/driverrecords.htm) Instructions will be provided to you by your Anchor representative.

You must notify Anchor of any traffic violations you receive. Any foster parent arrested for or convicted of reckless driving or driving under the influence (while intoxicated) may NOT drive a foster child anywhere until a full assessment of the incident is made by law enforcement and Anchor.

Always use appropriate caution when traveling by car. Foster parents and employees must follow all federal, state, and local laws when driving, including obeying posted speed limits, using proper child restraints, and wearing belts seats. You must ensure that all passengers in your car also follow all federal, state, and local laws.

You must make certain that your vehicle is in safe operating condition at all times and that all safety equipment is operational. Your vehicle must have a valid registration and inspection sticker.

When driving, you must ensure that all persons in your vehicle are using an appropriate safety restraint system.

* All children under one year of age, and older children under 20 pounds, must ride in a rearfacing car seat, with harness straps at or below shoulder level.
* Children over one year of age, weighing 20 to 40 pounds, must ride in a forward-facing car seat, with harness straps at or above shoulder level.
* Children weighing more than 40 pounds who are less than 4’9” tall and under 8 years of age must ride in a belt-positioning booster used with a standard lap/shoulder combination seat belt.
* Children under 12 must always ride in the back seat with seat belts fastened. Children over 12 may ride in the front seat with seat belts fastened.
* You must make whatever special provisions are necessary for safely transporting a nonambulatory or non-mobile child, including locks for wheelchairs and hydraulic lifts when needed.
* As a foster parent, you are expected to model responsible adult behavior and should always wear your seat belt. You should make sure other adult passengers also wear their seat belts.
* Never place a rear-facing child safety seat in the front seat of a vehicle with a passenger air bag.

If your vehicle is equipped with a child safety lock for the back seat, you should keep it engaged at all times. This will ensure that your child is not able to open the car door while your vehicle is in motion (either accidentally or intentionally) and give you better control over when your child exits your vehicle once you reach your destination.

If your child requires special supervision or is in a highly emotional state, you must ensure that there are a sufficient number of caregivers present while transporting the child. Always use appropriate caution if a child’s behavior becomes volatile or agitated when riding in a car. If needed, you should pull the car to the side of the road until the child’s behavior has de-escalated and it is safe to continue driving.

Minimum Standards specifies that no one may smoke in the car if a foster child is present.

No child under the age of 18 may ride in the open bed of a pick-up truck or trailer. Children must be fully inside the vehicle while the vehicle is moving. They may not stand on runners or sit on the hood or trunk while the vehicle is moving.

# OUT-OF-AREA TRIPS

We encourage you to include your foster child in all family events, which may include travel out of town, out of state, and sometimes even out of the country. However, there are special provisions to follow whenever you will be traveling out of town with a foster child.

If the travel is within the state of Texas and for more than three days (72 consecutive hours), TDFPS must give Anchor written approval for the trip. Written approval is not required, however, when the CPS caseworker arranges for the child to visit with members of the child’s own family or with relatives. Whenever possible, you must give Anchor 10 days advance notice of the trip, including the address(es) where you will be staying.

If the travel is outside the state or country, Anchor must obtain approval for the child’s travel from TDFPS, and from the Court that has jurisdiction over the child. We must have three weeks advance notice including the address(es) where you will be staying and how we may contact you during your trip.

On some occasions, TDFPS may deny the request to take the child with you out of state. This is usually due to legal complications.

 If your family makes frequent, routine trips (such as to vacation property or a relative), please discuss this with your AFS and the CPS worker when the child is placed in your home. It may be possible to receive a blanket authorization for such trips that would not require additional approval for each trip. This blanket approval must be in writing, and will only be for the circumstances specified in the authorization. All other trips will need to be authorized as detailed above.

If an emergency arises in your family and you must go out of town, call Anchor immediately.

Arrangements can be made for emergency respite or perhaps even emergency travel. Be sure to explain to your foster child what is happening, as sudden changes are difficult for children to understand.

# LUGGAGE

Remember that children are watching everything you do. Even if they pretend they don’t care, they are always paying attention. They will base their self-esteem, at least partly, on how you treat them. In keeping with this idea, you must ensure that all children have luggage suitable for transporting all of their clothes. ***You must never pack a child’s clothes in garbage bags.***Far too many children have experienced this while in the foster care system, and received the message that they and their belongings are “trash.” Your foster care reimbursement is to be used for the purchase of new luggage if the child has none suitable for use.

# LIFE BOOKS

Anchor requires that all foster families create and continually update a “Life Book” for each foster child in their care. The Life Bookmay be a folder, packet, picture album, or specially prepared box that can be used to create a permanent record for the child. A Life Book is a valuable means of establishing "roots" for a child as they move through and out of foster care. It is the child’s photograph album and scrapbook.

You should involve your foster child in how they want to arrange their life book and what they want to include in it. If they brought a Life Book with them from their last home, add mementos from their time at your home to their existing book. Unfortunately, most children – even if they have been in care for years – will not have a Life Book when they come to your home. It is your responsibility to create a Life Book with them. Depending on the child’s age, development level, and behavior, you may want to keep the Life Book in a safe location so that the child cannot damage or lose it (accidentally or intentionally). Older and more responsible children may keep their Life Books in their rooms. The Life Book may be used by the child’s counselor as a therapeutic tool. Some children may also find it helpful to review their Life Book with you or in private as a way to help manage their emotions.

The Life Book can be as individual as the child’s personality. Some examples of what may be included in the Life Book are:

* photographs of the child, the child’s friends, the foster family, and pets
* photographs of birth relatives
* photographs of the foster home, child’s room, child’s school, and nearby parks
* photographs of events and activities such as birthday parties, holidays, and trips
* birthday and Christmas cards
* postcards and letters from birth relatives, friends, and foster family members
* awards from school, sports teams, and other community organizations  journal entries by the child or caregivers  assorted souvenirs and keepsakes.

Most foster parents want to keep their own souvenirs and pictures of the time their foster children spent in their homes. It is important to keep those souvenirs separate from the child’s Life Book. The child’s Life Book will leave with the child, and will be something they treasure as they look back on fond memories of the time in your home.

# RELIGION

Anchor believes that each child is a gift from God, and that true healing takes place in a spiritual context. We encourage you to share your faith with your child; however, you must always respect the child’s cultural and spiritual traditions and background. You may NOT pressure or coerce a child to accept or participate in a particular belief system.

Frequently, foster children have had limited or no exposure to religion. It is important for you to respect and support their religious background. This may include styles of dress, dietary considerations, reading materials, the celebration of religious holidays, set times for prayer, and forms of prayer or meditation. You are not required to allow the child to participate in or create a dangerous situation as part of a religious practice. You are not required to allow a child to deviate significantly from social norms as part of a religious practice. All other forms of expression and belief should be tolerated.

You must also respect a child’s decision to hold no religious beliefs.

As s of Christ, we are called upon to demonstrate compassion, patience, and respect for all peoples and individuals. Anchor, and you as foster parents, will not discriminate against the children we serve on the basis of religion.

## Attending Church

If your foster child, or the child’s biological family, expresses a preference in the type of church or religious organization the child attends, you must make reasonable efforts to facilitate the child’s attendance and participation with their faith community.

Foster children may attend your family church, and many will chose to do so. If your child states that they do not want to attend church with you, you may not force them to go. You should secure alternate child-care arrangements so that your family may attend services.

## Christenings, Baptisms, Church Membership

Christenings, baptisms, dedications, confirmations, and church membership must not occur without prior consultation with Anchor so the child's parents can be consulted. These ceremonies will be much more meaningful to the child if their birth family is able to attend, participate, or give their approval. Even an infant or young child may be comforted by the knowledge, later in life, that their birth family participated in or agreed with these important rites of passage.

# THERAPY

Many of our children participate in individual counseling. It is extremely important that you participate in the therapeutic process with your child. You should remain in contact with your child’s therapist about your child’s behavior and needs so that they have a clear picture of the child. The child’s therapist will also help you learn how to manage your child’s behavior effectively and create a therapeutic environment in your home. You may call the therapist for advice if you are at a roadblock with how to handle a particular behavior. If the child is having a lot of conflict with you or the other children in your home, you may request a family session to work on these issues together. The child’s therapist is an important part of the Treatment Team, and should be involved in all major decisions for the child. Please remember that all therapists must be approved by Anchor and be a STAR Health provider.

Because the therapist is such an important part of the Treatment Team, all therapists that work with our children are required to have a contract with Anchor. Your AFS will refer your child to an appropriate therapist in your area. You may not select the therapist for your child. If there is a therapist you would like to use who does not have a contract with Anchor, consult with your AFS. The AFS will determine if it is appropriate to contract with this therapist. Your AFS or the CPS worker will make the final decision about which therapist your child will see. If you have scheduling or other conflicts with the child’s therapist, please discuss this with your AFS.

You are responsible for ensuring that your child attends therapy as specified in the Treatment Plan. Whenever possible, you must schedule therapy appointments outside of school hours. You may not decline therapy for a child, and you may not remove a child from therapy without prior discussion and approval with Anchor and DFPS.

From time to time as a child participates in therapy, you should expect the child's behavior to regress or become more difficult to manage. This change in behavior may be an indicator that your child is processing traumatic experiences or difficult emotions. It is also an indication that your child needs increased consistency and support. It is not unusual for a child to have a period of worsening behavior just before a breakthrough in therapy. Many parts of the healing process can feel frightening and uncomfortable to the child.

Therapists are legally required to maintain confidentiality. They may not be able to share with you what the child has said in their sessions. It is important for the child to feel safe with their therapist in order to share things that they may not be ready for you or other people to know about. Your child will talk to you about what is happening in their counseling sessions if and when they are ready. Do not push your child to discuss these things with you. All the children who come into our care have been through traumatic experiences. Each child will process these experiences in their own way and in their own time.

# BEHAVIOR MANAGEMENT

Your child’s Treatment Plan will guide your behavior management practices with each specific plan.

This section describes different behavior management practices that may be used with foster children.

## Positive Reinforcement

We expect you to interact with your foster children from a strengths perspective. You should focus on rewarding your child’s positive behaviors with various reinforcers (such as positive feedback, special outings, extra privileges, and individual attention). Remember that simple praise and encouragement are often the most potent rewards for a child. For difficult children, the practice of “catching them doing it right” is especially helpful. Positive feedback for simple things, such as putting trash into a trash can, may help reorient your behavior management strategies from constant reprimands to a more encouraging, strength-based, teaching relationship between you and your child.

