Handout #1.5

"The Go-To Guide"

A Guide for Resource Parents

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

Arizona Department of Child Safety

Introduction

Originally prepared by the Arizona PS-MAPP Training Team and revised by the Training Development and Delivery Accountability (TDDA) program within the Office of Licensing and Regulation (OLR) in March of 2016.

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

The information in this Guide is primarily focused on the needs of Department of Child Safety (DCS). The terms resource parent, foster parent, and caregiver are used throughout this document and all are in reference to the parent caring for the foster child. Each DCS resource family should have a copy of the following resource handbooks and handouts.

- Title 21, Chapter 6, Articles 1-4, the Foster Home Licensing Rules
- Title 21 Chapter 6 Chapter 8, the Life-Safety Rules
- DCS Discipline Policy Resource Guide
- CMDP (Comprehensive Medical and Dental Program) Member Handbook
- Confidentiality, Guidelines for Foster Parents
- Out of Home Provider Acknowledgement
- Family Foster Home and Fees Schedule (DCS)
- Life-Safety Inspection Worksheet (*R21-6-101.44*) this replaces the guide, Life-Safety Inspections, The Rules in Plain English
- The ADCS Caregiver Procedures for Reasonable and Prudent Parenting (RPPS)

If you do not have copies of this information, please contact your licensing agency for assistance in obtaining these documents. Please note, the above references and resources are subject to change. Please contact your licensing agency to assure you have the most up-dated information.

Resource Parents with the Department of Economic Security (DES)/Division of Developmental Disabilities (DDD) or Department of Health Services (DHS)/Regional Behavioral Health Authority (RBHA)/Home Care Treatment Care for Home Care Clients (HCTC) will need some or all of these reference guides in addition to the information specific to either program services.

Disclaimer: This information is subject to change based upon the availability of new interpretations, new standards, new policies, federal and state laws, new eligibility requirements or services offered and other developments in the field. Please refer to the DCS, CMDP or other referenced web sites for the most current available information. The material provided on this document is designed for educational and information purposes only. This information is not inclusive of all terms, provisions, providers, services and/or support necessary to care for a foster child.

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Department of Child Safety

The Department of Child Safety (DCS) was created on May 29, 2014 by statute as a Department separate from the Department of Economic Security.

DCS Guiding Principles

- Children need safe, strong families to succeed in life.
- Child safety, permanency and well-being are our top priorities.
- Families have the primary responsibility for raising their children.
- Families should be treated with respect, valuing their strengths, their culture and their involvement in decisions that affect them and their children.
- Prevention is paramount, and all actions should focus on improving family situations.
- Children belong with families-their own, when safe to do so and when it is not, with a safe, permanent family as soon as possible.
- The community must be a partner in supporting and strengthening both birth families and resource families

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

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

The counties within each region are:

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

Each region provides:

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

Programs & Services

Arizona Child Abuse Hotline Intake Center

The Intake Center receives all reports of suspected child abuse and neglect statewide. The Intake Center is part of the Department of Child Safety (DCS). Reports should be called in to the Intake Center for suspected child abuse and significant incidents that occur in a resource family home, or any other location. The hotline can be also be used for any communication involving emergencies and/or unusual incidents that need immediate notification. The statewide toll free number is 1-888-SOS-CHILD **(1-888-767-2445).**

Reporting Suspected Child Abuse

By law, any person who reasonably believes that a minor is or has been the victim of physical, sexual or emotional abuse, neglect, exploitation or abandonment by a parent, guardian, custodian, adult member of household, or any individual of inflicting, allowing, or observing the infliction must report the suspected child abuse. Some examples are:

- *Physical abuse* - non-accidental physical injuries such as bruises, broken bones, burns, cuts or other injuries.
- *Sexual abuse* - sex acts performed with or to children, using children in pornography, prostitution, allowing children to observe adults sexually interacting, or other types of sexual activity.
- *Neglect* - when children are not given necessary care for basic needs, illness, or injury. It also includes leaving children unsupervised or alone, locked in or out of the house, in hazardous living conditions or without adequate clothing, food or shelter.

- *Emotional abuse* - the psychological maltreatment of a child that may consist of one or all of these conditions: ignoring, rejecting, isolating, exploiting, verbally assaulting, terrorizing, or neglecting. It is often evidenced by anxiety, depression, withdrawal or aggressive behavior,
- *Non-sexual exploitation* - the use of a child by a parent, guardian or custodian for material gain.
- *Abandonment* - the failure of the parent to provide reasonable support and to maintain regular contact with the child, including providing normal supervision, when such failure is intentional and continues for an indefinite period.
- *Confinement* - the restriction of movement or restricting a child to an enclosed area and/or using a threat of harm or intimidation to force a child to remain in a location or position.

