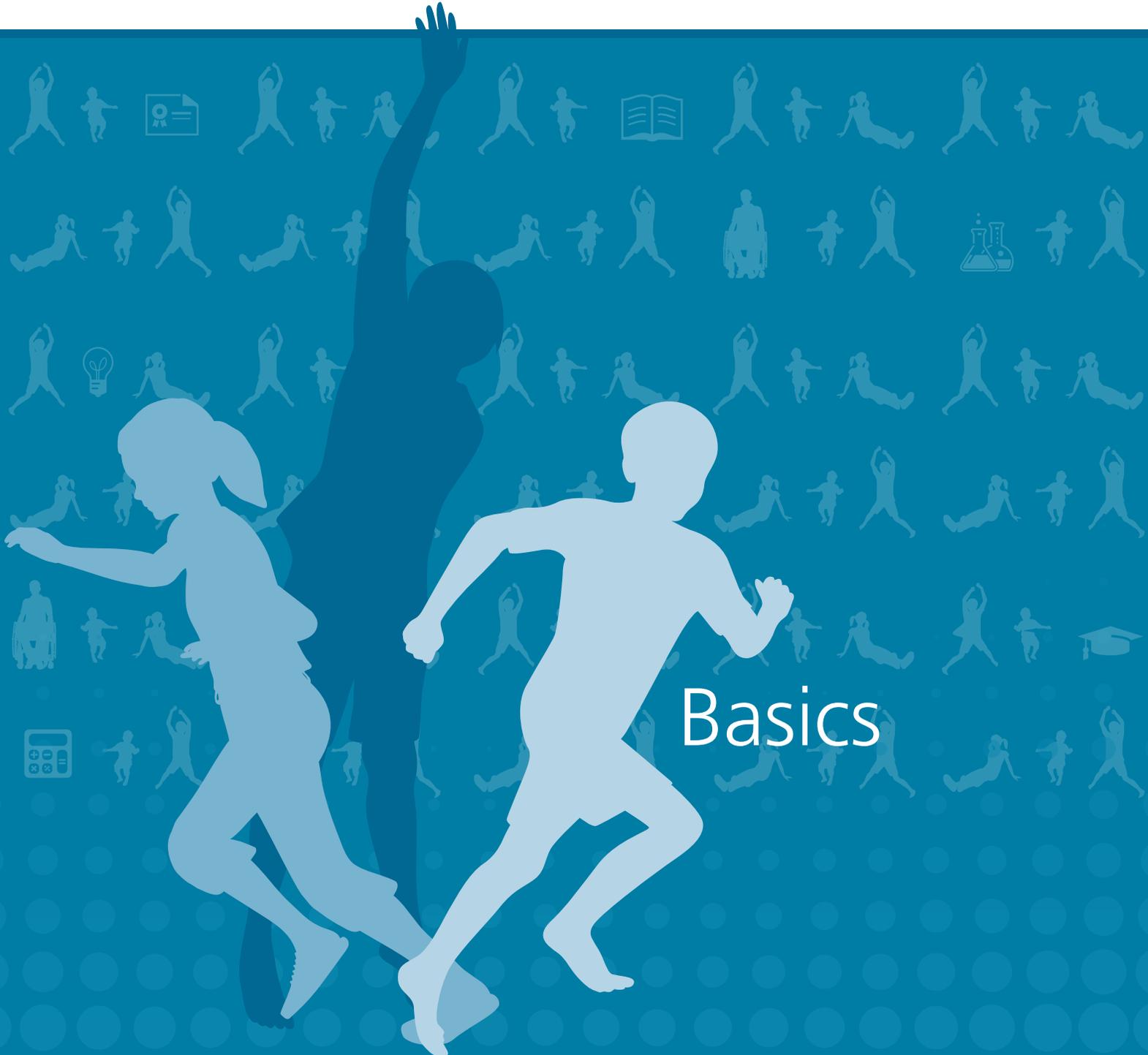


FOSTER PARENT ORIENTATION



Basics

Be It Enacted *by the People of the State of Oregon:*
FOSTER PARENT BILL OF RIGHTS

A FOSTER PARENT HAS THE RIGHT TO:

- 1. Be treated with dignity,** respect and trust as a member of a team, including respect for the family values and routines of the foster parent.
- 2. Be included as a valued member of a team** that provides care and planning for a foster child placed in the home of the foster parent.
- 3. Receive support services,** as resources permit, from the Department of Human Services that are designed to assist in the care of the foster child placed in the home of the foster parent.
- 4. Be informed of any condition** that relates solely to a foster child placed in the home of the foster parent that may jeopardize the health or safety of the foster parent or other members of the home or alter the manner in which foster care should be provided to the foster child. The information shall include complete access to written reports, psychological evaluations and diagnoses that relate solely to a foster child placed in the home of the foster parent provided that confidential information given to a foster parent must be kept confidential by the foster parent, except as necessary to promote or to protect the health and welfare of the foster child and the community.
- 5. Have input into a permanency plan** for a foster child placed in the home of the foster parent.
- 6. Receive assistance** from the department in dealing with family loss and separation when the foster child leaves the home of the foster parent.
- 7. Be informed of all policies and procedures** of the department that relate to the role of the foster parent.
- 8. Be informed of how to receive services** and to have access to department personnel or service providers 24 hours a day, seven days a week.
- 9. Initiate an inactive referral status** for a reasonable period of time, not to exceed 12 months, to allow a foster parent relief from caring for foster children.
- 10. Not be discriminated against** on the basis of race, color, religion, sex, gender identity, gender expression, sexual orientation, national origin, age or disability.
- 11. Be notified of the foster parent's right** to limited participation in proceedings in the juvenile court and provided with an explanation of that right.



**I CAN CONTACT THE GOVERNORS ADVOCACY OFFICE AT 800-442-5238
OR EMAIL DHS.INFO@STATE.OR.US TO DISCUSS MY CONCERNS.**

Table of contents

Make a positive difference as a certified family	1
The children.....	2
The importance of neighborhoods and community.....	2
Who is who at DHS-Child Welfare?	4
Foster care.....	4
Foster parent	4
Relative caregiver	4
Certifier	4
Certified family	5
Caseworker	5
Child Welfare program manager	5
Child Protective Services (CPS)	5
Social services assistant (SSA)	5
Support staff.....	5
Supervisor	6
Child Welfare district manager	6
Potential adoptive resource.....	6
Adoption worker.....	6
Community partner.....	6
Making contact	7
Training	8
Ongoing training	8
Family assessment process	10

Things to consider	13
Parent’s rights	14
Special considerations for relative families	15
A willingness to do anything	15
Have a formal written visitation plan	16
Return to parent	16
Roles and responsibility.....	16
Sibling planning	18
Importance of sibling planning and placing siblings	18
Who are siblings?	18
What children’s caseworkers and certified families do to protect children and improve sibling relationships.....	19
Visitation plans	21
Confidentiality of certified families’ addresses and phone numbers.....	21
Medical coverage answers for certified families	22
Signing for medical treatment	23
Car safety	25
New car seat recommendations	26
Consent to travel out of state/country	27

Property and liability insurance	29
Mandatory reporting	30
When allegations of abuse occur in your home	31
Women, Infants and Children (WIC).....	32
Early Intervention, Early Childhood Education Services and Headstart programs	33
Working with schools to promote a child’s success	34
Enrollment.....	34
Ongoing	34
Emergency preparedness information for certified families	36
Oregon Juvenile Dependency Court information and process	38

For additional information about foster parenting, visit Oregon’s Child Welfare Foster Parent website at www.oregon.gov/DHS/children/fosterparent/index.shtml.