## Reward Systems

A reward system is a specific type of positive reinforcement that gives your child something to work towards. Progress towards a goal may be measured on a chart in the child’s room or a common area by placing a sticker on the chart for each time a child performs a targeted behavior, or for each time period that a child refrains from a certain misbehavior. You may also use tokens and other systems to measure progress. For a rewards system to be effective, it should be kept simple. Focus on one behavior at a time. Set up a clearly defined reward that the child is interested in, such as a buying a specific toy or going out for pizza at a specific restaurant. Give the child the opportunity to earn rewards quickly. Children may regard next week as being as far away as next year. Allow the child to monitor their own progress regularly by seeing the sticker chart or the jar with their tokens.

Start slowly and set realistic expectations. A first goal for a reward system may be as easy as “no screaming for fifteen minutes.” Once the child has mastered the first step, increase the requirements for earning rewards bit by bit. It is important to start where your child is, not where you wish your child were. Building on strengths little by little can produce a huge change in the long run.

## Redirection

Redirection encourages a child to engage in a more acceptable activity instead of continuing in a misbehavior, such as asking a child to color on paper instead of the wall, or listen to music instead of fighting with siblings. Redirection is a non-confrontational method of helping a child find more appropriate outlets for their energy, emotions, and curiosity. Redirection can give your child a sense of control by telling them what they *can* do instead of what they *can’t*. Telling your child to ‘go pet the dog’ lets them know exactly what they are expected to do. Telling your child to “stop arguing” may actually leave them confused about what they should do instead. Redirection helps children discover different ways of handling situations which they may not have considered before.

Redirection is most effective when the child is given one or two clearly defined alternatives to the misbehavior. Too much choice or poorly defined choices may be confusing or overwhelming. It is also important to explain why the suggested behavior is more appropriate or beneficial to the child than the behavior being interrupted.

## Time-Out

The use of time-out involves placing a child in a specific area where they are expected to remain still and quiet for a set amount of time. Time-out is a well-defined behavioral intervention with several possible variations in regards to where the time-out is completed, how the start and stop time are determined, and what behavior is allowed during and after the time-out. For time-out to be effective, you must, above all else, be consistent in the way you implement it. You should consult with your AFS about developing a specific time-out strategy. Once you have chosen a strategy, you should implement it exactly the same way each time it is used.

Time-out works by interrupting misbehavior as it occurs, giving an immediate consequence to the misbehavior, and allowing the child a ‘cool down’ period to regain control over their behavior. As a general rule, a child should not be in time-out any longer than one minute per year of age. Under no circumstances may a child be required to be still or silent for inappropriately long periods of time. The effectiveness of time-out is based on its immediacy. An excessively long ‘time-out’ period diminishes its effectiveness by allowing too much time to pass during which extraneous or new factors may come into play (such as a doorbell ringing or a child becoming hungry).

Another key to the effective use of time-out is the follow up discussion between the child and caregiver after the time-out is over. You should discuss with your child the misbehavior that led to the time-out and the change in your child’s behavior that allowed the time-out to end.

## Natural Consequences

Using natural consequences allows a child to experience the natural outcomes of their behavior, such as being hungry if they refuse to eat, or breaking a toy they are using too roughly. The use of natural consequences involves *not* taking action to correct a child’s behavior. For natural consequences to be effective, you must explain to the child beforehand what the likely outcome of their actions will be, tell the child what they should do in order to avoid the consequences, and follow up with a discussion of what happened and why after the consequence has occurred.

You must always be aware of the potential results of allowing your child to continue in a particular behavior. You may never allow your child to experience significant harm as a natural consequence (such as being injured by diving into a shallow pool). When taken to the extreme, excessive use of natural consequences becomes neglectful supervision

## Logical Consequences

The use of logical consequences involves assigning consequences that logically relate to a child’s misbehavior, such as sweeping up the floor if they throw their food off the table, or paying for a window they have broken. Unlike a natural consequence, a logical consequence involves taking an action to give or enforce the assigned consequence; however, the assigned consequence is still logically related to the misbehavior. A logical consequence may be thought of as a “socially natural consequence.” Logical consequences help the child learn that, just as the laws of nature limit a child’s physical behavior, social laws, customs, and norms also place limits on their behavior and will result in consequences if they are not followed. For older youth and adults, the ultimate logical consequence is arrest and imprisonment.

For logical consequences to be effective, you must explain the connection between the consequence and the misbehavior. Your child may honestly not make the connection between making a mess and cleaning it up unless you tell them directly. You should also reinforce to your child that they can avoid a similar consequence in the future by not repeating the same behavior.

The use of logical consequences can also be taken to the extreme. As caregivers, one of our roles is to protect our children from the consequences of their own actions. If they were ready to assume the full consequences of their behavior, they would be capable of living independently as fully functioning adults. Our children are in the process of learning how to become self-sufficient, and should never be forced to bear the full consequences of all their actions, until they are ready to transition out of care and into adulthood. The Treatment Team takes the child’s age, developmental stage, special needs, and specific treatment goals into consideration when deciding whether and to what extent logical consequences are appropriate.

## Restriction of Privileges

You may limit or suspend specific privileges the child is usually allowed as a consequence for misbehavior. Privileges are a powerful form of positive reinforcement for good behavior. A child who has earned your trust by behaving appropriately generally earns privileges commensurate with your trust. When your child misuses their privileges it is often necessary to give a logical consequence by limiting (no telephone calls longer than 15 minutes) or suspending (no telephone calls) that privilege for a specific period of time. When giving a new privilege, it is often useful to explain in advance what behavior is expected in order to maintain the privilege, and what misbehavior will cause it to be restricted.

Unlike logical consequences, privileges may also be restricted due to unrelated behaviors, such as when telephone privileges are revoked as a consequence for fighting with siblings. Although it is best to use a consequence logically related to the misbehavior, it may be more effective in certain cases to suspend a privilege that has particular importance to your child. Regaining a cherished privilege can be a powerful motivator for your child to correct their misbehavior.

For restriction of privileges to be effective, you must clearly explain what behavior caused the privilege to be limited or suspended, and the conditions under which the privilege can be regained. This condition may be a pre-set time frame (one week), or a behavioral goal (finishing a book report).

You may never limit or suspend a child’s rights as listed in Section III of this handbook. You may not limit or suspend any activity specified in your child’s Treatment Plan (such as dance practice, or trips to the library) without approval from the Treatment Team. Since privileges are such a powerful motivator for behavior, you should never suspend *all* privileges. A child will often feel like they have “nothing left to lose” if they have no privileges, and will be less likely to modify their behaviors.

***If you plan to restrict a child from all recreational activities (allowing only school work and chores) for more than 24 hours, you must have approval from Anchor before the restriction begins. This is an extreme measure and may only be used in exceptional circumstances.***

## Productive Work Projects

In some cases, you may assign your child a task or project to complete as a consequence for misbehavior. Assigning work projects is generally a form of logical consequences. It may also be used as redirection. Assigning work projects can be an effective discipline strategy if the root of the misbehavior is boredom, the need for attention, poor self-esteem, or feelings of powerlessness. Younger children may stop a misbehavior if they are asked to “help” a caregiver with a task such as folding towels or setting the table. Encouraging your child to complete an assigned task can bolster their sense of self-esteem by giving them the opportunity to succeed at something, or to contribute to the running of the household. It can also enhance your child’s sense of control by allowing them ‘control’ over completing a certain task.

Children may never be assigned unproductive work projects, such as moving a pile of rocks from one place to another, and then back again, or copying the same words and phrases over and over. One of the greatest benefits of assigning work projects is the opportunity for your child to feeling a sense of accomplishment after the project has been completed.

## Writing Essays

In some cases, you may give a child a writing assignment related to a misbehavior. Writing assignments may include apologizing to a store owner for theft, explaining why it is wrong to lie, describing the importance of a good education, exploring how the child’s feelings affected their actions, or how their actions affected others. Writing essays provides your child with the opportunity to reflect on and process their experiences. It may also give you some insight into your child’s understanding of their behavior, and provide a starting point for discussion. It is not unusual for a child to be unable to describe why a behavior is wrong, or have very strange ideas about what makes a behavior wrong. For essay writing to be effective, you should specify how long the essay must be (such as a number of sentences or paragraphs) and the time frame for completing the essay. When you receive the essay, you should give your child feedback about what they wrote, and if necessary, ask them to re-write the essay using your feedback. Remember that grammar, spelling, and penmanship issues are not relevant – focus on the content of the essay instead.

# DISCIPLINE POLICY

The majority of the children we care for have been abused in some form or another; they have already learned what it is like to be raised in a violent, cruel, or demeaning home. Our goal is to provide alternate, positive, and pro-social discipline that demonstrates patience, understanding, and love.

This section specifically addresses Anchor’s ongoing responsibility to protect children from abusive, inappropriate, or ineffective behavior control measures and to foster appropriate management of problem behavior.

Discipline is a form of teaching. The ultimate goal of discipline is to teach the child how to manage their own behaviors in a socially appropriate manner, and assume responsibility for their own actions. When you impose a discipline measure, you must explain to the child why they are receiving the discipline. This will help teach the child what is and is not acceptable behavior.

All discipline must be based on the child’s age and level of development. Infants (birth to 17 months) do not require and may not receive any form of discipline. Infants are unable to self-regulate their emotions and behaviors, and therefore, are not able to benefit from discipline as a teaching method. Infants may be redirected from undesirable behaviors, such as moving an infant’s hand away from your nose, ears, or hair; however, they may never receive “consequences” for their actions.

The child’s Treatment Plan will describe the types of discipline that may be used. Each time the Treatment Plan is reviewed, the Treatment Team will discuss what discipline strategies are most appropriate for the child, and any strategies that are likely to be counter-productive. Caregivers must always follow the discipline plan outlined in the child’s Treatment Plan.

Only an approved caregiver, who is familiar with the child’s behavior and personality, and who is already known to the child, may discipline a foster child. A foster child may never be disciplined by another foster child or youth, regardless of their relative ages (unless a parenting adolescent is placed in a foster home with their own child).

## Appropriate Discipline Techniques

Praise and encouragement should be used to guide the child’s behavior. Providing the necessary level of supervision is also key to managing the child’s behavior. Increasing supervision when a child begins to act out may prevent a worsening of the child’s behavior. The goal of behavior management is to prevent misbehaviors by setting up an environment that encourages a child to behave correctly.