Mandated Reporters of Suspected Child Abuse

ARS § 13-3620 defines the following persons as mandated reporters:

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

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

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

A.R.S. §13-3620 changed the mandated reporter law to allow for the electronic submission of non-emergency reports regarding child abuse, neglect and abandonment. Non-emergency reports are those in which a child is not at immediate risk of abuse or neglect that could result in serious harm. Please look for further communications and instructions on the DCS website https://dcs.az.gov/services/suspect-abuse-report-it-now.

Child Safety Services is mandated under the new state law (ARS §8-451) that created DCS. The purpose is the protection of children alleged to be abused and neglected. Children who are reported to DCS may be removed from their homes. In most situations, the families and DCS work together to resolve the problems and safety issues. Services are put into place to stabilize the family in crisis and the child hopefully remains in the home.

The DCS publishes a semi-annual report for the periods ending March 31 and September 30 of each year about Child Welfare Services. The *Child Welfare Reporting Requirements Semi-Annual*

Report provides extensive information about the number of reports of child abuse and neglect; investigations; children in out-of-home care; children leaving out-of-home care; foster home licensing, closures and visitation; adoption related services to children and parents. These reports are located on the DCS website at https://dcs.az.gov.

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

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

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

In most situations where verified family problems exist, the families and DCS work together cooperatively to resolve them. However, under certain circumstances, the law does allow a police officer or a DCS Specialist to temporarily remove a child for up to 72 hours (not including weekends and holidays) for protection while the investigation takes place.

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

Arizona state law gives Department of Child Safety (DCS) the authority to protect and to aid children who are at risk in their own homes. These same laws provide safeguards for the rights of children and their parents. Law enforcement officers and DCS specialists may remove a child from the parents if a child is suffering or will imminently suffer abuse or neglect or for a medical or psychological examination to determine if the child has been abused or neglected. Parents whose children have been removed from the home are given a Temporary Custody Notice within six hours. If a dependency petition is filed, parents are notified of the date, time and location court will review the temporary custody of their children. Children and parents have the right to receive services to promote timely reunification as a family.

The decision to remove a child is not made by one person. The DCS Specialist discusses each case with a supervisor. When an emergency removal of a child has occurred or the removal of a

child is being considered, a Team Decision Making (TDM) Meeting is held. The purpose of the meeting is to discuss the child's safety and where they will live.

If a child is removed from the parent, guardian or custodian's custody or if removal of a child is being considered the following outcomes at the TDM Meeting may occur**:**

- The child is returned or remains in the parent's custody;
- A dependency petition or In-Home Intervention is filed in the juvenile court; or
- A voluntary foster care agreement is made.

In certain situations, the parent**,** guardian or custodian and DCS may agree to place a child in voluntary foster care as an alternative to a dependency petition. This service, limited to a 90-day period, is entered into only when families are willing and able to resolve problems within the allowed time frames. Written consent of the parents as well as the child, if age 12 or older, is required.

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

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

If the PSRT agrees with the DCS decision, a hearing will be scheduled for the person with the Office of Administrative Hearings. At this hearing, an Administrative Law Judge will hear all the evidence and make a decision about the allegation and the finding. A confidential record of all DCS reports and outcomes is maintained in a computer database.

Family-Centered Practice

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

Family-centered practice is based upon these core values:

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

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

The Child Safety Specialist is responsible for applying protocols and using the Child Safety and Risk Assessment (CSRA) to assess the risk and safety of children who are part of a report alleging child maltreatment. The CSRA is used to document all relevant information obtained during the assessment. The CSRA also tells the story and documents how decisions were made about child safety and risk and what level of intervention is or is not required. . The Child Safety Specialist will work with the family rule out all other alternatives before removing the child.

When a safety threat is identified and there is no in-home safety plan that can be put in place to keep child safe, this could result in the removal of the child from their home and the child may be placed in foster care sometimes called out-of-home placement. Resource parents should also ensure they work with the Child Safety Specialist and child’s entire team to assess risk and safety for the child in their new environment. It is imperative that resource parents work with the child’s entire team to create a plan to keep everyone safe. This could involve many new methods of parenting and rules that will involve everyone’s participation.

Team Decision Making (TDM)

A TDM meeting is a strength-based decision making process involving DCS, the family, a child if age 12 and older, family supports, community members, partnering agencies and may include tribal representatives or other potential caregivers/parents. The purpose of a TDM meeting is to discuss risk factors and safety concerns, strengths in the family/child that reduce risk, protective capacities which reduce safety threats, and placement decisions for the child. If the child is in care, the discussion will include how the child and family will be supported while the child is in foster care. TDM’s will be held for initial removals; potential placement disruption prevention; permanency planning change and youth reaching age of majority.

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

A TDM related to a youth reaching the age of majority will include decisions and plan development regarding whether the youth should remain in foster care under a Voluntary Foster Care Agreement and supports for the youth to allow him or her to succeed under the Voluntary Foster Care Agreement and a plan for discharge when the youth exits foster care.