Make a positive difference as a certified family

You can make a difference by stepping up when children need help the most. By becoming a certified family, you can give children a safe place to stay while their family gets the help they need.

Children are placed in foster care for different reasons. Sometimes their family cannot provide them with the basic safety and protection they need. Many children have faced difficult experiences including parental substance abuse, sexual or physical abuse, and abandonment.



Certified families give children a chance to heal and feel supported during this difficult time in their lives. It is challenging work, but when you see how your guidance and love has made a difference in a child's life the rewards are immeasurable. The connections you make with a child in foster care and the good role-modeling you offer the child and parents can often last a lifetime and benefit your whole community.

Reasons you might make a good certified family

- Patience and a sense of humor are two of your greatest strengths.
 - You are compassionate and open-minded, and reaching out to others comes naturally to you.
 - You know the importance of being part of a family.
 - Your entire family is committed to the challenge of parenting a special child.
 - You believe that kids in your neighborhood need to stay in your neighborhood.
 - You want to make a difference in a child's life.
 - You have room for a child in your heart and your home.
-

These children also need certified families who can:

- Accept their sense of loss and need to heal;
- Share their sense of humor;
- Be self-confident, but not afraid to ask for help or support when needed;
- Work with social workers, teachers, therapists and community partners;
- Keep them connected to their family and community;
- Support racial and cultural diversity;
- Accept and nurture a child not born to them; and
- Be patient, yet persistent.

The children

Children who need foster care may be infants, toddlers, preschoolers, grade school age or teenagers. They also come from many types of backgrounds, cultures and families. They are like other children, each with their own special personality, abilities, interests and potential.

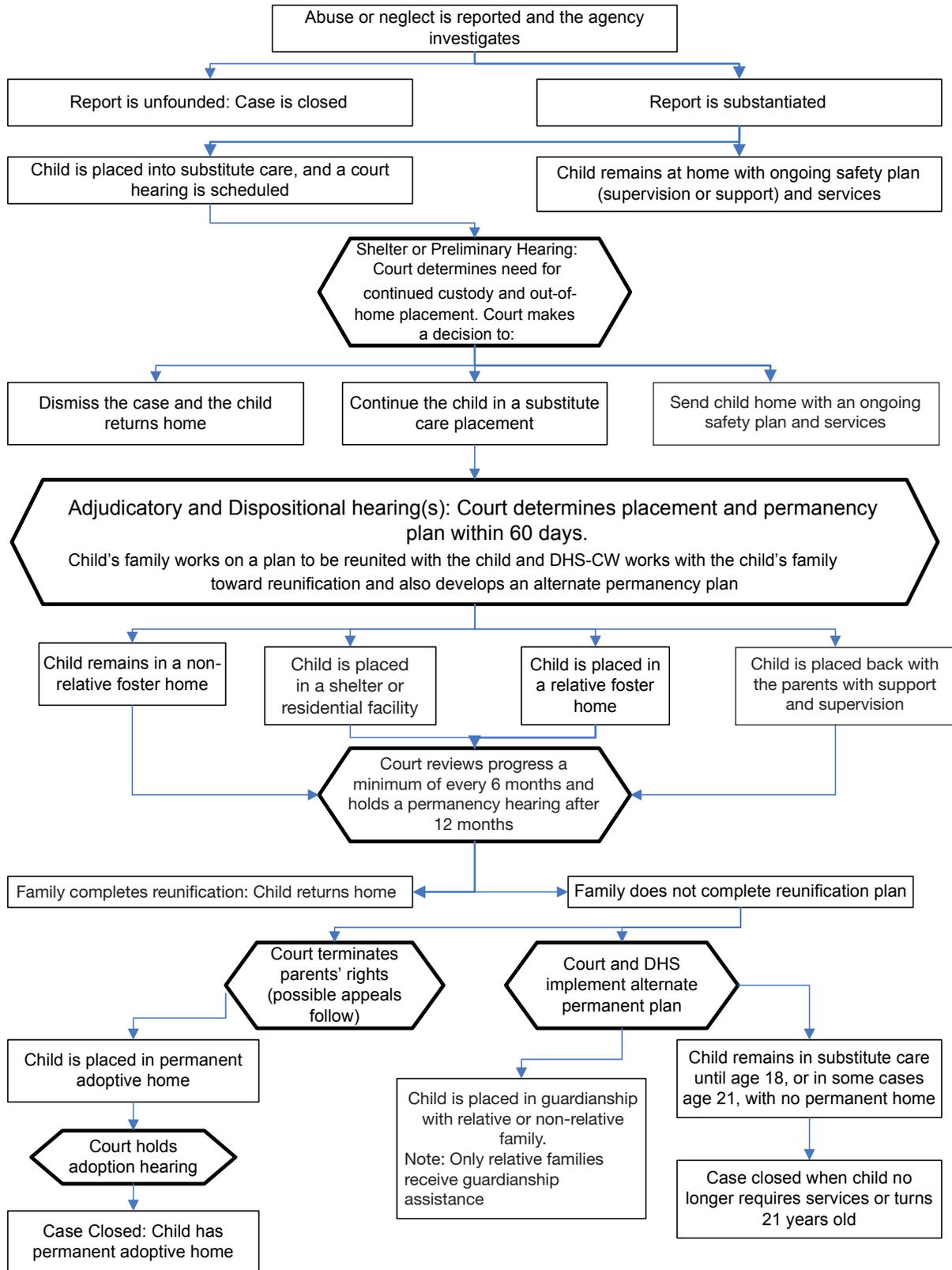
Many children who need foster care have been hurt by abuse or neglect. These children may have higher needs related to these experiences, including the grief and loss of being taken from their families. There is a high demand for certified families who can care for sibling groups, ensuring brothers and sisters can stay together. Families that enjoy working with teens and can guide them toward a positive future are also in high demand.

Helping Native American/Alaskan Native kids grow with a strong connection to their heritage is very important. Native American/Alaskan Native families who can share their cultures and traditions with Indian children are needed throughout the state. Special training and support may be available to strengthen cultural connections.

The importance of neighborhoods and community

Children in foster care are too often separated not only from their families but also from their friends, schools and communities. By providing foster care, neighbors and other community members make it possible for a child to stay in the same school and participate in other regular activities such as sports, church, bike riding with friends and visiting familiar places.

Child Welfare case process



Who is who at DHS-Child Welfare?

Foster care

Foster care is full-time substitute care for children or young adults removed from their parents or guardians and for whom the state has responsibility. Foster care is a temporary home while the Department of Human Services – Child Welfare (DHS-CW) works to reunite a child or young adult with his or her parents or guardians, or establish another permanent arrangement.

Foster parent

A foster parent is an individual who operates a home that has been approved by DHS-CW to provide care for unrelated children or young adults who are placed in the home by DHS-CW.