When a child does misbehave, appropriate discipline measures include: time-out, natural consequences, logical consequences, restriction of privileges, productive work projects, and writing essays.

## Inappropriate Discipline Techniques

Caregivers may never spank a foster child. No form of corporal punishment may be used with foster children. Many of the children we care for have experienced or been exposed to physical violence. Although you may have raised your children, and your parents may have raised you, using corporal punishment, the background and experiences of a child in foster care make the use of corporal punishment an especially terrifying experience. Anchor will not tolerate the use of corporal punishment with any foster children.

Additionally, foster children may never be pinched, slapped (on the face, hands, or any other body part), or pushed. Obviously, caregivers may not bite, scratch, kick, or hit a foster child. Caregivers may not pull or grab a child’s hair, or apply a twisting force to a child’s limbs. Caregivers may never intentionally cause pain or physical discomfort to a child as a form of discipline. Caregivers may never use “aversive stimuli” (such as making a loud noise or exposing a child to an unpleasant smell) as a form of discipline. **No child of any age may be shaken for any reason.**

Caregivers may not require foster children to maintain a certain physical position (such as kneeling or holding their arms above their head), or do physical exercises (such as sit-ups, push-ups, or running laps) as a form of discipline. Caregivers may not assign a child unproductive work projects. Caregivers may not require your child to be silent or motionless for inappropriately long periods of time. Caregivers may not use or threaten to use a physical restraint as a form of discipline.

Caregivers may never place anything on or in a child’s mouth (such as soap or tape) as a form of discipline. Caregivers may not use mechanical restraints on a child (such as tying rope around a child’s hands, legs, or any other body part). Caregivers may not place a child in a dark room, bathroom or closet, or confine a child to a high chair, box, or other furniture as a form of discipline.

Caregivers may never discipline a child for bed-wetting, soiling their clothes, or any other action related to toilet training.

Caregivers may never ridicule, verbally abuse, yell at, curse at, or threaten any foster child. Caregivers may not make derogatory or humiliating comments about your foster child, or their birth family, ethnic group or racial group. Caregivers may not use cruel or sarcastic humor. Caregivers may not emotionally reject a child, or threaten to have the child removed from their current foster home due to misbehavior. (If a child’s behavior causes their foster parents to question their ability to care for the child, they must discuss this with their AFS. They may *not* threaten the child with loss of placement in their home. The AFS will work with the foster parents to support placement in the current home, or arrange another placement if the current foster parents are unable to meet the child’s needs.)

Caregivers may never deny or limit the rights of any foster child, as described in Section III of the Foster Parent Handbook and in the hand-out entitled “Client’s Rights.” Caregivers may never deny a child food, water, shelter, medical or dental care, sufficient sleep, clean clothing, personal hygiene items or bedding as a form of discipline. Caregivers may not deny a child visitation or communication with their biological family as a form of discipline.

Food that is required to meet the child’s basic nutritional needs may not be associated in any way with reward or punishment, or used as part of a behavior management program. This includes any desserts or snacks used to meet a child’s nutritional needs (such as calcium supplied by ice cream or protein supplied by nuts).

Caregivers may not suspend or restrict any actions specified by the child’s Treatment Plan, such as counseling appointments, after-school tutoring, or sports practice.

## Investigating Allegations of Inappropriate Discipline

Staff, foster parents, and volunteers must report any suspicion of inappropriate or prohibited discipline to Anchor for immediate investigation. If you use an inappropriate or prohibited discipline technique, in the heat of the moment or in a lapse of judgment, you must inform Anchor immediately.

# RESTRAINT & SECLUSION

Anchor Does not use restraints or seclusions as a method of discipline. The use of these are ground for revocation of licensure.

## De-escalation Techniques

You must attempt to de-escalate (or calm down) a child when they first begin to become agitated or aggressive, instead of letting a situation build and build until it explodes. Children in foster care are often experts at “pushing buttons” to get an angry reaction from their caregivers. As strange as it may seem, some foster children may “look for” abuse, because being abused seems more familiar to them than being nurtured. Having an angry or abusive caregiver may put them back in their comfort zone. They may also seek to push you away just when they begin to feel at home, because it feels like a betrayal to their birth family, or because they are afraid of being hurt if they let themselves care about someone again.

Always chose your battles. Do not let yourself get sucked into a power struggle. When a child has lost their family, their home, their belongings, their friends, their neighborhood – they feel powerless and out of control. Engaging you in power struggles is a way that they can control *you.*

Do not take your child’s behavior or language personally. If you need to, take a break to cool down. Put yourself in time-out. Give yourself the space and time you need to be in control of your emotions. When there is no immediate danger, it is appropriate to tell your child that you need a few minutes to yourself in order to handle the situation with understanding and respect. Being honest about the way you handle stress and frustration can teach your child how to do the same.

When emotions get high, tell your child to take a break. Ask them to go to their room or take a walk around the block (if it is safe for the child to do so). Ask your child to listen to music, write in their journal, or do other things that help them calm down. Let your child tell you what they can do to calm them self-down. Separate children who are escalating each other. Reduce loud noises and other distractions. Create a calming environment.

If your child is working on anger issues in therapy, remind your child to use whatever therapeutic techniques they have been taught, such as counting to ten, visualization, or self-talk.

If your child raises their voice to you, speak softly to them. When you lower your voice you force your child to stop talking if they want to hear you. They may continue yelling for a time, but, generally, they also want to hear your reaction to what is going on. Never yell back at or try to talk over your child. Inform your child that you will not discuss the situation until they can speak to you politely. Model for your child the way you want them to behave towards you.

Don’t repeat yourself over and over again. If you have made a point, suggestion, or set a consequence, it is not necessary to repeat it more than once or twice. Repeating yourself only serves to frustrate you and keep your child arguing the same points over and over again. Your child already heard and understood what you said. They will not suddenly decide to listen just because you are repeating yourself. Do not crowd your child’s space. Moving your body closer to your child’s body will escalate the situation. Take a step back.

Let your child blow off steam. You can let your child yell and curse without interrupting them. (You can always impose consequences for the behavior later, after the situation has been defused.) You can let your child mutter things under their breath. If you are not feeding the situation with your own anger or attention you may find that your child winds himself down after “getting it out of their system.” Help your child back down. Do not create a situation where your child has to “lose” in order to end a confrontation. Agree to discuss the situation at a later date. There does not need to be a final decision. If you have suspended privileges, set a date when you will consider giving the privilege back. If your child refuses to follow directions or complete a consequence, but is willing to become and remain calm – accept that for now. Let your child know that the argument or confrontation can end when they choose to calm down. You can assign additional consequences when the situation has passed. (Repeated inability to follow directions without explosive behavior can, and should, be addressed in therapy.) Do not bargain with your child, but do give your child a reason to follow the rules. If your child has nothing left to lose, they have no reason to behave. Let your child know that they will gain your respect by controlling their behavior.

The Treatment Team may specify other de-escalation techniques for use with a particular child. Whenever you are concerned or frustrated about your ability to manage your child’s behavior, talk to your AFS and develop a specific plan.

# SERIOUS INCIDENTS

Anchor must document and notify TDFPS within 24 hours of all serious incidents. You must report all incidents to your Anchor AFS or local Anchor office as soon as the situation is under control, but no more than 12 hours after the incident. If the incident occurs after hours, you must utilize the office’s on-call phone line and report the incident. There is always someone available to speak with you and you are expected to report, regardless of when the incident occurs.

You must report any of the following incidents:

* Death of a foster child
* Attempted suicide, including the use of any means or method that the child believes to be capable of causing death
* Critical injury or illness that requires treatment by a medical professional, including all emergency room visits and hospitalization
* Indications that your child has experienced new physical abuse, sexual abuse, neglect or exploitation by caregivers, community members, or strangers
* Indications that a foster child has physically or sexually abused another child
* Any foster child assault on another person
* Use of a personal restraint
* Arrest, indictment or charging of a foster child for a crime
* Runaway/AWOL
* Substance abuse or possession
* Major property destruction
* Theft
* Diagnosis of foster children or caregivers with a reportable communicable disease (as specified by the Texas Department of State Health Services)

For some serious incidents, your AFS may direct you to notify law enforcement. Any time you have contact with law enforcement regarding your child, you must record the officer’s name, badge number, and the date and time of the contact.

Anchor is responsible for completing a formal Incident Report whenever a serious incident involving a foster child occurs. These Incident Reports must be submitted to CPS within 24 hours of the incident. You must provide your AFS with a complete account of what occurred before, during and after the incident as soon as possible. Your AFS also needs this information in order to ensure that all issues surrounding the incident are resolved in a timely and therapeutic manner.

# RUNAWAY BEHAVIOR

Concerns about a child’s runaway behavior will be addressed in the child’s Treatment Plan. Children with a history of runaway attempts may require additional supervision at night, which may include bed checks, a baby monitor, or door chimes.

If you cannot locate a child, you must search all hiding places in your home and all hang-outs children in your neighbor frequent. You must contact neighbors, friends of the child and, in some cases (when the child has regular contact), the child’s birth family to determine whether they know the child’s whereabouts. You may also drive around the area in which the child was last seen to look for the child.

You must notify Anchor as soon as you determine that a child (chronological or developmental) cannot be located. Your AFS may direct you to call law enforcement at that time, or wait a period of time before contacting law enforcement. In all cases, children who are absent without leave for more than 24 hours must be reported to law enforcement.

Unless there is a safety or treatment issue that cannot be resolved in the current placement, Anchor will always place the child back into the home they ran away from. You are expected to take your foster child back into your home and address the runaway behavior as a treatment issue. Your AFS and the rest of the Treatment Team will work with you to ensure you can provide the appropriate level of supervision for your child.

Although this *very* rarely happens, if your child is taken from your home by an unauthorized person you must notify Anchor and law enforcement immediately. If an unknown CPS worker comes to pick up a child from your home, you must verify that person’s identity before releasing the child to them. If you have any question at all about whether a person is authorized to take possession of your child, contact your AFS immediately.

# ADMISSION TO A PSYCHIATRIC HOSPITAL

You may not admit or seek to admit a child into a psychiatric facility without the express consent from Anchor.

If your child exhibits aggressive, disorganized, or disturbing behavior, you must discuss this with your AFS as soon as possible. If your child presents an imminent threat of harm to himself or others, you must contact your AFS immediately (or as soon as you are safely able to), and may need to contact emergency services as well. You must always guarantee the safety of your child and others in your child’s environment. However, even when emergency services responds to the crisis, you must still have authorization from Anchor to move forward with a psychiatric hospital admission.