Introductory Meeting

The introductory meeting is an opportunity to begin building a bridge between a child's family and the resource family. It should occur as early as possible after placement; however a meeting may not always occur. It allows everyone time to discuss and establish what each person expects of one another in the early stages and to share information about the child. This sharing will reduce child trauma while in care and can begin the "shared parenting" process. An introductory meeting between caregivers should also occur at the time a child transitions from one placement to another or from foster care to permanency.

Permanency Planning

Determining a Permanency Goal

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

- Remain with family;
- Family reunification;
- Adoption;
- Legal guardianship (Permanent guardianship);
- Independent Living as Another Planned Permanent Living Arrangement (APPLA)
- Long Term Foster Care as Another Planned Permanent Living Arrangement (APPLA)

The Family Centered Case Plan

A case plan is required for every child and family receiving ongoing services from DCS, consistent with the requirements of federal and state law. The case plan is a document which identifies the behavioral changes required of the parent and/or the child to address the safety threats and risk factors that caused the child to be removed from the home and/or prevent the child from living safely at home without DCS involvement. The case plan identifies the case goal for the child (permanency), services/supports to be provided to achieve the behavioral changes, person's responsible and planned date of review. The case plan also must include what services/supports will be provided to assure the child's health, behavior, educational, and independent living needs. The case plan is written and developed with the family. If the parent is not able or willing to participate in the development of the case plan, it will be noted in the plan. The Child Safety

Specialist must provide parents with a copy of the case plan. This proposed case plan must be a part of the report that is submitted to the court at the time of the Preliminary Protective Hearing.

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

The family centered case plan includes the following components:

Permanency Goal for the child, and expected date of achievement. The permanency goals are reunification, adoption, legal guardianship and another planned living arrangement. A concurrent permanency plan will be initiated when children are unlikely to reunify with their parent within 12 months of the child's initial removal or within 6 months, if the child was under the age of three years old at removal;

Family Intervention Plan specifying the kinds of services and supports that will be offered to the family in order to achieve the case plan permanency goal. The services and supports are to be tailored to meet the specific needs of the family;

Out-of- Home Care Plan including the available information as follows:

- ✓ the child's special needs;
- ✓ the name and address of the child's school,
- ✓ the child's educational status including child's grade level, academic performance, special education services if applicable, attendance and any other relevant education information;
- ✓ how the placement type meets those needs;
- ✓ services provided to the child;
- ✓ services provided to the caregiver to help them meet the child's needs;
- ✓ actions the Child Safety Specialist will take to promote safety in the out-of-home setting;
- ✓ when applicable, tasks and services to achieve a concurrent permanency goal or a permanency goal other than family reunification; and
- ✓ for any child placed substantially distant from the parent's home or out-of-state, the reason the placement is in the best interest of the child.

Health Care Plan, specifying for each child, the most recent information available regarding the child's health status including:

- ✓ name and address of the child's healthcare providers;
- ✓ the child's immunizations;
- ✓ the child's known medical problems;
- ✓ the child's known medication;
- ✓ any other relevant health information; and
- ✓ actions to assure the child's health needs are met.

Contact and Visitation Plan, specifies for every child in out-of-home care the plan for frequent and consistent visitation between the child and the child's parents, siblings, family members, other relatives, friends, and any former resource family, especially those with whom the child has developed a strong attachment; and

Specific documentation of how the family and other team members actively participated in the development of the plan.

DCS encourages the participation of parents, children age 12 and older, out-of-home care providers and when appropriate, extended family members in the case planning process.

Family Reunification Services

These services are identified in the *Family Intervention* section of the family-centered case plan. Reunification services are provided to a parent who is a party to a dependency case and has successfully addressed safety/risk factors. Services will provide support and supervision to the family during a transition period of the child returning home.

Concurrent Permanency Planning

Concurrent permanency planning occurs for all children in care with a permanency goal of family reunification where the prognosis of achieving family reunification is unlikely to occur within 12 months of the child's initial removal. The case manager can use the Continuous Child Safety and Risk Assessment (C-CSRA) to assist in assessing the prognosis for family reunification. The C-CSRA is completed minimally every six months and when there are major changes in family circumstances and at key decision making points during the life of a case of a child in care. Examples of this would be changes in household, if there are indicators that a child may be unsafe, if unsupervised visits or reunification plans are being considered, and case closure.

Concurrent planning activities will begin to identify alternate caregivers. There may even be occasions/meetings when several families are invited to the table by DCS and licensing agencies to explore all viable options. The Child Safety Specialist will simultaneously and actively pursue the Family Reunification plan and implement a planned set of concurrent planning activities. A final concurrent permanency goal is established within six months by DCS after determining and researching viable caregivers.