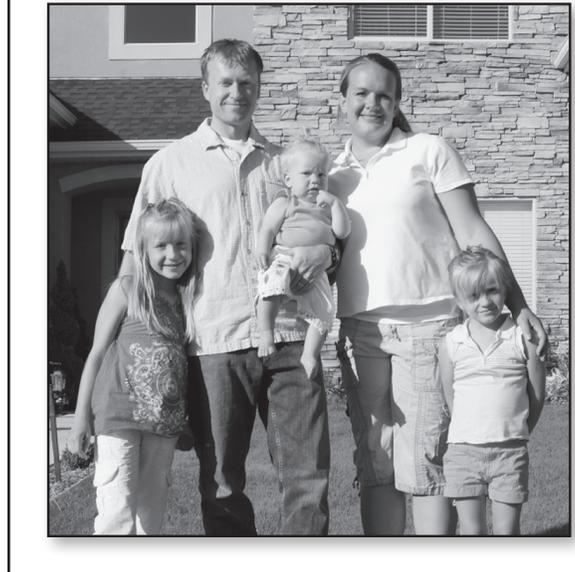
Relative caregiver

A relative caregiver is an individual who operates a home that has been approved by DHS-CW to provide care for a related child or young adult who is placed in the home by DHS-CW. A relative caregiver can be referred to as a foster parent, relative caregiver or certified family. In this orientation booklet, both foster parents and relative caregivers will be referred to as a certified family.

Certifier

A certifier is a Child Welfare employee who:

- a) Conducts assessments of applicants interested in providing relative or foster care to a child or young adult in the care or custody of DHS-CW or assessments of a potential adoptive resource;
- b) Determines whether or not to recommend approval of the operation of a relative caregiver or foster home or approval of a potential adoptive resource; and
- c) Monitors the compliance of a certified family with DHS-CW certification rules.



Notify the certifier if there is any change in those living in your home, if you are planning a move, or if you have questions about certification rules and requirements.

Certified family

A certified family is an individual or family who has been given a Certificate of Approval from DHS-CW to provide care for a child or young adult in the care or custody of DHS-CW. We will use the term certified family through this orientation booklet.

Caseworker

A caseworker is a DHS-CW employee working with the child and the child's biological parents. She or he will plan the visits with the child and will work with the judicial system in the hearings to make decisions about the care plan for the child and family. A caseworker can also be referred to as a child protection worker, ongoing worker or permanency worker.

Child Welfare program manager

The Child Welfare program manager is responsible for all staff in the local office. He or she spends a portion of time working with the various public and private agencies and organizations in the community, coordinating efforts to best serve the families and children in the community. When you have been unable to gain an answer from the caseworker, or their supervisor, within a reasonable time period, call the Child Welfare program manager for assistance.

Child Protective Services (CPS)

A Program within DHS-CW that administers a more narrow set of services, such as receiving and responding to child abuse and neglect allegations and providing initial services to stabilize a family.

Social Services Assistant (SSA)

A DHS-CW employee who, in cases where the certified family is unable to do so, may provide transportation to and from parent and sibling visits, and may sometimes supervise the visit.

Support staff

DHS-CW employees who provide administrative support for certifiers, caseworkers, SSAs and supervisors. They keep track of records, training schedules and much more.

In some of the larger DHS-CW offices, each unit of caseworkers may have a support staff called a case management coordinator (CMC). Sometimes the CMC can help locate a caseworker when you need a quick answer to a question.

Supervisor

A supervisor is a DHS-CW employee in charge of a unit of caseworkers and may be responsible for other staff or have other management duties. All caseworkers have a supervisor. When you have been unable to obtain an answer from the caseworker within a reasonable time period, call the supervisor for assistance.

Child Welfare district manager

The Child Welfare district manager is a DHS-CW employee responsible for all staff in a geographical area, usually within county borders.

Potential adoptive resource

This is an individual who has been approved by DHS-CW as a suitable resource who can be considered in a child's adoption selection process.

Adoption worker

The adoption worker is a DHS-CW employee who conducts interviews and initiates reference checks, criminal history checks, DHS-CW checks, home inspections, etc. of adoptive applicants to determine if applicants meet certification standards and DHS-CW adoptive applicant requirements. An adoption worker may supervise the adoptive placement until the adoption finalizes.

Community partner

A community partner is an individual or agency that works with the foster child to meet his or her health, safety and well-being needs. Partners can include mental health workers, attorneys, health care workers, school personnel, communities of faith, community organizations, volunteers, Citizen Review Board (CRB) members and Court Appointed Special Advocates (CASA).

Making contact

Good communication between a child's certified family and his or her caseworker is an important part of a successful placement. There will be times when you have general questions that need answers and there will be times when you need to make immediate contact with the caseworker. It is important that you discuss with your child's caseworker the best ways to make both emergency and non-emergency contacts. Each local office will have its own recommendations regarding how to make contact with staff. Here are a few general suggestions:

- When calling your child's caseworker, be sure to leave your name, telephone number, the child's name and a brief message regarding your question, concern, etc. If you need a return call within a certain amount of time, be sure to let the caseworker know when you need the information. If you're running out of time and you still have not heard from your caseworker, try calling again.
 - There will be times when your child's caseworker is out of the office for an extended period of time, or for other reasons, is unable to get back to you in a timely manner. On these occasions, contact your caseworker's supervisor.
 - Your certifier is also a good person to contact when you are having difficulty reaching your child's caseworker. Discuss with your certifier situations that are considered emergency and non-emergency. A good understanding of what is considered an emergency will help you in determining who to call and when.
 - In emergency situations such as medical emergencies, make sure you immediately speak to someone. If the caseworker is not at his or her desk, contact that person's supervisor. If you still don't make contact with someone, ask for your certifier or the "person of the day," "person in charge," etc. Let the receptionist know this is an emergency and you need to immediately speak with someone. Identify yourself and the name of the child in your home. Do not hang up without speaking to someone who can respond to your situation.
 - Caseworkers and certifiers may be willing to communicate through their state email accounts. You can ask caseworkers and certifiers for their business cards and how email communication might work between you.
-

Training

DHS-CW must complete an applicant's orientation either:

- Before he or she can be certified; or
- Within 30 days of a child's placement in the home.

A certified family must complete Foundations Training. An applicant may be required to complete the Foundations Training before receiving a Certificate of Approval. A certified family must complete the Foundations Training within one year. Alternative training is possible under some conditions when a certifier and supervisor approve an individual training plan.

The certifier can help applicants register for Foundations Training. It covers the following main topics:

- Overview
- Importance of the birth parent
- Child development and the effect of abuse and neglect
- Sexual abuse
- Discipline
- Valuing a child's heritage
- Working with a child's biological family
- Next steps

Ongoing training

The certified family and the certifier develop a training plan for the certified family. Certified individuals must complete at least 30 hours of training during each two-year certification period. This only varies when a certifier and supervisor approves an individual training plan.

DHS-CW may require a certified family to get more than 30 hours of training for a two-year certification period. This depends on the needs of the child or young adult placed in the family's home. Another consideration is the family's knowledge, skills and abilities.

A certified family may earn training hours through several resources, including:

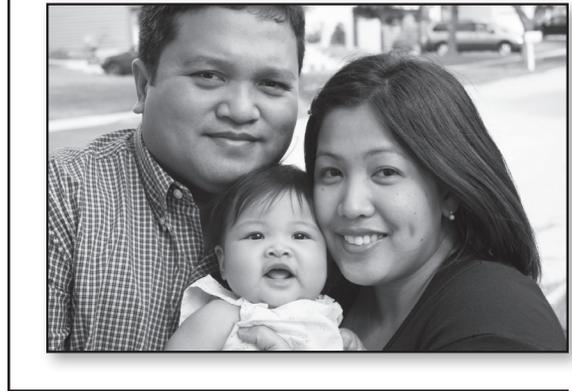
- Your local or state Foster Parent Association;
- PSU Child Welfare Partnership (<http://cwpsalem.pdx.edu/foster/generic/TraininglistAll.asp>);
- DHS-CW sponsored training;
- Oregon Parent Training Institute (ORPTI) @ 503-581-8156 (www.orpti.org/);
- Community resources (i.e., hospitals, public health, etc.);
- Foster Parent College. Contact your certifier for information on FPC courses of interest to you. There are limited resources for these courses to be paid through DHS (www.fosterparentcollege.com);
- The Foster Parent Library (<http://oregondhs.booksys.net/opac/oregondhs/>);
- Videos/DVDs;
- Books;
- Internet courses;
- Support groups;
- Conferences;
- Workshops.