If your child’s psychiatrist or therapist recommends admission to a psychiatrist hospital during a routine appointment or in response to your request for assistance from them, you must discuss this with your AFS immediately.

In order to ensure appropriate billing and reimbursement for children who require brief psychiatric hospitalization, children who are placed in a psychiatric hospital must be officially discharged from the foster home for the duration of their hospital stay. The child’s CPS caseworker may submit a request to hold the child’s bed in your home pending discharge from the hospital. Anchor will discuss this request with you and advise CPS whether the bed will be held. In some, but not all cases, you will receive reimbursement for the days the child is at the psychiatric hospital if the child returns to your home. The child will be re-admitted to your home on the day of discharge from the psychiatric hospital.

Although some children may require more intensive services than you can provide in your home after a psychiatric admission, Anchor seeks to place all children back in the same home after hospital discharge whenever possible. The Treatment Team will work with you to provide additional supports to accommodate your child’s needs. Anchor encourages all foster parents to remain involved in the child’s care whenever a child is at a psychiatrist hospital, which may involve telephone calls with your child, visits to the facility, discussion with therapists and doctors at the facility, and family therapy sessions with your child while they are at the facility.

# ASKING FOR A CHILD’S REMOVAL

Any disruption in a child’s placement is devastating to them, even though they may tell you how much they “do not” want to be there. Each move reinforces the trauma of the child’s original removal from their family, and further damages their ability to form authentic, healthy relationships.

Anchor will only remove a child from your home if they pose a safety threat to them self or another member of the family; if your home is found to be in violation of standards; if other members of your family are decompensating due to the child being there; or, if a child refuses to remain in your home.

You *must* discuss problems and issues with your AFS when they first arise. Do not wait until an issue reaches a crisis point before asking for help. Being a foster parent is a demanding job. We want to support you in any way possible, but we cannot address issues we are not aware of. Let your AFS know as soon as you begin to have doubts about your ability to continue caring for a particular child.

If you reach a point where you feel you must ask Anchor to move a child from your home, you are required to give Anchor 30 days’ notice. We will work towards finding another placement, putting necessary services in place at the new placement, coordinating treatment and legal issues with CPS, and preparing the child for the move during this time.

You may never threaten a child with removal from your home. In some cases, it may be appropriate to discuss with an older child when continued placement in your home depends, in part, on their own behavior. You must have approval from your AFS before having this type of discussion, and you must frame the discussion in terms of the child’s needs, not your own feelings of frustration or anger.

Always remember: each child is first and foremost a breathing, feeling, growing human being – not a moveable object that can be passed off when they become inconvenient.

# SUBSEQUENT MOVES

At times, CPS or the Treatment Team may recommend that a child moves from your home into another placement. This is called a subsequent move. This may happen when siblings have been placed apart and can now be placed together, CPS decides to move the child closer to their parents, CPS decides to place the child with relatives, or therapeutic issues necessitate moving the child. CPS has the ultimate authority for approving the placement of a child, and may move a child at any time, for any reason. Anchor will always advocate for a child’s best interest; however, CPS is the legal guardian for the child. You must cooperate fully any time a subsequent move occurs. This includes following instructions on what to say or not say to the child regarding the situation, packing the child’s belongings as directed, delivering the child’s belongings to the Anchor office or another foster home if necessary, withdrawing the child from school, and supplying any requested documentation or paperwork.

# FOSTER HOME COMPLIANCE

Anchor Treatment Foster Care is responsible for verifying and supervising your foster home. By licensing your home, and re-verifying your home at regular intervals, we are certifying to CPS that you are in compliance with all applicable regulations and standards, and that you are capable of providing a safe, nurturing, and therapeutic family environment for foster children. Anchor takes that responsibility to CPS, and to the children placed in our care, very seriously. Anchor will take all necessary actions to ensure that our foster homes remain in compliance, and that our foster parents provide quality services and care.

## BACKGROUND SCREENING

Every person in your home aged 14 and older (excluding foster children) must have an FBI fingerprint background check. This was part of your licensing process. After your initial home study and licensure, every home member over the age of 14 (excluding foster children) will be resubmitted for a current criminal background check every two years. If any person in your home is accused of or arrested for any crime, *you must notify Anchor immediately*.

You must notify Anchor before any new person moves into your home. This includes someone who will be staying “temporarily” if it is a period of more than one month. Anchor must complete a background check *before* any new person may move into your home. Failure to notify Anchor of a new household member in advance will result in a corrective action plan and possible closure of your home. Please be advised that licensing standards require criminal background checks on any frequent and regular visitor to a foster home as well.

Please notify Anchor when a child in your home is approaching their 14th birthday so that Anchor can submit that child for a background check.

## ENVIRONMENT

Your home must meet all applicable fire, health, and safety laws, ordinances, and regulations. These requirements must be maintained as long as your home remains a licensed foster home. You must keep Anchor aware of any changes to your home environment, including those listed below, so that we may ensure your home remains in compliance.

**Pets**: You must inform Anchor any time you add a pet to your household, and whenever a pet is no longer in your home. Anchor must have verification that all indoor and outdoor pets are vaccinated and treated as recommended by a licensed veterinarian. All dogs, cats, and ferrets must be vaccinated as required by the Texas Health and Safety Code. You must provide updated vaccination records whenever your pets’ vaccinations expire. All animals on your property, including livestock, must be kept free from disease. You must ensure that animals on your property do not pose a health or safety hazard to your children. You must always keep your home and premises free from stray animals and pests.

 **Weapons**: Anchor keeps a signed copy of your weapons inventory in your foster family file. You must report to us all weapons that you keep in your home at any given time. You must notify Anchor whenever you bring a new firearm or other weapon into your home. You must store weapons according to our weapons policy.

**Recreational Equipment:** Recreational equipment such as slides, swings, and play sets must be securely anchored according to manufacturer’s specifications. The equipment must not have openings, angles, or protrusions that could trap a child. They may not be installed over asphalt or concrete. The equipment must be appropriate, clean, and well maintained. You must notify Anchor of any new recreational equipment you install on your property.

**Trampolines:** You may have a trampoline at your home.

Trampolines may only be used if:

* Only one child is on the trampoline at a time;
* Somersaults are not allowed on the trampoline;
* Shock-absorbing pads cover the springs, hooks, and frame;
* No ladder is used with the trampoline; and
* A caregiver provides supervision as follows:
	+ For foster children under 15 years old, the caregiver must be immediately present, watching the child(ren) at all times, enforcing safety rules, and able to respond in an emergency; and
	+ For children 15 years old and older, the caregiver must be on the premises, visually check on the child(ren) at frequent intervals, and able to respond in an emergency.

**Outside Features and Structures**: You must inform Anchor in advance, when possible, of any significant changes to your property, such as adding a storage shed, fountain or fish pond, making changes to your fencing, or removing a large tree. You must provide Anchor with an updated diagram indicating the significant features on your property.

**Remodeling:** You must inform Anchor in advance of any remodeling work you plan to have done to your home. Anchor must ensure that there will be plans in place to protect children from any dangerous conditions created during the remodeling process. You must also provide a new floor plan with all new room dimensions to Anchor.

**Smoke Detectors:** You must have a working smoke detector in each sleeping room and all hallways or open areas outside of sleeping rooms and on each level of your home. Some homes might be required to have more smoke detectors depending on the manufacturer’s or fire inspector’s instructions.

**Fire Extinguishers:** Each foster home must have a fire extinguisher in each kitchen and on each level of the home. The fire extinguishers must be serviced after each use and checked for proper weight at least annually. Please follow mounting instructions if specified by state or local fire inspector.

**Dangerous Tools:** All dangerous tools and equipment, such as hatchets, saws, and axes must be stored so that they are inaccessible to children.

**SWIMMING POOLS, HOT TUBS & BODIES OF WATER**

## ON FOSTER HOME PROPERTY

If you plan to obtain a hot tub or swimming pool, you must inform Anchor of this decision so that it can be documented in your family file, and Anchor can verify that you are in compliance with all safety requirements.

Your swimming pool must be built and maintained according to the standards of the Department of State Health Services and any other applicable state and local regulations. In addition:

* A fence that is at least four feet high must enclose the pool area. The fence must be well constructed and be installed completely around the pool area (unless one side of the foster home is being used as one side of the pool enclosure). The Red Cross recommends fencing with vertical bars that are spaced no more than four inches apart.
* Pool fence gates must be self-closing and self-latching. Gates must be locked when the pool is not in use. Keys to open the gate must not be accessible to children under the age of 16, or any child receiving Treatment Services.
* If one side of the foster home is being used as one side of the pool enclosure, doors that lead from the home to the pool area must have a lock that only adults or children over 10 years old can reach. The lock must be completely out of the reach of children younger than 10 years old. Doors and windows on the side of the house counted as part of the pool enclosure must have alarms that make an audible sound when they are opened.
* If one side of the foster home is being used as one side of the pool enclosure, and the backyard fence is being used as the pool fence, the entire backyard is designated as the pool area. You must then follow all precautions and provide the level of supervision necessary for use of the pool area any time the backyard is in use. This means that children may not have unsupervised access to the back yard.
* Furniture, equipment, or large materials must not be close enough to the pool area for a child to use them to scale the pool fence or release a lock.
* Toys and other items that may entice a young child must not be left near the pool.
* At least two life-saving devices must be available, such as a reach pole, backboard, buoy, or a safety throw bag with a brightly colored buoyant rope or throw line. If your pool has over 2,000 square feet of water surface area, you must have at least three life-saving devices. For each additional 2,000 square feet of water surface area, you must have at least one additional lifesaving devices. (For a 4,000 square feet pool, you would need four devices, etc.)
* Drain gates must be in place, in good repair, and capable of being removed only with tools.
* Caregivers must be able to clearly see all parts of the swimming area when supervising activity in the area.
* The bottom of the pool must be visible at all times.
* Pool covers must be completely removed prior to pool use.
* A pool cover does not take the place of any safety requirements. All provisions for swimming pools must be followed whether or not there is a pool cover in place.
* An adult must be present to immediately turn off the pump and filtering system when any child is in the pool.
* Pool chemicals and pumps must be inaccessible to children.
* Machinery rooms must be locked to keep children out.
* An above-ground pool must: (1) Have a barrier that prevents a child’s access to the pool, (2) Be inaccessible to children when it is not in use, and (3) meet all other pool safety requirements as above.