Adoption

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

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

- Characteristics of the child: age, gender, religion, primary language, physical, emotional, social and educational needs,
- Child's history: past placements, ties to current or past caregivers, experience with bonding and attachment,

- Child's relationships: relatives, siblings, foster parents or other significant adults,
- Parent's preferences regarding placement, except the parent's preference regarding race, color or national origin is not be considered); and
- Child's preference regarding placement.

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

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

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

1) Extended family members

2) Other individuals with whom the child has an emotional attachment

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

Guardianship

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

- Authorize medical or other professional care, treatment or advice.

- Enroll the child in school.
- Determine where the child will reside.
- Consent to social or recreational activities

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

Difference between Adoption and Guardianship

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

Foster Parent Adoptions

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

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

Independent Living Services Program

Services are available to youth in foster care who have been identified as "likely" to reach the age of 18 while in foster care, and to former foster youth living in Arizona, who are under 21 years of age, and were in a state or tribal foster care system at age 16 or older, or were adopted from a state foster care system at age 16 or older. The program providing these services is referred to as the Arizona Young Adult Program (AYAP) or Independent Living Program (ILP).

These services are offered under the ILP:

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

All young adults who are in the custody of the department, in an approved out-of- home placement (i.e., ILSP, group care, foster home, relative placement, unlicensed relative or non-relative placement) when they turn 18 are eligible to remain in continued out-of-home care under the supervision of the department during the period of the Voluntary Agreement. This includes youth who are dually adjudicated (dependent and delinquent) and released from a secure setting prior to or on their 18th birthday.

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

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

Department of Child Safety (DCS) Policy and Procedures Manual

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

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

Placements

Children In Out-Of-Home Care

Arizona's children needing temporary and permanent families are teenagers, toddlers, infants, children with special behavioral and medical needs and sibling groups. They represent all racial and ethnic groups.

How Children Come Into Care/Family Reunification

Children are placed in out-of-home care after an investigation determines that no services or interventions can adequately ensure the child's safety in the family home. Initially the primary case plan is usually Family Reunification, and all necessary services and supports will be offered to the parents in the hope of reuniting children with their families.

DCS works cooperatively with the child's parents to make every effort to minimize the length of time that a child resides in out of home care, including:

- Involving extended family and community support networks to facilitate the child's safe return home; and
- Actively pursuing a concurrent permanency plan for the child, if warranted.

Selection of an Out-of-Home Care Provider

DCS seeks to place every child who requires out-of-home care in a placement that addresses his or her unique need, and attempts to locate a family:

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

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

- a parent, a grandparent, adult siblings and members of the child's extended family; or with persons who have a significant relationship with the child;
- licensed foster home;
- therapeutic foster care;
- group home;
- therapeutic group home;
- residential treatment facility.

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

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

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

Kinship Foster Care

Kinship foster care is placement of a child by DCS with relatives or persons who have a significant relationship with the child. A kinship foster caregiver must be at least 18 years of age (preferred age to license is at least 21, but OLR may grant a waiver for kinship). The caregiver and each adult in the home must have a criminal and DCS child abuse history clearance check. The caregiver's family is evaluated and approved by DCS as able to meet the health and safety needs of the child.

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

DCS encourages kinship foster caregivers to become licensed resource parents where possible. DCS provides information to all kinship foster caregivers about the following financial benefits:

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

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

Initially most kinship caregivers will be unlicensed. If they choose to become licensed foster parent, they will work with a licensing agency to complete the licensing process. While kinship foster caregivers are in the licensing process, DCS can assist the kinship foster caregiver to apply for Temporary Assistance to Needy Families (TANF) for the children placed in their care through the Department of Economic Security (DES), Family Assistance Administration (FAA). Once the kinship provider is licensed as a foster parent, the kinship foster caregiver is no longer eligible for TANF for the children placed in their care by DCS.

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

Medically Complex/Fragile Placements

This is a category of care for children meeting specific criteria. Please discuss this with your Child Safety Specialist and licensing specialist if you believe the child in your care is eligible. A medically complex child is a child with special health care needs as determined by the Department and includes children who have or are at risk for chronic physical, developmental or emotional

conditions and who also require health and related services of a type or amount beyond that required by children generally. A child must have special needs in at least one (1) of the following categories to be assessed as Medically Complex: Substance Exposed/Premature Infant, Serious Medical Condition, or Substantial Developmental Delays.

Additional training and certification is required to provide this service.

Interstate Compact on the Placement of Children (ICPC)

The Interstate Compact on the Placement of Children (ICPC) is a uniform law intended to standardize procedures to ensure suitable placement and supervision for children placed across state lines. It defines the responsibilities of the sending and the receiving state. The sending state is where the child currently lives. The receiving state is where the child may be placed. ICPC regulations apply when:

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

Placement of a child may not be made until the sending state's Compact Administrator has received written approval from receiving state.