Training resources can vary among areas. Ask your certifier for your community's training options.

Many training opportunities are available during the year. Please do not wait until the last minute to try completing your training requirements.

Family assessment process

The Department of Human Services, Child Welfare (DHS-CW) understands the information we ask you to share with us is very personal. We use the Structured Analysis Family Evaluation (S.A.F.E.) home study to help both you and DHS-CW identify each family's strengths and any concerns regarding the appropriateness of providing a home for a child in the state's care or custody. Most of this information is gathered through the paperwork involved in the application process and interviews between you and your certifier or adoption worker. However we also request information from references, use child welfare and criminal history databases for gathering information, and often contact extended family members or other people involved with your family. The S.A.F.E. home study includes exploring information on the following topics:



- **History**

DHS-CW gathers information about childhood experiences, how your family-of-origin was organized, abuse/neglect in your history, criminal history, mental health history, work history and relationship history (including previous marriages, domestic partnerships and/or significant relationships).

- **Personal characteristics**

DHS-CW gathers information about your communication style, problem-solving skills, interpersonal relationship and health and physical stamina. DHS-CW also seeks information about how you interact with others, accept differences in others, deal with stressful circumstances or emergency situations, manage conflict or anger, make decisions and adapt to change.

- **Marital/domestic partner relationships**

DHS-CW gathers information about your history of marriages or domestic partnerships. DHS-CW also assesses how couples resolve conflict, rely on each other for support and communicate with each other, as well as couples' attitudes toward one another, stability of the relationship and satisfaction with the relationship's intimacy.

- **Sons/daughters or others who reside in or frequent your home**
DHS-CW gathers information about the relationships with your minor children as well as other minor children who may frequently be in your home, your adult sons and daughters, and other adults who may live in or frequent your home.
 - **Extended family relationships**
DHS-CW gathers information about how you function in and with your extended family members on all sides of the marriage or domestic partnership, and how open and supportive the extended family members will be to your role as a certified family.
 - **Physical/social environment**
We do a physical walk-through of each room in your home and any surrounding outbuildings. We check for general cleanliness, safety of equipment and furniture, and safety of your outdoor areas. We gather information about your finances and your social support system.
 - **Generalized parenting practices**
DHS-CW gathers information about your knowledge of child development, your parenting style and disciplinary methods. DHS-CW also gathers information about how you learned to parent, your view of your parental role, your interactions and communications with children, your care and understanding of children, and the importance of child play.
 - **Specialized parenting**
We gather information about your expectations of becoming a certified family; your knowledge of the effect of abuse and neglect, sexual abuse, separation and loss on a child; your experience with and ability to use educational and counseling resources; and your understanding of the importance of birth and sibling relationships.
 - **Adoption issues**
DHS-CW gathers information about your interest in permanency, your views on telling children about adoption and open adoption, and infertility issues that may influence your interest in adoption.
 - **Recommendations and the home study**
The certification or adoption worker will evaluate all the information gathered during the family assessment process and write a home study documenting your strengths as a family, any areas of concern, and recommendations about the numbers and types of children that could be placed in your home. If you are a relative willing to care for a specific child, the home study will include
-

information about your skills to care for the specific relative child for whom you will provide care. The home study may also document recommendations on the types of children's behavioral and emotional issues you or your family can best handle. Families will have the opportunity to review, sign and receive a copy of the completed home study document.

Things to consider

How will each of the following be affected by adding a child to your home?

- How big is your vehicle? Will you need car seats or booster seats?
- Do both parents work? Are there conflicting schedules? What can be worked out to provide good supervision for the child?
- Do you have the time and energy? A child in care will require much more of your time due to court hearings, family visits, counseling, medical, dental appointments, school meetings, attending planning meetings, and every day requirements of caring for a child who has experienced the trauma of abuse or neglect and separation from his or her parents.
- What are your babysitting or respite resources? Oregon provides a monthly reimbursement for the care of the child, but does not provide additional financial resources to pay for respite care. What kind of babysitting or respite resources can you develop or afford?
- Who is included in your family, friendships and community support system? Will they support the idea of a child in care? If not, are you willing to and how will you expand your support system to include people who will support your care of the child?
- What does your family do for recreation? How will you include another child in your recreational activities? A child's individual needs and abilities will need to be considered in planning family activities.
- How will your family incorporate a child who may have different beliefs, appearance and needs into your home and family?
- When a child wants to attend various cultural or religious activities that conflict with your beliefs or schedule, how will your family respond?



Parent's rights

When a child is placed with a certified family because of child abuse and/or neglect, his or her parents still have certain rights that must be honored by DHS-CW staff and the child's certified family. Parents are encouraged to participate as much as possible in the care of their child even when it is not currently safe for the child to live in their home. However, before engaging a child in activities with his or her parents, the activity needs to be approved by the child's caseworker.

It is a parent's right to have contact and visits with his or her child. Safety is one factor in the type and circumstance surrounding contacts and visits.

When it is safe and appropriate, parents are encouraged to participate in school conferences, therapy appointments, doctors' visits and other appointments or activities.

Parents should be kept up-to-date on a child's developmental milestones, successes, educational progress, medical and mental health needs, as well as day-to-day routines, etc. Certified families can work with the child's caseworker to provide a way to keep parents informed about their child (such as weekly updates before a visit, photos, sharing awards, report cards, medical visit outcomes, etc.).

Haircuts are a really good example of a decision that should involve parents, especially when it is the child's first haircut.

Some parents have specific requests regarding a child's participation in religious practices.

Parents should be consulted about some religious practices, such as baptism, when appropriate.

Body piercing and tattoos are invasive procedures that require approval of DHS-CW and a child's parents.

A child cannot have a name change while in foster care, even if it looks as if a child will not be returning home.

Special considerations for relative families

When DHS-CW has custody of a child, we try hard to place the child with a relative. DHS-CW must also try to place siblings together. DHS-CW searches for a child's relatives and will work toward a relative placement and family connections for as long as the child is in the custody of DHS-CW. Family connections can include visits, letters, phone calls or other methods of contact.



When a child is placed in foster care, he or she may have visits in the certified family's home or supervised by the certified family in a community setting. A certified family will often be asked to transport a child to a visit. Certified family members are not required to supervise visits or have visits in their home. But it is not uncommon for this to occur when a child is placed with a certified family related to the child. The child's caseworker must approve any contact arrangements between a child and parent before contact occurs.

Consider how these additional responsibilities may affect your family. If you are a relative caregiver, consider how required limitations on your contact with family members may affect your family?

A willingness to do anything

When a child is placed with a relative family, they often feel and express that they will do anything to help the child and/or the child's parent. They will attend a number of meetings and other appointments. If the child is school age, all the requirements related to school will need to be met. Also, many people such as attorneys, caseworkers, certifiers, CASA and mental health workers can become involved in the case. Most of them will need to visit the child in the certified family's home.

This is a lot to manage for any family. Are you prepared for these changes? How will these things affect your family?