## WEAPONS, FIREARMS, EXPLOSIVES & PROJECTILES

Firearms (guns, rifles, shotguns, etc.) may be kept in the foster home under the following conditions:

* You must notify Anchor of all firearms in the foster home, and any new firearms that are acquired while you are licensed as an Anchor foster parent.
* You must provide Anchor with a written description of the specific precautions you will take to ensure that children do not have unsupervised access to any firearms or ammunition.
* All firearms must be kept locked in a container or cabinet made for the purpose of storing firearms.
* All ammunition must be kept locked in a different location than the firearms.
* Locking mechanisms must be completely out of the reach of children 10 and younger.
* Keys to open the locks must not be accessible to ANY children.
* Any time a firearm is outside its locked container, you must keep it on your person or in your direct line of sight.
* Any time ammunition is outside its locked container, you must keep it on your person or in your direct line of sight.
* No child can be transported in a vehicle containing a handgun, unless the handgun has been issued as part of a person’s employment as a law enforcement officer (and that person is present).
* If a child is transported in a vehicle containing a firearm (other than a handgun), the firearm must be unloaded and in a place that is not accessible to any children.
* If a child is transported in a vehicle containing ammunition, it must be inaccessible to any children.

**BB guns** and **air guns** are subject to the same requirements as firearms.

### Other Weapons

You must notify Anchor of all other weapons in your home, including but not limited to:

* bows and Anchors
* swords, knives, or blades
* blunt objects designed for fighting.

As with firearms, you must ensure that children in your care do not have access to any weapons. Weapons must be kept in locked cases that are not accessible to children 10 or under, with no child having access to the key. If a child is transported in a vehicle containing a weapon, it must be inaccessible to any children.

### Explosives and Projectiles

If you keep any type of explosive (such as firecrackers or hobby rockets) or projectile (such as darts) in your home, you must ensure that children in your care do not have access to them. Explosives and projectiles must be kept in locked cases or cabinets that are not accessible to children 10 or under, with no child having access to the key. If a child is transported in a vehicle containing an explosive or projectile, it must be inaccessible to any children.

## ACCESS TO THE HOME

Anchor has the right to enter your foster home at any time and cannot be denied access to any section of your foster home, including all buildings, dwellings, and structures located on the foster home property. TDFPS representatives have the authority to visit your foster home at all reasonable times. ***You must keep a current copy of your license posted in your home, or immediately available for review.***

## MOVING TO A NEW HOME

Your current license (or “verification”) applies only to the home you lived in at the time of your initial home-study. Before moving to a new home, Anchor must be notified and must approve (or “verify”) the new home prior to any foster child spending the night in the home. This includes a physical inspection of the home to determine whether the new home is in compliance with Anchor policies and Minimum Standards. You will be required to submit a floor plan with room dimensions, sketches or pictures of the outside of your home, and any other documentation that pertains to your home (such as an updated weapons inventory). You will be required to obtain fire and health inspections for the new home, preferably prior to the move. If this is not possible, and the home meets all other requirements, Anchor may issue a temporary license so that any children you are currently fostering may move into the new home with you. You will have no more than six months to obtain all necessary inspections, and submit all needed documentation. If you do not, Anchor *must* revoke your license and any foster children in your home *must* be moved.

No new foster children may be placed in a home with a temporary license.

## DISASTER/EMERGENCY SAFETY PLAN

You are responsible for protecting your family and your foster children in the event of an emergency (such as a house fire) or disaster (such as a hurricane, flooding, chemical spill, or act of terrorism). Anchor expects all foster parents to abide by all state and local recommendations and alerts regarding emergencies and disasters.

It is important for you to stay informed about potential emergencies and disasters in your area, and to have supplies on hand for use during disaster situations. If you care for children with serious medical conditions, you must plan for how the child’s needs will be met during any evacuation or displacement from your home. It may be helpful to identify friends, neighbors, and relatives who can help you during an evacuation to ensure that children with special needs, including behavioral disorders, have appropriate supervision during a very stressful time. Some areas allow homes caring for persons with special needs to register with emergency services in order to receive special assistance during evacuations.

You must evacuate your home during any voluntary (or mandatory) evacuation.

As part of the licensing process, you provided Anchor with two emergency contacts, and the location you are most likely to go to in the event of an evacuation. You are responsible for updating this information if it changes.

If you are displaced by damage specific to your home (such as a house fire) or as part of a larger emergency (such a as hurricane), you must notify both Anchor and your CPS worker immediately, or as soon as possible after securing the safety of your family and your children. You must also notify Anchor when you reach your destination (such as a relative’s home, hotel, or emergency shelter) of your exact location and the best method to contact you.

During an area-wide disaster, you should contact Anchor offices in Spring at 281-210-1500. If it is necessary to leave a message, identify who you are, where you are, the number you can be reached at, and the names of all foster children in your care.

Anchor staff will begin contacting families as soon as possible after any immediate danger is over to ensure that all children are accounted for and that each family is secure. You may not return to the area until officials have determined it is safe to do so. Upon return, you must contact Anchor and provide an update regarding any structural damage, power outages, or needs for assistance with food, water, shelter, medication, counseling, transportation, or any other services.

## CHILD CARE ARRANGEMENTS

Foster children under the age of 14 may not stay home without supervision. An approved adult caregiver must be present at all times with children under 14. Children age 14 and over **may** be left alone, *but only if it is allowed by their Treatment Plan.*

If you place a foster child in day care, you may only use a licensed or registered facility. Anchor will not reimburse your childcare costs. A foster child age 18 or older **may** provide supervision to younger foster children, *but only if it is allowed by their Treatment Plan.*

If your teenaged foster child wants to baby-sit for others in the community, you must discuss this with the Treatment Team. Your foster child may not baby-sit for others in the community unless it is allowed by their Treatment Plan.

Anchor classifies child care arrangements into three different types: Baby-sitting, Short Term Child Care, and Respite. There are specific requirements for each type of child care as follows:

### Baby-Sitting

Baby-sitting is defined as care for a child that does not exceed 8 hours or include an overnight stay. You may only use baby-sitters that have been approved by Anchor. Baby-sitters must:

* be 18 years old or older
* at least 5 years older than the oldest child being supervised
* have a completed background and FBI check on record with Anchor  have current CPR/First Aid certification, with a copy on file with Anchor  sign Anchor’s Discipline Policy and Confidentiality Policy.

Anchor reserves the right to deny any baby-sitter the family would like to use. Anchor may also determine if additional requirements must be met in order to meet specific needs of the children in care.

### Short Term Child Care

Short Term Child Care is defined as care for a child that lasts longer than 8 hours, or includes an overnight stay, but does not exceed 72 hours. You may only use Short Term Child Care providers that have been approved by Anchor.

Anchor encourages you to choose Short Term Child Care providers in the same way you would for your own children. You may choose relatives, trusted friends, or neighbors.

A Short Term Care provider must:

* be 21 years old or older
* have a completed background and FBI check on record with Anchor
* have current CPR/First Aid certification, with a copy on file with Anchor
* sign copies of Anchor’s Discipline Policy and Confidentiality Policy
* have a completed Child Care Provider Application on record with Anchor
* have a letter of recommendation from you explaining their qualifications, relationship to the family, and ability to provide care.

If your Short Term Care provider will be providing care in their own home, Anchor must have completed background checks on all adults residing in that home.

Anchor reserves the right to deny any Short Term Care provider the family would like to use. Anchor may also determine if additional requirements must be met in order to meet specific needs of the children in care.

## RESPITE

Respite is defined as 24-hour care for a child that lasts longer than 72 hours but does not exceed 14 days. Foster parents may use respite to relieve stress and attend to family obligations. Anchor may place children in respite while investigating an allegation of abuse or neglect in the foster home.

In order to give foster children a chance to settle in and bond with your family, you may not place a child in respite during their first 30 days of placement. Whenever possible, children must meet with the respite provider before the respite starts. You may never place a child in respite if it will be detrimental to their well-being or cause conflict with other children in the home. When a child has been in respite, they may not go back into respite within the next 10 days. During each 12 month period, children may not spend more than 40 days in respite.

Only a licensed foster home or a licensed 24-hour day care may provide respite.

Anchor must approve all respite in advance.

When you decide you want to use respite, you must submit a **Respite Care Approval** **Form** to Anchor, at least two weeks in advance. Both Anchor and CPS must approve the respite. After you have been approved for respite, you must complete the **Respite Care Form.** This form will detail the child’s needs and must be given to the respite provider before respite begins. Your respite provider must be able to meet all of your child’s needs, including taking the child to scheduled therapy and doctor’s appointments, and family visits.

Foster parents are strongly encouraged to develop a “respite network”. Anchor foster parents can trade respite services with other Anchor foster families. If you would like to use a foster family licensed through a different agency, you must obtain approval form Anchor. If approved, Anchor must obtain a written agreement with that foster parent’s agency before respite may occur. When a foster family from another agency is being used, any changes impacting that respite provider (such as a change in licensing status) must be communicated to Anchor promptly.

Foster parents are expected to pay for respite services out of their foster care reimbursement. Anchor’s foster family reimbursement has been calculated to provide all families with funds to cover respite.

A foster home can only provide care for the number of children they are licensed for, including children placed in respite care. Children placed in the home for respite count in the respite provider’s childcare ratios. Respite cannot be approved if placing your child in respite with the respite provider would put that home out of compliance.

After your respite ends, your respite provider must complete and provide you with the **Respite Care Documentation** form. You must review, initial, and submit this form with your monthly foster parent progress notes.

If you want to accept children placed through a different agency for respite care in your home, you must obtain approval from Anchor at least two weeks prior to that respite.

You may not provide any more than 14 consecutive days of respite to any child at a time. You may not provide any more than 60 days of respite total per year.

## PROVIDING CARE FOR OTHERS

You may not have children or disabled adults placed in your home for care through another agency without prior approval by Anchor. Anchor policy does not allow foster homes approved after July 2007 to run an in-home daycare. A few homes that were providing in-home daycare prior to this date, may have been allowed to maintain their day care licensure, if it was determined that all applicable standards were being met. You must notify Anchor of all children and disabled adults, including relatives and family friends, who you provide care for, either on a 24-hour basis, or for regular times during the day.

## TOBACCO PRODUCTS

Foster parents and other adults in the home may only smoke tobacco outdoors. No one may smoke tobacco products in a vehicle while transporting a foster child. No child, including foster children, may use or possess tobacco products.

## FOSTER PARENT TRAINING

Every year, Anchor will provide you with a written training plan detailing the amount and type of training you must complete for the calendar year.