Prepare your own list of questions to ask. Each family has different information needs. What is the absolute minimum information you need to decide since the caller is likely to have very limited information? Here are some suggested questions:

- What is the age and gender of the child?
- Why is the child being placed?
- Has the child been in foster care before?
- What needs does this child have; such as, medical, dental, educational and/or behavioral?
- What are the requirements for care of these needs; i.e. transportation, foods, medications, appointments, therapy, meetings and/or conferences?
- Is a pre-placement visit possible before making a final decision?
- Will an Ice Breaker/Introductory meeting be held?
- How long does DCS expect the child to be in care?
- What is the visitation plan for a child with siblings who are placed separately?
- What is the child's understanding of why he/she has been separated from his/her parents?
- What food, toys, possessions, stories and/or pictures help comfort the child?
- What is the case plan goal?
- What are my tasks in the case plan?
- What is the expected reimbursement rate?

Ask how and when you might get the answers. It may take some time to obtain some of your answers.

Placement Packet

For each child, resource parents should receive from the Child Safety Specialist, at the time of placement or within five days. If a child is in care for the first time DCS may not have all of the items below. However, it would be critical to obtain the Notice to Provider with CMDP health coverage information and the name and contact information for the ongoing Child Safety Specialist and his/her supervisor. Many times the DCS staff you meet at placement is not the ongoing worker for the child. It is also ideal to obtain the Child Placement Summary Agreement. A Placement Packet should include:

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

Out-Home-Care Provider Acknowledgment is a list of laws and policies that must be followed to ensure the health, safety and normalcy of children in foster care. By signing the Acknowledgement resource parents are stating that they have read, understood and agree to abide by these laws and policies. This is acknowledgment gives name, and contact information for the Child Safety Specialist, Child Safety Unit Supervisor, and providers working with the child. Other information is: visitation arrangements and who can and cannot visit the child; parental and sibling information; medications and allergies; currently scheduled appointments; responsible party for transportation; next case plan staffing date; next Foster Care Review Board meeting and Dependency Court Hearing date and if applicable, the next delinquency hearing, location and time. The Acknowledgement has resource parents confirm that they have been advised of the child's legal status, payment rate, and current case plan goal; acknowledgement that the placement is temporary; and agree to abide by these condtions.

It should also include:

- A *Placement Packet Checklist: (Information for Out-of-Home Providers)* is a listing the forms and documents that are the responsibility of Child Safety Specialist to provide as they become available and update. The checklist includes the Medical Summary Report

from CHILDS, case plan, immunization records, copy of birth certificate, future hearing date notices, FCRB report, *Notice of Rights for Children and Youth in Foster Care* and, if applicable, *Child Information Guide* [See more information about these items below.] It also lists that forms below that are the responsibility resource parents to complete.

- *Child's Health and Medical Record:* blank: Used to keep a record of all medical and dental appointments, information resulting from the appointment and the provider's name.
- *Allowance/Purchase Ledger*: blank: Used to document, with receipts, all purchases made for the child in care while in their care and all amounts received by the caregiver for purchases. The child signs to acknowledge receipt the personal allowance.
- *Child's Contact Record*: Used to document by date visits, phone calls, letters, cards or gifts. It includes space for comments.
- *Child Information Guide:* blank: Is completed by the caregiver upon the child's leaving their care. It documents information about daily care, behaviors, effective discipline techniques, school and interests. It has sections for younger and older children.
- *Child's Basic Wardrobe Checklist and Property Inventory (blank)*: Used to document the clothing and property at the placement and what is needed. It also documents the purchases. It can also be used to document the child's clothing and property when the child leaves a foster home.
- *Unusual Incident Form (blank):* Used to document an incident defined as: unexplained marks or bruises, an accident involving injury or trauma, runaway/missing, unauthorized visit, behavior not witnessed before, significant information not previously known, death, police contact, damage or theft of property, and other unusual events as stated in the Foster Parent Licensing Requirements: Title 21, Chapter 6, Articles 1-4. Send or e-mail a copy to the Child Safety Specialist, your licensing agency, and the licensing authority (OLR). Keep the one copy is for your records.