Have a formal written visitation plan

Each child and his or her parent(s) have a written visitation plan completed by the child's caseworker. The visitation plan addresses the limits on how, where and when contact and visits between the child and parent(s) occur. This clarifies the structure and rules about visiting, and relieves potential conflict between the certified family and the child's parents.

At times a certified family is willing to have visits in the certified family's home. This can be both a positive and stressful experience. Without appropriate structure, there may be occasions when a child's parent may call at various times, come to visit at inconvenient or unscheduled times, stay too long or not long enough, and become a disruption to how the family needs to function.

How will the need for structured contact with your relatives affect your family?
Are you prepared to work with the caseworker when these types of issues arise?

Return to parent

In most cases, DHS-CW will work toward reuniting the child in foster care with his or her parent. The conditions that must exist prior to returning a child to the parent are sometimes different than what a certified family hopes to see in a parent's functioning before the child goes home. Part of being a certified family is being able to support DHS-CW's work and a decision to return a child to the care of a parent. Or, if the parent is unable to safely care for the child, DHS-CW is obligated to seek other permanency options for the child. A child being placed with you in foster care does not mean the child will stay with you permanently if he or she does not return to the parent.

How will a child's return home affect you and your family? How will these decisions during the life of a case affect you and your family? How is your family preparing for the challenges of this type of uncertainty? How do you prepare to develop and maintain a quality relationship with the child during this time?

Roles and responsibility

Certified families, whether related to the child or not, have the same caregiving responsibilities. Sometimes fulfilling these responsibilities can be harder for relative certified families because of the relationship between the parent and certified family. Certified families must protect the child placed with them from harm. Certified families

must work with DHS-CW in following the child's case plan, including not allowing the child to have contact with his or her parent without caseworker permission, not asking the child questions about the allegations or case, reporting to the caseworker any abusive situations the child may tell you about, documenting contacts between a child and his or her parent, and reporting to the caseworker if the parent does not follow the contact and visitation plan.

How will meeting these responsibilities affect you, your family and your relationship with the child's parent?

Sibling planning

Importance of sibling planning and placing siblings

- DHS-CW places siblings with the same certified family whenever possible and when in the child's best interests.
- When separated from their parents, children placed together in foster care with their siblings may have reduced trauma. Sibling relationships help the child be resilient. Children placed together with siblings may better adjust to their new home and have more sense of safety.
- Siblings initially placed together are more likely to remain together in their first placement. They may also have more stability in foster care.
- DHS-CW values developing and preserving the sibling relationship. DHS-CW views separation of siblings in foster care as temporary and works to reunite siblings whenever it is in the child's best interests.
- Sibling relationships are emotionally powerful and important not only in childhood, but over the course of the child's lifetime.



Who are siblings?

Sibling means, by definition in Oregon administrative rule, one of two or more children or young adults related:

- a) By blood or adoption through a common legal parent;
- b) Through the marriage of the child's or young adult's legal or biological parents;
or
- c) Through a legal or biological parent who is the registered domestic partner of the child's or young adult's legal or biological parent.

What children's caseworkers and certified families do to protect children and improve sibling relationships

Caseworkers

- Arrange for regular sibling visits as appropriate.
- Assess each of the child's needs, including looking at sibling relationships.
- Arrange counseling when there is concern about siblings' safety or ability to positively relate to each other. Inform the child's therapist about issues of conflict or concern about sibling relationships and dynamics so he or she knows that improvement of sibling relationships is an important focus of treatment.
- Work with the child's therapist to make distinctions between sexually reactive behavior (such as inappropriate fondling between children close in age) and sexual abuse by a more powerful sibling of another child. If there are safety issues that cannot be addressed with siblings in the same home, a child may need to be moved to prevent further abuse. In some cases, siblings may be able to live together again after treatment.
- Share information about siblings placed in another home.
- Place siblings together at the time of the child's placement in foster care.
- Develop supervision plans when siblings may need special supervision.

Certifiers

- Develop placement support plans with the certified family when extra attention is needed for the certified family to meet a child's identified special needs or manage the dynamics of being a certified family.
- Arrange for a certified family to attend training or support groups regarding siblings or sibling issues.

Certified family

- Attend training and support groups regarding meeting siblings' special needs.
 - Work with the caseworker in developing and implementing a supervision plan for the siblings' special needs.
 - Inform the caseworker when you have concerns about a sibling relationship.
-

- Tailor the family rules and supervise closely.
 - Understand that sibling visits may cause a child to feel a variety of emotions, not just positive feelings. In most cases, strong feelings do not mean that visits with siblings should be stopped. Provide an environment where children can express their feelings.
 - Display empathy and hear the child's concerns.
 - Be available to provide respite care for siblings who are not in your home.
 - Work with the child's caseworker to give him or her information about siblings to lessen the worry that the child's brothers and sisters are safe.
-

Visitation plans

When a child is placed in foster care, visiting with his or her parents is extremely important. Visits should be scheduled as soon as possible to begin within the first week the child is in foster care. The child's caseworker approves the visitation plan. In addition to visiting with parents, a child may visit with his or her siblings and extended family members.

Visit schedules can vary widely and may be set one time per week at the same time and place, or several times a week at different places and at different times. Visit schedules may differ during holidays and weekends. When developing a visitation plan, the caseworker should request input from the certified family and the person having the visit. Resource limitations, court orders and schedule conflicts may affect this process.

When a parent does not show up for visits, it can be devastating to a child. If parents miss several visits, other visitation plans can be put into place. For example, the parent may have to call DHS-CW the morning of the visit and DHS-CW would then call the certified family regarding the visit status. A certified family must not make arrangements to meet the child's family outside the approved visitation plan.

The caseworker must approve all contacts between a child and visiting resources (parents, siblings and friends).

Often certified families are asked to assist with transporting children to a visit. Visit transportation can also be done by the caseworker, social service assistant or volunteer. Depending on the situation, visits in the community, the local office, family's home or even the certified family's home may be appropriate. A certified family is not obligated to have visits in their home. DHS-CW cannot release a certified family's address to the child's parent or guardian without the permission of the certified family.

Confidentiality of certified families' addresses and phone numbers

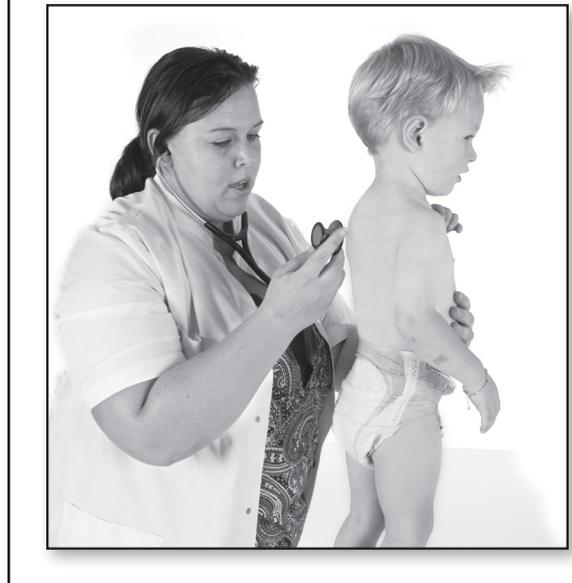
Birth parents are not entitled to know the certified family's address or telephone number. Certified families should also be cautious about giving children their phone number. If phone contact is allowed, you may wish to personally dial the phone number. If you do not want your phone number to appear on the caller ID, work with your phone provider to prevent your phone number from appearing.

Medical coverage answers for certified families

At the time a child is first placed in your home, the child's caseworker should also give you a copy of the child's Oregon Health Plan (OHP) medical identification card. If this does not occur, ask the caseworker when you will receive the medical card. Keep it with you at all times.