This on-going training will help you continue to improve your knowledge, skills, and abilities, as well as develop new skills to appropriately manage children’s behaviors. Training hours are tracked per calendar year (January – December). The required number of training hours will be prorated during your first year with Anchor depending on your date of licensure.

At a minimum, foster parents must have the following training:

1. All caregivers must maintain current infant/child/adult CPR certification. CPR certification must be renewed before the date of expiration shown on the card.
2. All caregivers must complete First Aid training from a certified instructor. First aid training must be renewed before the date of expiration shown on the card.
3. Foster parents must take Anchor’s Emergency Behavior Intervention class each year.
4. Foster parents must take Anchor’s Advanced Psychotropic Medication class each year.

Single Foster Parents: All single foster parents are required to earn 30 training hours every year.

Married Foster Parents: Both spouses are required to earn 30 training hours each, every year.

Group Home Parents: Each foster parent in a foster group home (a home that cares for more than 6 children) is required to earn 30 training hours every year.

Excess Training: When foster parents complete training in excess of the minimum requirements, up to 10 hours may be carried over to the following year.

All training must be documented and include the date, subject matter, number of hours, and provider of the training. You must submit your documentation to Anchor in order to receive credit.

Anchor will work with you to identify training that will best meet your needs and the needs of the children placed in your care. Anchor will offer trainings throughout the year to assist in meeting your training requirements. It is your responsibility to ensure that you receive the number of training hours required by your individual training plan. Foster parents may choose to attend trainings not affiliated with Anchor; however, this must be approved in advance by Anchor staff. All fees associated with training are the responsibility of the foster parents. This includes, but is not limited to, training fees, travel expenses, and associated child-care costs.

### Types of Training

At least 2/3 of your required annual training hours must consist of:

* Anchor training classes
* trainings offered by other foster care agencies
* workshops or courses offered by local schools, colleges, or universities
* classes offered by child-care associations, CPS, or RCCL
* trainings offered by professional associations or providers
* conferences or seminars
* on-line courses\*

\*In order to receive training credit for an on-line course, you must submit the stated learning objectives, curriculum, and learning activities from the course. There must also be an evaluation component (a test).

A maximum of 1/3 of your hours can come from individualized self-study, such as books and videos. Each book will be evaluated for context and length, and can count up to three hours. A video will count for the length of the video. Anchor staff will determine whether or not a book or video will count as training. In order to receive credit for the book or video, a training form must be completed and submitted to Anchor.

Foster parents are encouraged to obtain prior approval before taking any non-Anchor-sponsored training. Anchor reserves the right to determine whether trainings are suitable for annual training requirements.

### Training Compliance

Foster parents are required to meet their annual training requirements by December 31. All foster parents are **encouraged** to earn a minimum of 1/4 of their training hours each quarter. The status of your on-going training will be assessed every three months as part of your Quarterly Evaluation. **Parents who do not meet the minimum number of hours required in a year will be placed on Corrective Action.**

If placed on a Corrective Action Plan due to lack of training hours, foster parents will be **required** to earn a minimum of 1/4 of their training hours each quarter. Failure to do so will result in another corrective action and further disciplinary action to the home, up to and including closure of the home. Foster homes out of compliance with training requirements will not receive new placements until compliance is achieved.

## QUARTERLY EVALUATIONS

Every 90 days, whether you have children placed in your home or not, Anchor will conduct a supervisory visit or “quarterly” in your home to evaluate your skills as a foster parent and whether your home is in compliance with Minimum Standards. Anchor will identify and help you build on your strengths, as well as providing additional support and feedback on areas that need improvement. Anchor will also review any changes to your home and family since the last quarterly evaluation, any compliance issues that may have occurred during the last quarter, and how these issues were addressed. You will be asked to sign a summary of your quarterly evaluation. This is one of the ways we ensure that you are receiving feedback from Anchor.

If you are married, both spouses must be present for the quarterly visit at least every six months (every other quarterly). All household members must be present for at least one quarterly every 12 months. In addition, Anchor is currently required to conduct at least one unannounced (“surprise”) visit every 12 months. Please remember that you cannot deny Anchor access to your home or any part of your home at any time. These unannounced inspections are necessary to ensure that every foster home remains in compliance with standards at all times.

## CORRECTIVE ACTION PLANS

If your home is out of compliance with any standard or Anchor policy, you may be placed on a Corrective Action Plan. This is a written document developed with the foster parent that mandates specific steps a foster parent must take to correct any violations or deficiencies. Corrective steps may include attending specific trainings, obtaining inspections, making repairs to the home, etc. The foster parent is given a set period of time to complete the steps on the plan. The plan will specify the consequences for not completing the plan, which may include changes to the home’s license or closure of the home. The goal of the Corrective Action Plan is to assist the family in building skills and creating an environment appropriate to the care of foster children.

## FINANCIAL REIMBURSEMENT

The foster care reimbursement rate (also called the “per diem”) is designed to assist you in providing care for your foster children. Anchor expects that this rate will not totally cover the expenses associated with raising the children in your care.

100% of the reimbursement must be used for the foster child’s care. This includes, but is not limited to, food, clothing, hygiene supplies, vacations, shelter and all expenses associated with extracurricular activities, such as registration fees, uniforms, team pictures, travel, etc. It may also include expenditures for household recreation, including games, movies, activities, sports equipment, etc. The portion of your electric, water, gas bills, etc. the child uses may also be paid for from your reimbursement.

### Standard of Living

Anchor expects that children placed in your care will be given the same opportunities as other children from a typical middle-income background.

### Financial Independence

The foster care reimbursement may never be considered income. A foster family may not become financially dependent on the reimbursement received for foster care. If requested, you must submit proof of financial independence in the absence of your foster care reimbursement. Anchor expects foster families to be financially secure enough to meet the child’s initial needs before the first reimbursement check is received.

### Mailed Checks

Mailed checks will be funded and mailed by the 20th of each month for the total days of care provided in the previous month according to the level of care authorized by YFT.

### Direct Deposit

Foster parents have the option, and are encouraged to choose, Direct Deposit for their reimbursement checks. Electronic deposits are made on the 20th of each month. If the 20th falls on a weekend, the electronic deposit will be made the business day prior to the 20th.

### Reimbursement Rate - Independent Living

If a child is on an Independent Living Program specified by their Treatment Plan, and is using their own personal money to pay for their expenses, any money the foster parents would have used for that child must be put aside in a savings account in the child’s name and given to the child upon discharge.

## INCOME TAX

Although extremely rare, in some situations, the Internal Revenue Service (IRS) may consider foster parent reimbursement as taxable. You should check with your tax consultant about your individual situation. You should also keep evidence of the actual expenses you incur caring for your foster children. A good resource that helps guide foster and adoptive parents through the basic rules on tax benefits is: [nfpaonline.org/taxinfo.](http://nfpaonline.org/taxinfo)

## MILEAGE POLICY

Foster parents are expected to pay for their mileage out of their foster care reimbursement. Over the years we have calculated the average mileage a parent will drive and, to make your life easier by having less paperwork to fill out, we have included it in your per diem.

## GRIEVANCE PROCEDURE

Anchor recognizes that there may be times when foster parents have frustrations and complaints. We encourage all members of the Anchor team to follow a basic chain of command in resolving problems. We always encourage you to first communicate directly with the person with whom you are frustrated, as they may have been unaware that there was a problem and be willing to work with you towards a solution. If, after talking to that person directly, the problem remains, then go to their supervisor.

We encourage you to seek resolution through the following steps:

1. Discuss the issue directly with your Family Specialist
2. If unresolved, schedule a meeting with their supervisor.
3. If still unresolved, submit your complaint in writing to Anchor’s Regional Director
4. If still unresolved, submit your complaint in writing to Anchor’s Foster Care Administrator.

If your complaint remains unresolved at this point, Anchor Family Services has a formal grievance procedure for all clients, foster parents, volunteers and adoptive families. Grievances may be made about service, denial of service, billing, or any other issue of concern.

If you have not reached a satisfactory resolution with the Foster Care Administrator, you must file a formal grievance in writing with Anchor Family Services’ Quality Assurance and Human Resources department within seven days of the Regional Director’s decision. Anchor will supply you with the Anchor Family Services grievance procedure at this point.

You may also request a copy of the Anchor Family Services grievance procedure at any time, whether you have filed a grievance or not.

Staff will be supportive of your right to file a grievance and will make sure you have any assistance you need to file. Under no circumstances will staff retaliate against you in any way for making a grievance.

## REVIEWING YOUR FILE

You have the right to view your foster home file. You will have access to everything in your file except your home study and letters of reference. These items must be removed from your record prior to your review to protect the confidentiality of the respondents.

Please let your local office know if you would like to review your file. We will be more than happy to schedule an appointment. You will be given your file, and a representative of Anchor will stay with you during your review to answer any questions you may have. We must also ensure that the file remains intact.

NOTE: ***Due to our schedules, and the necessity of removing certain confidential information from the file, we cannot accommodate walk-ins for file review. Please schedule an appointment.***

## ALLEGATIONS & INVESTIGATIONS

We have a saying in foster care – “It’s not *if* you get an allegation against you or your home, it’s *when*”. The best thing to remember is that allegations happen. Sometimes the allegations have no merit, but many times there is some truth to what is being said. Therefore, Anchor takes every allegation seriously. Since the safety and protection of children in our care is our prime directive, we always initially err on the side of the foster child.

Knowing this upfront will help you understand that the protections we put in place, and the investigations that we, or the State, must conduct are not personal – they are an element of child protection. We understand that it can be a frustrating and lonely time, especially since we are limited in the amount and type of information we can give you during the course of an investigation. Please know that we are protecting the child and are supportive of you throughout the entire process.

With so many children in our care, Anchor does, and will continue to, receive complaints of abuse or neglect on the part of our foster parents. All such complaints are investigated by Anchor, a TDFPS Licensing Representative, and/or a CPS Investigator to determine whether or not they are true. When you cooperate with Anchor and Child Protective Services during an investigation, the entire process can be completed quickly.

**Here is a step by step guide to the process Child Placing Agencies are required to follow upon receipt of an allegation from the State:**

### Step One

The CPS Hotline in Austin (1-800-252-5400) or Anchor receives a **report of an allegation**; or, a **Serious Incident** **Report** is generated by Anchor.