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

- *Medical Summary Report.* A foster or kinship parent should sign acknowledging the recommended reimbursement level;
- A copy of the case plan
- Copy of the child's immunization record
- Copy of the child's birth certificate (may be difficult to obtain)
- Medical ID card (CMDP)
- Copy of any minute entry setting a future dependency or delinquency hearing involving the child
- Copy of the most recent Foster Care Review Board report, if the initial review has been held
- Notice of Rights for a Child in Out-of-Home Care
- *Child Information Guide* completed by a prior caregiver, if applicable
- Special needs and health/dental conditions
- Behavioral and mental health concerns and any diagnosed conditions
- Visitation plans
- Planned appointments and other agency involvement

- Previous placement information
- Cultural practices and religious involvement
- Sexual orientation
- Food and activity preferences
- Educational history and needs
- History of abuse or neglect that may affect the child's behavior or needs

Normal Expectations in the First Month of Placement

The Resource Parent is to:

- Enroll the child in school within 5 days
- Select a primary care practitioner (PCP) and dentist for the child and give the information to CMDP (Prior to having a child placed identify a nearby PCP that accepts CMDP)
- Review child's record and if child has not had medical, vision, or dental exam in the past year, foster parent needs to schedule child for those exams within two weeks of placement.
- Obtain 10 well child visits for children aged from birth to two years as follows: 3-to 5 days, one month, two months, four months, six months, nine months, twelve months, fifteen months, eighteen months, twenty four months, and at least annually after the age 2.
- Ensure that every child has a well-child visit should include medical, vision and hearing exams when age appropriate.
- Have the child seen by a dentist within 30 days
- Review the emergency evacuation plan within 72 hours of placement
- Create your contact list as soon as possible
- Find out from the Child Safety Specialist the date, time and location of the following: family/sibling visitation; medical/dental appointments previously scheduled; any behavioral health medication reviews and counseling appointments, Court and Foster Care Review Board Hearings; case plan staffing; and Child and Family Team Meeting (CFT).

Child Safety Specialist is required to:

- Provide you with the *Notice To Provider, Medical and Educational* information at the time of placement
- Call you within 24 hours of placement
- Visit you within 15 days of placement (Ensure that you receive the name of "ongoing worker" for the child)
- Give the child the Notice of Rights for a Child in Out-of-Home-Care

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

The Regional Behavioral Health Authority (RBHA) should conduct a behavioral health assessment within 7 days, if this is the first out-of-home placement for the child. It is your responsibility to ensure that there is an intake appointment scheduled in order to do this. Consult with Child Safety Specialist and/or licensing worker to receive more information regarding providers of this service.

Suggestions on how to handle first 24 hours after a child has been placed in your home:

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

- Have a conversation as to what the child would like to call you?
- Help the child feel safe by telling him/her about your family and the neighborhood.
- Explain and show the child where he/she will sleep and, if applicable, who shares the room.
- Give the child a tour of the home and consider putting signs on the doors of rooms such as the child's bedroom, bathroom, laundry etc. until the child is comfortable with where everything is located.
- Inform the child about the rules about bedtime.
- Tell the child if he/she is hungry what is OK to eat? Can the child go into the refrigerator?
- Explain where the bathroom is and that a light will be left on so the child will be able to find it easily. Inform the child what towels and washcloths to use.
- Ask if the child would like help putting his/her things away and show where belongings can be stored.
- Ask about favorite foods, toys, clothing and music.
- Confirm the child has the telephone number of the Child Safety Specialist and reassure the child that he/she can call at any time.

Ask the Child Safety Specialist:

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

Child Safety Specialist's Visits with the Child

The Child Safety Specialist's ongoing supervision of children in care is to ensure the safety, permanency and well-being of the child and to promote the achievement of the permanency goal. The assigned Child Safety Specialist is to have a face-to-face visit with the child and the resource parent at least once a month. The visit is usually in the foster home. *If the child is older than an infant, the Child Safety Specialist may spend part of the visit alone with the child*. Any of these visits can be unannounced.

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

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

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

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

- To live in a place that provides the amount of supervision and guidance that you need without restricting you from normal activities, and where you are safe from exploitation.
- To live in a safe, healthy and comfortable home where your caregivers speak the same language as you, show respect for you, protect you from harm, give you personal privacy, healthy food and clothing, allow you to have personal possessions (as long as they don't offend your caregiver) and enough space to store all of your things.
- To know why you are in out-of-home-care and what will happen to you, your siblings and your family. You also have the right to help create your case plan and receive a copy of the plan.
- To have visits with your family while you are away from home, with any restrictions explained to you in a way that you understand.
- To receive regular guidance that helps you learn to develop and maintain self-control, self-reliance, self-esteem and good conduct.
- To go to community, school, religious services and activities of your choice, as agreed by your caregivers, and to receive an education that fits you best.
- To engage in healthy activities to learn life skills appropriate for your age, and be able to do things that your friends who are not in out-of-home care are doing.
- To learn how to take care of your personal hygiene and grooming.
- To have contact information for your Child Safety Specialist, attorney and advocate, speak with them in private if necessary, and attend court hearings and speak to the judge.
- To have your records and personal information kept private and only given to people who need the information in order to care of you.
- To have necessary medical, mental health or chemical dependency treatment, and to be free of unnecessary or excessive care of you.
- To contact the Arizona Protection and Advocacy System for Disability Assistance at center@azdisabilitylaw.org or by calling 1-800-922-1447 or 1-800-927-2260. The Arizona Center for Disability Law is a protection and advocacy system that makes sure the rights of persons with disabilities are protected by investigating reports of abuse and neglect and violations of the rights of persons with disabilities.
- To receive a copy of these rights, and to report a violation of these rights without fear of punishment. To report a violation, you may contact your Child Safety Specialist, your GAL/attorney or speak to a judge in court. The telephone numbers are on Part B of this notice. You may also write to the judge or contact the Family Advocate office at 602-364-0777.