The child's caseworker or a support staff at the DHS-CW local office can help with questions regarding the medical card. Some questions might relate to:

- A child arriving at your home without a medical card or an incorrect medical card;
- Assistance assigning the child to a medical plan if local health providers will not accept an open card;
- Advice on choosing the best health plan or mental health plan for your child;
- Help with changing the child's health plan;
- Advice on counseling or medical resources, medical equipment or medical supplies for your child;
- Advice when a medical or mental health service is denied by the health plan;
- Problems with a medical bill;
- Help when a pharmacy says OHP will not cover a prescription.



For those interested, the OMAP website showing currently available OHP medical and dental plans is at www.oregon.gov/DHS/healthplan/data_pubs/planlist/main.shtml. The OHP Client Handbook may be found at <https://apps.state.or.us/Forms/Served/he9035.pdf>.

Signing for medical treatment

An adult in a certified family may sign release and consent forms for the child's routine medical and dental treatment. However, to avoid the risk of being personally billed for the medical service, **do not sign** your name.

It is generally accepted to sign:

"Child is in legal care and custody of Oregon DHS Child Welfare." Include your DHS-CW local office address.

Keep a copy of the signed forms for your records.

Unfortunately, you cannot be reimbursed if you personally pay a medical bill for a child in your care.

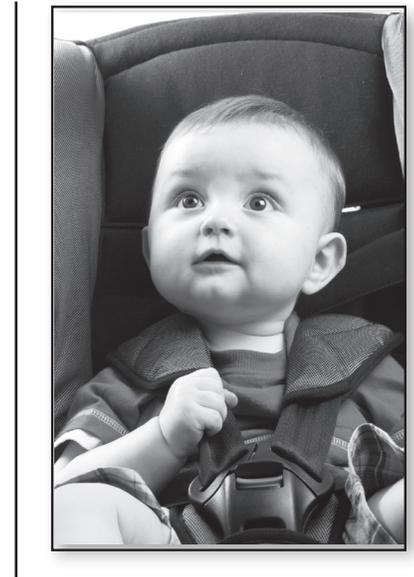
If you receive a bill that says you owe money, do not pay it. Instead, call the medical provider's office and make sure:

- *The office knows the child in your care is on the Oregon Health Plan (OHP) and has the child's medical ID number;*
- *The office has billed the Division of Medical Assistance Programs (DMAP) or the child's managed care plan.*

A certified family **cannot** sign for authorization of emergency medical treatment. If the medical provider insists on a signature, you may sign per above: "Child is in legal care and custody of Oregon DHS Child Welfare." Contact the local Child Welfare office immediately.

If the emergency room doctor orders immediate treatment, ask the hospital to get authorization for emergency medical treatment by contacting either:

- *On-call staff at the DHS-CW office where the child's caseworker is stationed at _____; or*
- *The local office at _____.*



If a DHS-CW person in authority is not available, all licensed physicians in Oregon have the statutory authority to proceed with **medically necessary emergency treatment**. Examples include treatment for a broken bone or bronchitis.

Any psychiatric or psychological evaluations are approved and coordinated with the caseworker. The caseworker must be informed about any psychotropic medication prescribed or changed. DHS-CW must give you authorization for the administration of the psychotropic medication **before** you give the medication to the child.

DHS-CW must approve any medical treatment that is other than routine before the treatment is provided.

Car safety

Car seats have been proven to save lives and reduce injuries. All passengers must wear age-appropriate safety restraints.

The following are general descriptions of Oregon's safety belt and child restraint laws. They were updated January 2012. Specific wording of statutory requirements can be found at www.leg.state.or.us/ors/811.html. Scroll down to statute number ORS 811.210 - 811.225 to locate the full text.



- **Adult belt law**

Oregon law requires all motor vehicle operators and passengers to properly wear a safety belt or safety harness. This applies to passenger cars, pick-up trucks, motor homes and fee-based people transport carrying 15 or fewer persons. ORS 811.215 allows limited exemptions. Seat belt systems must be in working order.

- **Child restraint law**

Child passengers must be restrained in approved child safety seats until they weigh 40 pounds or the upper weight limit for the car seat in use. Infants must ride rear-facing until they reach both 1 year of age and 20 pounds.

- **Booster seat law**

Children over 40 pounds or at the upper weight limit for their forward-facing car seat must use boosters until they are 4 feet 9 inches tall or age 8. The adult belt must fit correctly.

- **National best practice recommendations**

Oregon child seat laws generally reflect U.S. Department of Transportation National Highway Traffic Safety Administration recommendations. These guidelines are based on nationwide research studies. NHTSA also offers the following recommendations not now part of Oregon law:

- » Infants should ride rear-facing in their car seat until they reach the upper height or weight limit that the car seat manufacturer recommends. This provides greater head protection, particularly in a side-impact crash;

- » Toddlers should ride in car seats with a harness until they are at the upper weight limit of the seat before using a booster; and
- » Children under age 13 should ride in the back seat. This reduces this age group's risk of crash injury by 37 percent.

New car seat recommendations

The American Academy of Pediatrics (AAP) announced new best practice recommendations for child seat safety March 21, 2011. The AAP advises keeping infants rear-facing until at least 2 years old.

For the most current information, go to the ODOT website at www.oregon.gov/ODOT/TS/safetybelts.shtml.

Consent to travel out of state/country

If you want to travel outside of Oregon with a child in your care, the trip must be approved **prior** to the travel. When possible, notify the caseworker several weeks in advance of travel. The caseworker will need the following information to complete the Consent to Travel form for each child:

- The child's name;
- Where you are going and the purpose of your trip;
- Date(s) you plan to travel;
- Date(s) you plan to return;
- The child's special medical needs, if any;
- The name, address and phone of the child's physician;
- The child's health care plan information.



You must allow time for a response from DHS-CW. A supervisor has to approve the out-of-state travel. The biological parents sometimes must be notified and consent to the travel plan before the child travels out of the state. You will receive a copy of the approved Consent to Travel form.

The Consent to Travel form must be with you during your trip. It authorizes medical care in another state. It also identifies you as a person authorized to care for the child and helps DHS-CW know the whereabouts of each child in its legal care or custody.

You usually need a new Consent to Travel form each time a child travels out of state. However, you may be able to get permission from the child's caseworker to travel back and forth for specific periods of time during regular travel to another state (e.g., xx months).

It is often difficult to get pharmaceutical coverage out of state. Be prepared by taking enough medications. You can also call the child's medical plan for advice on purchasing medication out of state (see the advice phone number on the child's care ID).

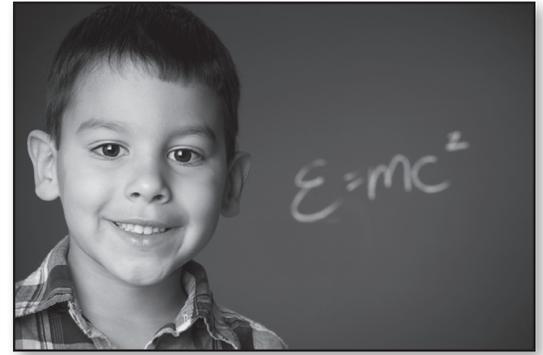
If the child will be traveling out of the country, you must request authorization for travel a minimum of one month in advance of the trip. A court order and additional authorization is required. When traveling internationally, you will need to take a copy of the child's birth certificate, the approved Consent to Travel form and a copy of the court order establishing custody of and authorizing travel for the child.