### Step Two

State Hotline staff notifies Residential Childcare Licensing (RCCL) of a call to the hotline. Anchor’s licensing representative receives the report and makes a decision to investigate the report for themselves (which is called an **External** Investigation) or asks Anchor staff to conduct an **Internal** Investigation.

**External Investigation:** During an External Investigation, Anchor has limited, if any, involvement in the investigation. Any information Anchor does have regarding the allegation cannot be shared with the foster parent. The State investigator is likely to show up unannounced at your home. The child or children involved in the report may be removed from your home pending the results of the investigation, or a safety plan may be developed to allow the children to remain in your home. No additional children can be placed in your home until the investigation is complete. This process can take from two to six weeks, or longer. Anchor will meet with you to discuss the results of the external investigation and what actions may be necessary as a result.

**Internal Investigation:** During an Internal Investigation, Anchor will arrange an interview with each family member, and each foster child. Anchor will determine whether a safety plan is necessary to ensure the safety of the children, or whether the children should be removed from your home during the process of the investigation. Anchor may perform other investigative actions such as interviewing witnesses or reviewing medical documentation. The Anchor team will discuss all information obtained during the investigation and make a determination of whether abuse, neglect, or a violation of standards occurred. If abuse, neglect, or a violation of standards is found, Anchor must, at a minimum, place the family on a Corrective Action Plan. A meeting will be held with the family to discuss the outcome of the internal investigation, and whether any further steps need to be taken. In serious cases this may include closure of the home. An internal investigation will take from 30 to 45 days to complete.

### Step Three

You will be notified of the outcome of the investigation.

The outcomes for either an external or internal investigation are:

* Ruled Out – evidence shows that the allegations are not true
* Unable to Determine -- it is not possible to determine whether the allegations are true
* Reason to Believe – there is sufficient evidence to believe that the allegations are true

A Corrective Action Plan, or more serious action, is required whenever an allegation is found “Reason to Believe.” A “Reason to Believe” determination of abuse or neglect (also called a “validated allegation”) may prevent you from adopting, operating a day care, working in a child care setting, or reapplying to become a foster parent in the future.

If you have been found “Reason to Believe” for abuse or neglect, you have the right to appeal the decision through CPS. CPS will provide you with information regarding the appeal process if you have been found to be responsible for abuse or neglect.

**Essential Ingredients to help you through the process:**

Although this can be a frustrating and lengthy process, please be patient and trust that the process will be fair. You will have due process. We strongly encourage you to obtain support from your friends, family, and church.

If your child is removed from your home until an investigation is completed, this does not indicate that you are guilty of anything. Understand that this is the way we ensure everyone’s safety…including yours.

## CIVIL LIABILITY

The Texas Family Code provides that a parent or other person having the duty of control and reasonable discipline of a child may be liable for property damage directly caused by the child. However, liability is dependent upon finding cause and negligence on the part of the foster parents. The following are types of situations in which foster parents could be found liable for damages to person or property caused by foster children:

1. Damages to property or injury to another person caused by a foster child – if the damage or injury was expressly authorized or implied by the foster parent(s), the parents could be held liable. If not authorized by foster parent(s), minors who damage property or injure another person are personally liable for these acts.
2. Injury to a foster child – if a foster child is injured due to negligence by foster parents, a lawsuit may be brought on behalf of the child by an adult appointed by the court to represent the child as

“next friend”. This may be any adult, including the biological parent (whether or not parental rights have been terminated). Suit may also be brought by Child Protective Services, which as managing conservator is responsible for seeking damages for the child when injured through negligence. Any damage that is awarded by the court is awarded to the child as the injured party, not the “next friend”.

1. Death of a foster child – if the foster child dies because of the negligence of the foster parents, a wrongful death action could be brought only by the child’s biological parents. If parental rights have been terminated, no wrongful death action can be brought, and the foster parents are not civilly liable.

The principle of sovereign immunity prevents foster parents from recovering from the State their personal losses for damages caused by a foster child.

Although foster parents could be held liable only through negligence or by expressly authorizing acts of the foster child which caused property damage or bodily injury, it is advisable for foster parents to check with their insurance agent about coverage for the above. Special insurance is available to protect foster parents against certain damages or liability. Texas State Foster Parents, Inc. can provide information about this. State funds are not available to pay for foster parents’ liability insurance.

## HOLD STATUS FOR MAJOR LIFE EVENTS

Foster parents who experience a major life change, including but not limited to: marriage, divorce, separation, death of a spouse, major illness, or the birth of a child, will be placed on hold for up to one year following the event. If a foster family chooses to adopt, the home will be placed on hold for up to six months following the finalization of the adoption. The purpose of these temporary holds is to ensure the stability of the foster family, and that the best interests of all foster children are served.

It is not policy to move children already residing in the foster home due to a major life incident. However, each individual situation will be assessed and a decision to have children remain in the home or be moved will be determined by the local Anchor office in conjunction with the family based on the individual circumstances. If the family is placed on hold, no placements will be made until the foster home is taken off of hold status.

# INACTIVE HOME

If you have decided to take a break from fostering, you may request for your home to go on inactive status. Anchor must agree with your request to become inactive. (You may, however, decide to relinquish your license at any time.) A foster home may not go on inactive status to avoid an investigation, a corrective action, or closure by Anchor.

While you are inactive, you will have no children placed in your home. Your file will clearly specify that you are inactive, and you will need to complete certain steps to become active again. While your home is inactive, you will not be required to maintain current inspections or comply with other Anchor policies. Your training hour requirements will be suspended while you are inactive.

When you are ready to become active again and accept children, Anchor staff must visit your home and document that it is in compliance with all standards and policies prior to placing a child in the home. You may not go back to active status until your home is in compliance. Your annual training requirements will be prorated for the period of time your home was inactive.

If your home has been inactive for more than 12 months, you will be required to take part or all of Anchor Family Initiative again before any children are placed in your home.

## TRANSFER TO ANOTHER AGENCY

At times, either foster parents or Anchor decide that a home can be better served by another agency. If this is the case, you may transfer to another foster care agency.

Until the transfer is complete as evidenced by the filing of an Agency Home Report to the State by Anchor, you are beholden to our agency and we to you. The transfer process is as follows:

1. You must submit a letter of resignation to Anchor. Your home will be closed or transferred to a new agency within 30 days of Anchor’s receipt of your resignation.
2. Anchor may request a face-to-face meeting to discuss any concerns or suggestions you may have to better improve our services. You may also request a face-to-face meeting to share your concerns.
3. Once you have chosen the agency you will transfer to, you must sign a Release of Information authorizing Anchor to release your information to them. Anchor will not speak with, nor release records to, any agency without this release. If you are married, both spouses must sign the release.
4. Anchor will provide all required documentation to the new agency within 10 business days of their request (if your Release of Information has been obtained).
5. If the receiving agency cannot transfer your home within 30 days, you must request an extension in writing to remain licensed with Anchor while the transfer is completed. We cannot accept an extension request from the new agency as you are not licensed by them yet.
6. Prior to releasing your home to another agency, you must provide Anchor with all required documentation concerning the children in your care. On the day your home is transferred, you must submit each child’s final medication logs, academic reports, and progress notes, and any other documentation that is needed for Anchor to be in compliance.
7. Once all required documentation has been received, Anchor will complete the Agency Home Report which officially transfers your home to the new agency in the state’s records.

## CLOSURE OF A HOME

If you choose to stop fostering and relinquish your license, we ask that you provide us with a letter of resignation giving 30 days’ notice. We also ask that you meet with the supervisor of your local Anchor office to discuss any concerns or suggestions you may have to better improve our services.

Anchor can also choose to terminate its relationship with a foster or adoptive family at any time. Anchor will always err on the side of caution in caring for our children. We must have complete trust in our foster parents. If Anchor determines that a partnership with your home is no longer in our, or in our children’s, best interest, we will proceed with closing your home.

### Progressive Discipline Plan

Before making the decision to close a foster home, Anchor will document all relevant concerns, and all efforts made to address these concerns. This includes the use of corrective action plans, safety plans, quarterly evaluations, and telephone or e-mail discussions between the foster parents and Anchor staff. Foster parents have the right to view all documentation in their file (excluding the home study and letters of reference). Foster parents also have the right to submit their own narrative of events.

### Progressive Staff Intervention

A foster parent’s primary support person is their Family Specialist. If there are concerns about a home that cannot be resolved by the AFS, the foster parents will be asked to meet with the office supervisor to determine a course of action. If concerns remain, the foster parents may be asked to meet with the Regional Director. If a resolution does not occur at this point, the foster home is usually closed.

### Closure Determined

If Anchor chooses to close your home, you may be required to attend a face-to-face closure meeting. We will give you a presentation of the history or severity of our concerns and allow you a chance to share your concerns with us. We will explain the time frames of the closure of your home and the follow up options you have, such as transferring to another agency. On the determined date, Anchor will complete the Agency Home Report and close your home with the State.

# Foster/Adoption Resources

The following resources are intended to help foster/adopt parents access information on topics such as support, parenting, education, mental health and more. This list is in no way comprehensive. A tip to locating additional information is to look for a section called “Links” on any of the websites listed. These sections will offer a listing of similar/related references and resources.

## Foster/Adopt General Information & Support

**National Foster Parent Association, Inc**. - Their purpose is: To bring together foster parents, agency representatives and community people who wish to work together to improve the foster care system and enhance the lives of all children and families; and to inform the membership and general public of current issues regarding foster care.

[www.nfpainc.org](http://www.nfpainc.org/)  Or Call: (800) 557-5238

**Casey Family Programs National Center for Resource Family Support** – A one-stop source of information, technical assistance, written materials and referrals to both resource families and child welfare professionals who work with them. [www.casey.org](http://www.casey.org/)  Or Call: 888/295-6727

**Texas Juvenile Justice Department** - A directory of references and resources dedicated to the prevention of child and adolescent problems and promotion of youth development in families, schools and communities.

[www.tjjd.texas.gov/prevention/familyResources.aspx](http://www.tjjd.texas.gov/prevention/familyResources.aspx)  Or Call: (512) 490-7130

**TX Department of Family and Protective Services** - Mission is to protect the unprotected - children, elderly, and people with disabilities -- from abuse, neglect, and exploitation. [www.dfps.state.tx.us](http://www.dfps.state.tx.us/)  Or Call: (512) 438-4800

* Child Care Information: 1-800-862-5252 For information about child care in Texas.
* Texas Youth Hotline: 1-800-210-2278 Peer counseling to youth and family members for family conflicts, delinquency, truancy, abuse and neglect, and running away.