If a child is at least fourteen years he or she has the additional following rights:

- To attend life skills training and participate in activities that allow you to practice these skills
- To help develop your permanency plan with the assistance of up to two other people that you may choose from the permanency planning team, not including a foster parent or your Child Safety Specialist.

- To receive a copy of your credit report every year, and get help fixing it if it contains information that is wrong.
- To a transition plan that includes career planning and assistance with enrolling in an educational or vocational job training program.
- To be informed of educational opportunities before you leave out-of-home care.
- To assistance in obtaining a place to live when you are ready to leave out-of-home care.
- To request a court hearing to determine if you can consent to your own medical care.
- To receive help with obtaining a driver license, Social Security number, birth certificate or state identification card.
- To receive personal information prior to being discharged from out-of-home care, including your birth certificate, Social Security card, health insurance information and medical records including immunization records, educational records, and a driver's license or equivalent state-issued identification card.

Foster Home Transitions

It is considered best practice to have parents and all interested parties notified if a change in placement is being considered. If the licensed resource parent disagrees with the plan to move the child from the home, the Child Safety Specialist may request a meeting to review the reasons for the change of placement. This meeting is not an option when the change of placement is to:

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

The Child Safety Specialist, the Child Safety Specialist's supervisor, the licensed resource parent, the licensing specialist and or supervisor at the licensing agency, at minimum, should participate in the discussions around the proposed transition. A child age 12 older may participate, if team members agree this is appropriate.

Capacity Requirements (Rules and ratios in regard to how many children can be in the foster home) According to Title 21 R21-6-309:

- The Maximum capacity of a license shall not exceed fiver foster children, and be restricted to fewer than 5, if foster home provides special services or an increase is not justified.
- The total number of children in foster home shall not exceed eight.
- The Office of Licensing and Regulation (OLR) may permit licensee to exceed maximum capacity under the following conditions:
    - To keep a sibling group together, if approved in writing by DCS
    - If total number of foster children exceed five and additional requirements listed below are met
    - If the children living in the home would exceed eight and additional requirements listed below are met

- To keep a child in the home as of the effective date of this section (01/24/16)

The following are ratio requirements:

- The total number of children in the foster home at one time, including children of foster parent, any household member, and any child placed for respite care, child care or babysitting services:
  - Four children who are five years of age or younger to one adult
  - Two children who are less than one year to one adult

The recommendations of the licensing agency and decision of OLR to increase capacity would be justified according to all of the following:

- Adequate sleeping arrangement
- The support network available to the foster parent
- The licensee's willingness and ability to provide care for each additional child

Resource Parenting

Foster Parent Rights in Arizona

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

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

Confidentiality

Foster Home Licensing Rule (R21-6-322) requires resource parents treat all information concerning a child in care and his/her family as confidential. Resource parents must protect and not openly discuss or release confidential information and records without authorization from the Child Safety Specialist or other authorized DCS representative. This information remains confidential even when the child is no longer in your home.

Specific requirements outlined in licensing rule include:

- Protect and maintain the confidentiality of a foster child, by protecting and safeguarding all personally identifiable information about a foster child and his or her family.
- .Information related to the reason for a child to be in foster care of related to child’s family is considered confidential information.

- A foster parent may only share a child's confidential information strictly on a need-to-know basis with health care providers, schools, child care providers, and legal representative, as appropriate or as authorized by the Child Placing Agency or guardian.
- A foster parent shall not share a foster child's information or photos that identify a child as a foster child on the internet, including social media.
- A foster parent shall not share a foster child's information or photos that identify the child as a foster child, unless there is a need to know, with other individuals or organizations, including friends, co-workers, relatives, and neighbors.
- A foster parent shall safeguard and maintain a foster child's records in a manner that prevents loss, tampering, or unauthorized access or use.
- Failure to keep a foster child's record confidential may result in an adverse licensing action.