Note: The Oregon Health Plan medical care ID is not valid for medical coverage in other countries.

Property and liability insurance

The state provides property and liability insurance for a child in the legal care or custody of DHS-CW and in foster care through its Risk Management Division.

Detailed information about the process may be obtained by calling 503-373-7475. Claims must be made within 90 days of the incident on form CF 3, available from any Child Welfare office or online at http://dhsresources.hr.state.or.us/WORD_DOCS/CE0003.doc. Please notify your certifier if you make a claim; the certifier will be asked about the incident.



For property damage claims include photographs of the damage and either receipts or estimates for repair or receipts from the original purchase. Your photos and receipts can be returned at your request. If you have lost your receipt, send a photocopy of the cover page of the owner's manual or warranty. Indicate when and where the item was purchased and the price.

If the damage is structural, provide one or more itemized estimates for repair. The estimate should identify the repair person or company, a list of materials and labor costs per hour. The total of the labor and material costs should equal the final price. Retain the original damaged item until paid in case an inspection is needed.

All claims are settled on a cash basis, which means reimbursement for repair or the item's value at the time of damage. Risk management cannot cover damage caused accidentally to the property of a child not in the legal custody of DHS-CW.

For injury claims include the following: copies of medical bills (showing the name and address of the doctor who treated you); a signed medical records release form, prescription receipts and related expenses along with your private insurer's statements showing what was and was not covered; a written excuse from your employer if told to stay off work; a letter verifying your wage loss from your employer; and name, address, phone and policy number of your private medical accident or disability insurance.

Mandatory reporting

A certified family or respite provider is required by law to report all suspicions of child abuse and neglect. The law applies even if you do not have children placed in your home. You do not need to determine if your suspicions are accurate; this is the responsibility of the police and DHS-CW child protection workers. However, it is your responsibility by law to alert DHS-CW and/or the police of your concerns. By reporting your concern, you have complied with your responsibility. Your certifier can discuss with you typical signs of abuse and neglect and you will learn more during Foundations Training.

When you suspect abuse or neglect, contact your DHS-CW local office or the police. Give them the information you have regarding the child and his/her family. If you witness abuse in public, try to get the offender's license plate number. Be prepared to provide as much information as possible including names, ages of children, address of their home, where they attend school, telephone number if you know it, etc. Remember, all reporters' names are kept confidential except in circumstances when criminal activity is involved or a case is contested. In those instances you might be called upon to testify in court.

If you suspect abuse, do not try to confirm your suspicion. Your responsibility is to report it. DHS-CW and the police are responsible for investigating and/or assessing the safety issues. A good axiom is **if in doubt**, report.

For more information you can visit the DHS-CW website at www.oregon.gov/DHS/abuse/publications/children/index.shtml and link to the publication "What you can do about child abuse" or to the video "The Role of Mandatory Reporters in Child Abuse Cases" at www.oregon.gov/DHS/abuse/main.shtml.

For more information about mandatory reporting, visit <http://dhsforms.hr.state.or.us/Forms/Served/DE9061.pdf>.

In a classroom setting, a DHS-CW video and presentation cover this topic.

When allegations of abuse occur in your home

At times abuse occurs while a child is in foster care. However, there is much less abuse in foster care than in the general population. False allegations of abuse can also occur while a child is in foster care.

If an investigation occurs, it may cover any type of child abuse: physical injuries caused by other than accidental means, mental injury, sexual abuse, sexual exploitation, neglect and substantial risk of harm to a child's health or welfare. Remain professional and contact your certifier to get support from other certified families during the assessment process. Learn about the process and ask for the brochure "What You Need to Know About a CPS Assessment," for use during this process.

A certified family can best protect itself against an abuse allegation by managing itself responsibly. It's also important to develop quality relationships with DHS-CW staff and others interested in the child. Some things you can do include:

- Have a clear understanding of the caseworker's expectations of you and yours of the caseworker.
 - Be involved with the child's school and his or her physical and mental health professionals.
 - Get to know other certified families. Their mentoring and support is helpful when you have questions or if you are investigated for abuse.
 - Keep up on your training in child development, behavior management and other subjects to improve your caregiving skills.
 - When a child in your care is accidentally injured, document how the injury happened and tell the caseworker about it unless it's a typical injury such as a bump or bruise.
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Women, Infants and Children (WIC)

WIC is a nutritional education program that also provides supplemental foods to promote good health. When a child placed with you is younger than 5 years old, contact the WIC office as soon as possible to schedule an appointment. Make sure you let them know you have a child placed in your care by DHS-CW, which may give you priority in scheduling appointments. Some WIC offices require a form from DHS-CW.



You may need an orientation to learn how the WIC program works. The time you spend in orientation can count toward your required training. In the "income" section of the WIC paperwork, note the amount of your monthly base rate reimbursement for the child in your care (do not include a child's level of care or level of personal care amount).

Through WIC you can receive free vouchers for baby formula, cereal, eggs, milk, peanut butter, juice and other nutritional foods to meet the needs of the child in your care.

WIC will weigh and measure the child in your care, check for low iron in his/her blood and help with any nutritional concerns. Keep records of any updated health-related information you receive from the WIC staff.

Early Intervention, Early Childhood Education Services and Headstart programs

Preschool children with disabilities are eligible for Early Intervention (EI) Services or Early Childhood Special Education (ECSE). EI is for infants and toddlers from birth to age 3. ECSE covers children from age 3 until kindergarten age. The Oregon Department of Education (ODE) contracts with regional service areas to provide EI and ECSE services for these children.

Children who are evaluated and found to be eligible for services have a written plan describing these services. This is called the Individualized Family Service Plan (IFSP). This is a plan created after a careful evaluation of the child's strengths and needs. Yearly goals will be set and will include the descriptions of the services to the child, and will address the needs of the child's parents and child's certified family such as counseling or education.

A good, family-centered IFSP meeting will have active and meaningful participation from the parents, certified family and the other professionals working with the child.

You may request that a child in your care be evaluated for these services by contacting your local school district if DHS-CW has not already sent a referral. Check with the child's caseworker before submitting an evaluation request .

If a child in your care is found eligible for EI or ECSE services, be sure to notify the child's caseworker of the date, time and location of the IFSP planning meeting.

Children in foster care are also eligible for Headstart programs. Contact the Headstart program in your area for enrollment information. To find a program in your area, search through the following link: <http://eclkc.ohs.acf.hhs.gov/hslc/HeadStartOffices>.

Working with schools to promote a child's success

DHS-CW staff act as a member of a team to plan for, monitor and promote the academic achievement of children in foster care. Certified families play an especially important role in the educational success of children placed in their care. Good communication with all the parties in a child's team is vital to a child's success in school.

Enrollment

- A child placed in foster care needs to be enrolled in school as soon as possible. The certified family needs to ask the caseworker if there is a preferred educational placement. It is usually in the child's best interest to remain in the same school when he or she first enters foster care.
- If a child must change schools, ask the caseworker what school the child attended and to request the transfer of the child's school records.
- Make sure the child is signed up for free or reduced lunch. Each child in foster care qualifies for this program under both state and federal regulations. Being in the lunch program may invite offers of free or reduced fees for other school charges and extra-curricular activities such as sports. Let the school know a child has been placed in your home. Give the school a phone number for the child's caseworker. Follow confidentiality rules in discussing the child's case. Tell the school who should be picking up the child from school in order to assure safety. Ask the caseworker to notify the school of any restrictions on parental contact with the child at school or for school pick-up.
- Ask the caseworker for the child's immunization records if the school is not able to obtain them.