**Texas CASA** – Court-Appointed Special Advocates for the best interests of abused and neglected children in protective care, to help them find safe, permanent homes.

[www.texascasa.org](http://www.texascasa.org/)  Or Call: 877-TX4-CASA

**Texas Data Book** - is a descriptive statistical resource of the services provided to the people of the State of Texas by the Texas Department of Family and Protective Services (DFPS) for fiscal year 2006 (September 1, 2005 through August 31, 2006). Information in this book covers the most frequently asked statistical questions about DFPS programs.

[www.dfps.state.tx.us/About\_DFPS/Data\_Books\_and\_Annual\_Reports/](http://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/)

**Child Welfare Information Gateway Library** has an extensive collection of documents you can access on topics related to protecting children and strengthening families.

[www.childwelfare.gov/library](http://www.childwelfare.gov/library)

**Child Welfare League of America** – CWLA is an association of more than 1,100 public and private nonprofit agencies that assist over 3.5 million abused and neglected children and their families each year with a wide range of services.

[www.cwla.org](http://www.cwla.org/)  Or Call: (202) 638-2952

**Texas Legislature Online** - Want to find out who your representative is and what is going on in Austin that may have an impact on foster / adoptive children in the State of Texas?

[**www.capitol.state.tx.us/**](http://www.capitol.state.tx.us/)

**Generations United** - Generations United (GU) National Center on Grandparents and Other Relatives Raising Children seeks to improve the quality of life of these caregivers and the children they are raising. Using an intergenerational framework that considers the needs of each generation in these families, we are educating policy makers at the national, state and local levels, raising awareness among professionals in the public and private sectors, and providing education and training to service practitioners. [www.gu.org](http://www.gu.org/)  Or Call: 202-638-1263

## Health Information

**The Texas Depart of Health** – Lists different kinds of services related to Medicaid. Also provides a link to STARS: Texans can now find out if they may be eligible for help with medical care, buying food or caring for their children by looking to STARS. STARS - the State of Texas Assistance and Referral System - is a self-screener that helps Texans identify the human services benefits they may be eligible to receive. [www.dshs.state.tx.us](http://www.dshs.state.tx.us/)  Or Call: (512) 458-7111

**The Texas Department of State Health Services, Immunization Branch** – lists information about required immunizations.

[www.dshs.state.tx.us/immunize/default.shtm](http://www.dshs.state.tx.us/immunize/default.shtm)

**US Department of Health & Human Services Food and Drug Administration**

Nutrition and food label information. [www.fda.gov/food/ingredientspackaginglabeling/labelingnutrition/ucm20026097.htm](http://www.fda.gov/food/ingredientspackaginglabeling/labelingnutrition/ucm20026097.htm)

Food Information Line: provides information regarding the purchasing, handling and storage of food. [www.fda.gov/Food/FoodborneIllnessContaminants/BuyStoreServeSafeFood/default.htm](http://www.fda.gov/Food/FoodborneIllnessContaminants/BuyStoreServeSafeFood/default.htm)  Or Call (888) 723-3366.

## Safety

**American Red Cross** – Offers swimming classes and tips for keeping children safe at the pool, rivers, lakes, ocean, waterparks, and boating.

[www.redcross.org/prepare/disaster/water-safety](http://www.redcross.org/prepare/disaster/water-safety)

**U.S. Consumer Product Safety Commission** - provides recall information and product safety news to help keep your family safe. [www.cpsc.gov](http://www.cpsc.gov/)

## Parenting Resources

**Connect For Kids** - “Guidance for grownups” - Connect for Kids provides solutions-oriented coverage of critical issues for children and families. Connect for Kids strives to help people: Get better informed about children's status in the community, state and nation; Give time or money to improve the lives of kids; Learn tools and techniques to address a specific interest related to children; Get connected to groups that can act on behalf of kids.

[www.connectingforkids.org](http://www.connectingforkids.org/)

**The Behavior Home Page** - Teachers, parents, or other professionals working with children who display challenging behaviors often don't know where to go for help. If you have a particular question, want to share a successful intervention with others, or see what experts in the field are saying, several opportunities are available. [www.state.ky.us/agencies/behave/homepage.html](http://www.state.ky.us/agencies/behave/homepage.html)

## Online Training

**Foster Parent Training**: Online training that will qualify as in-service training classes.

[www.fosterparenttraining.com](http://www.fosterparenttraining.com/)

**Foster Parent Community** - A wide selection of free on-line training specific to foster parents. The process is simple - read the course material, take the test (and pass), then receive a certificate in the mail. More than 20 courses for 2-4 credit hours each.

[www.fosterparents.com](http://www.fosterparents.com/)  -click on “Online Training”

**Child Trauma Academy** - On this site you'll find free online courses that offer creative and practical approaches to understanding and working with maltreated children. *Note that they DO NOT provide a certificate which you may need to meet your county or CPA training requirements - check with your worker.* [www.childtraumaacademy.com/](http://www.childtraumaacademy.com/)

**FosterParentNet** In the future we will be adding to the selection of self-guided coursework available on this site. It is our goal to offer you a self-paced learning environment that will allow you to explore the many facets of information that relates to the topic of foster parenting. [www.fosterparentnet.org](http://www.fosterparentnet.org/)

## Mental Health Resources

**Child and Adolescent Bipolar Foundation** - A lifeline of support and education for families raising children with bipolar disorder. [www.bpkids.org](http://www.bpkids.org/)  Or Call: 847-256-8525

**Children and Adults with Attention Deficit Disorder (CHADD)** – Leading non-profit org serving individuals with ADHD. Provides science-based, evidence-based info about ADHD to parents, educators, professionals, media and public. [http://www.chadd.org](http://www.chadd.org/)  Or Call: 800-233-4050

**Reactive Attachment Disorder** - Presentation on understanding reactive attachment disorder.

[www.helpguide.org/mental/parenting\_bonding\_reactive\_attachment\_disorder.htm](http://www.helpguide.org/mental/parenting_bonding_reactive_attachment_disorder.htm)

**Attachment Disorder Support Group** - Here you will find information on attachment disorder, bonding, special needs children, real life testimonials, people, and much more! You will find families that have adopted children, foster children, step children, and biological children. There is a great deal of information available on this site.

[www.syix.com/adsg](http://www.syix.com/adsg)

**Attachment Disorder Site** -Providing Hope, Information, and Support: With the addition of hundreds of children adopted from institutional settings and from the foster care system, it is important for all of us to become educated regarding the potential and unique problems these children and their families face.

[attachmentdisorder.net](http://attachmentdisorder.net/)

**Bazelon Center for Mental Health Law** - Booklets and books, issue papers and manuals analyze and interpret major federal laws, policies and regulations that affect the [civil rights](http://www.bazelon.org/pubs.html#civil rights) of people with mental disabilities and access to services for adults and [children](http://www.bazelon.org/pubs.html#children) with disabilities.

[www.bazelon.org](http://www.bazelon.org/)  Or Call: (202) 467-5730

**National Alliance for the Mental Illness** - The National Alliance for the Mentally Ill (NAMI) is a nonprofit, grassroots, self-help, support and advocacy organization of consumers, families, and friends of people with severe mental illnesses, such as schizophrenia, major depression, bipolar disorder, obsessive-compulsive disorder, and anxiety disorders. [www.nami.org](http://www.nami.org/Content/NavigationMenu/Find_Support/Child_and_Teen_Support/For_Parents%2C_Caregivers%2C_and_Youth/For_Parents%2C_Caregivers_and_Youth.htm)  Or call: 800-950-6264

## Education Resources

**Texas Education Agency** – Great resource for anything and everything you need to know about the Texas education system.

[www.tea.state.tx.us](http://www.tea.state.tx.us/)  Or Call: 800-252-9668

**Texas Project FIRST** - Created by parents, for parents -- this web site is a project of the Texas Education Agency and is committed to providing accurate and consistent information to parents & families of students with disabilities.

[www.texasprojectfirst.org](http://www.texasprojectfirst.org/)

**National Association for Bilingual Education (NABE)** - Promoting educational excellence and equity through bilingual education, the NABE is the only national organization exclusively concerned with the education of language-minority students in American schools.

[www.nabe.org](http://www.nabe.org/)  Or Call: 202-898-1829

**Learning Disabilities Association of America** - The Learning Disabilities Association of America is a national, non-profit organization. Its purpose is to advance the education and general welfare of children and adults of normal or potentially normal intelligence who manifest disabilities of a perceptual, conceptual, or coordinative nature.

[www.ldanatl.org](http://www.ldanatl.org/)  Or Call: 412-341-1515

**National Center for Learning Disabilities Inc. (NLCD)** - NCLD is a nonprofit organization dedicated to promoting public awareness and understanding of learning disabilities as well as enabling children and adults with learning disabilities to achieve their full potential and enjoy a more fulfilling and productive participation in our society. [www.ncld.org](http://www.ncld.org/)  Or Call: 888-575-7373

**LD Online** – The leading website on learning disabilities for parents, teachers and other professionals.

[www.ldonline.org](http://www.ldonline.org/)

**PACER**- The mission of PACER Center is to expand opportunities and enhance the quality of life of children and young adults with disabilities and their families, based on the concept of parents helping parents. PACER offers assistance to individual families, workshops, and materials for parents and professionals, and leadership in securing a free and appropriate public education for all children.

[www.pacer.org](http://www.pacer.org/)  Or Call: 800-537-2237

**Wrightslaw** – Special Education Advocate: Parents, advocates, educators, and attorneys come to Wrightslaw for accurate, up-to-date information about advocacy for children with disabilities.

[www.wrightslaw.com](http://www.wrightslaw.com/)

**Center for Parent Information & Resources** - Shares information about disabilities in children and youth. [www.parentcenterhub.org/resources](http://www.parentcenterhub.org/resources)  Or Call: (800) 695-0285

## For Foster Kids

**Youth Advocacy Center – “**...mission is to teach young people in foster care to advocate for themselves and take control of their lives. YAC believes in the aspirations and potential of teenagers in foster care." [www.youthadvocacycenter.org](http://www.youthadvocacycenter.org/)  Or Call: 212-675-6181

**FosterClub** - Their mission is to provide foster children with a network that allows them to communicate with other foster children and provide them with education, motivation, and benefits that the foster care system does not usually provide. Offers links, stuff to do and information such as famous people who were foster kids. [www.fosterclub.com](http://www.fosterclub.com/)

Receipt of Handbook

This acknowledges that I/We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have received a copy of the Foster Care Handbook on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_