Ongoing

- Submit a request to the school in writing for a special education services evaluation if the child appears to need these services.
 - If a child is determined eligible for special education services, the school will develop an Individualized Education Plan (IEP). Tell the caseworker about
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scheduled IEP meetings; the caseworker will likely want to be part of the team that makes education decisions for the child. The caseworker may want others to be invited to the meeting, especially a child's parent if her or his case plan is reunification with the parent.

- Communicate with the child's caseworker about all school issues, report cards, parent/teacher conferences, awards, certifications or issues related to behavior or other school discipline matters.
 - Do not enroll a child in any other school or agree to anything other than a regular diploma without talking to and getting authorization from the child's caseworker. Several permissions are necessary when changing a child's educational services or plan.
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Emergency preparedness information for certified families

The federal government requires state child welfare agencies to plan for disasters and major emergencies. This continues vital services and ensures that each child in DHS-CW custody is cared for and protected.

In the event of a major emergency or disaster, DHS-CW asks each certified family to do the following:

- Call the Child Welfare emergency contact number at 1-866-610-2581 within 24 hours of a state emergency or disaster. Report your family's status and location. This number is only used during an emergency.
- If you must evacuate your home, make sure you take the following items:
 - » The Child Welfare emergency contact number;
 - » Each child's medical card;
 - » Each child's prescribed medications and related supplies.

You must also ensure that your DHS-CW emergency contact information is current. Contact your certifier if you need to update it.

Many web-based resources can help families prepare for a major emergency or disaster. Your home's location may make you especially vulnerable to specific disasters such as flooding, tsunamis, wild fires or chemical events. For information on emergency preparedness, go to any of the following websites:

www.redcross.org (Red Cross)

www.fema.gov (Federal Emergency Management Agency)

www.ready.gov (Department of Homeland Security).

The following is information provided by Oregon Children’s Justice Act Task Force about Oregon Juvenile Dependency Court.



OREGON COURTS PROVIDE JUSTICE AND UPHOLD THE RULE OF LAW. You are key to our ability to ensure safety, permanency, and well being for Oregon’s abused and neglected children. As a foster parent, you may have information that will help the court make decisions about the dependent child in your care. This guide has valuable information to help you understand the juvenile court dependency process in Oregon. This guide will also help you prepare to share important information with the court involving a dependent child in your care.

LOCAL COURT CULTURE

Although this guide provides a general overview of the process, local courts may have additional specific procedures or policies regarding juvenile dependency cases. The child’s attorney, CASA (Court Appointed Special Advocate),* or caseworker can tell you local procedures and policies that affect your foster child’s case.



This information may help the court make decisions about your foster child. You need address only issues related to the child’s case. Because court time is often limited, you need not repeat information provided by parties. Some judges may ask you specific questions related to these topics.

Educational Information

- The child’s grade in school and whether the child is performing at grade level.
- The dates of any school conferences you have attended and the results of those conferences (especially if the child is in special education classes).
- Any educational testing the child has had, who administered the testing, and the results of the testing.
- The child’s progress in meeting developmental milestones.

Visitation

- The dates of visits between the child and the child’s parents or other family members.
- If you supervised the visits, a brief description of the behaviors of the child and the other family members present at the visits. Carefully describe only the behavior; do not comment on the reason for the behavior.
- A brief description of any arrangements for sibling visits.
- The dates of any telephone contacts between the child and parents or other family members.

Behavioral Information

- A brief description of the child’s behavior in your home.
- Any services the child is receiving to address behavioral difficulties, who provides the services, and how often.

Recommendations

- A brief description of any services you believe the child would benefit from and why.
- Your recommendation as to the plan for the child.

**CASA (Court Appointed Special Advocates) are trained volunteers available in most counties. The court appoints them to advocate for the best interests of the child. For more information on the CASA program and to determine whether a program is available in your county, contact the statewide CASA Program Coordinator at 503.373.1283.*

Thank you for your commitment to Oregon’s foster children.

INFORMATION THE COURT MAY FIND HELPFUL

THE RIGHT TO NOTICE & THE RIGHT TO BE HEARD

Oregon law requires the Department of Human Services (DHS) to provide notice of a hearing concerning the child to a foster parent (including preadoptive parent or relative) who is currently providing care for a child. The law also requires that the court give the foster parent the right to be heard.

Placement Information

- The date the child came into your home and a brief description of the child's physical and emotional condition at that time.



Medical & Dental Information

- Doctor/dentist visits or hospitalizations since the last court hearing, and the results of those visits.
- Any medications the child is taking and the dosages.
- Any adverse reactions the child has had to medical procedures or medications.
- A brief description of the child's physical development, and any developmental lags you have observed.



Child's Cultural Interests and Other

Special Activities

- A brief description of any special activities in which the child participates (scouts, music lessons, church groups, etc.).
- A brief description of how the child's cultural interests are supported.



Oregon courts are committed to giving all care providers the right to **share information about the day-to-day experiences, behaviors, and needs of children** in their care. Although judges have a limited amount of time for each case, they want to gather as much information from you and all parties present before making their decisions. **Some judges will ask you specific questions about the child in your care; others will ask or allow you to make a short statement.**

The most effective short statements focus on the child's physical, emotional, educational, and social development and your thoughts about the best plan for the child.

As a foster parent, you are not considered a legal party to the juvenile court proceeding even though you have right to notice and a right to be heard. "Legal parties" include the birth parents, the agency (DHS), the CASA, and certain others designated by Oregon law. These people have special legal rights in addition to notice and an opportunity to be heard.

Oregon's Juvenile Dependency Court Proceedings

This hearing must be held within 24 Judicial hours after placement (excluding weekends and holidays). The purpose is to determine issues about removal of the child from parental custody.

This time line shows the **maximum** times permitted by state and federal law. Courts may schedule proceedings sooner than the times shown due to the special circumstances of a case and parent progress with the case plan. Courts sometimes schedule additional hearings following jurisdiction to review parental compliance and progress on the case plan.

Shelter Hearing

Pre-Trial (Preliminary) Hearing

Jurisdiction & Disposition Hearing

CRB Review

CRB Review

Permanency Hearing

Day 1

Day 30

Day 60

Day 180
(6 months)

Day 360
(12 months)

Day 420
(14 months)

This hearing resolves as many issues as possible before trial including: wording of the petition, negotiations, and admission or denial of allegations. In some cases, parents may admit or deny allegations by filing papers with the court instead of appearing at a hearing.

At this hearing, the court takes evidence and makes decisions on the allegations of the petition. Judges also issue their rulings (also called the disposition) on the case plan, services, timelines, and consequences of noncompliance.

The Citizen Review Board (CRB) reviews the case plans of children in substitute care. The parents, foster parents, attorneys, caseworker, other interested parties, and child, if appropriate, are invited to attend the review and discuss the plan for each child. The CRB makes recommendations and findings as to whether the plan and services are appropriate. Subsequent CRB reviews are held every six months unless the court holds a hearing that cancels the CRB.

At this hearing the court reviews parent progress and decides on a permanent plan for a child in foster care. Subsequent permanency hearings are held every 12 months until the child leaves care.



500 Summer St. NE
Salem, Oregon 97301-1073

This document can be provided upon request in an alternate format for individuals with disabilities or in a language other than English for people with limited English skills. To request this publication in another format or language, contact Sandi Flowers at 503-945-6653, 503-945-5896 for TTY, or email foster.care@state.or.us.