Guidelines regarding confidentiality include:

- The child's immunization record, his/her birth certificate, the current Individual Educational Plan (IEP), if appropriate, and any other relevant educational information may be provided to enroll a child in school. The Notice to Provider (Educational) form identifies the child as a court ward in the care of the resource parent. If the school requests additional documentation, resource parents are to contact the Child Safety Specialist for authorization prior to releasing any additional information.
- Resource parents may release any pertinent information about the child to medical and dental care professionals without prior approval. Please see the Health Care - General Health subsection for HIPPA requirements especially for e-mail communications**. When sending an e-mail to a Child Safety Specialist, please use the child's initials (first and last name) only.**
- Information may also be disclosed to the Foster Care Review Board, the Court Appointed Special Advocate, the child's Guardian ad Litem (GAL) and the child's attorney without prior authorization.
- No information is to be given to the attorneys for the mother, father and other interested parties without prior authorization from the Child Safety Specialist.
- A determination of whom and what confidential information may need to be known is an ongoing process. Keeping information about a child confidential is not intended to unnecessarily limit the child's normal activities such as school pictures, field trips, staying overnight with a friend or participating in sports, clubs and organizations. The intent is to protect the privacy of the child and his/her family and to ensure the safety and well-being of the child. If a resource parent thinks the child is inappropriately sharing information about him/herself or his/her family, discuss this with the child and the Child Safety Specialist.
- Finally, when in doubt, do not share the information and consult with the Child Safety Specialist. Please refer to the *Confidentiality Guidelines for Foster Parents* handbook for more detailed information.

Discipline

As a foster parent the goal of discipline is to teach the child self-control, self-reliance, self-esteem and appropriate problem solving skills through positive parenting and non-physical strategies. Foster Home Licensing Rule (R21-6-308), states that resource parents shall adhere to the following:

1. Provide positive discipline that is appropriate to the age, life experience, and developmental level of a foster child;
2. Establish well-defined and clearly communicated rules that set the limits of behaviors;
3. Develop and implement reasonable, developmentally appropriate, and consistent rewards and consequences;
4. Use disciplinary methods that help a foster child build self-control, self-reliance, and self-esteem;
5. Inform the Child Placing Agency and the licensing agency of behaviors displayed by the foster child that endanger the health, safety, or well-being of the child or others; and
6. Abide by Department policy and rule related to positive discipline and prohibited practices under subsection.

Use of the following unacceptable methods of punishment upon children in state custody will not be tolerated under any circumstances:

1. Any form of physical punishment including hitting, spanking, biting, pinching, shaking, slapping, smacking, punching, or kicking;
2. Deprivation of essential nutrition, clothing, bedding, shelter, medical care, or sleep;
3. Force-feeding, except as prescribed by a licensed medical professional;
4. Locked confinement in a room or small area;
5. A consequence that requires the foster child to remain silent or motionless or to be isolated for a time period that is not developmentally appropriate;
6. Mechanical restraint (an article, device or garment that: restricts a foster child's mobility, freedom of movement, or movement of part of the child's body and cannot be removed by the foster child. Does not include an orthopedic, surgical, or medical device that allows a foster child to heal form a medical condition or top participate in a treatment program;
7. Humiliation, verbal abuse, or profane language targeting a foster child;
8. Derogatory remarks about the foster child, the child's identity, or about a person who is significant to the child;
9. Threats to remove the foster child from the home;
10. Cruel, severe, depraved, humiliating, or frightening actions or statements;
11. Noxious stimuli as a consequence, including putting soap, vinegar, or hot sauce into a foster child's mouth;
12. Denial of foster child visitation or communication with the child's birth family members or with a significant person when such denial is not approved by the Child Safety Worker or the Child's Safety Worker's supervisor, or ordered by the court; or

13. Over-the-counter or prescription medication for the purpose or restraining or sedating a foster child without a physician's order.

Please refer to foster home licensing rules, the DCS Discipline Guidelines and the Discipline Policy Resource Guide.

Members of the Child Welfare Service Team

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

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

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

- *Child Safety Specialist/Case Manag*er: The Child Safety Specialist is the team coordinator. The Child Safety Specialist works with the child's family, with the resource family, reports to the court and the Foster Care Review Board (FCRB), and other advocates, provides regular progress reports, and authorizes services.
- *Guardian Ad Litem (GAL):* The guardian ad litem may be an attorney, a volunteer special advocate or other qualified person. The GAL represents the child's best interests, which is not necessarily the same as the child's wishes. This usually occurs when the child is of an age to assert his/her own opinion but the child's wishes are not in his/her best interest (e.g. return home when child's safety cannot be assured). A foster child's parent may also have a GAL if it has been determined that the parent needs assistance regarding decision making due to the fact that this capacity has been compromised.
- *Court Appointed Special Advocate (CASA):* A volunteer who provides advocacy for children involved in the Juvenile Court process. They are appointed by a judge for the life of the case. CASAs have access to all documents and information about the child and the birth family history. CASAs provide information to the court to assist in making decisions concerning what is in the child's best interest.
- *Mental Health Professionals:* Those persons who provide Behavioral Health services or supports including psychologists, psychiatrists, therapists, etc. In general, these professionals will be employees of or contracted by the Regional Behavioral Health Authority (RBHA). The RBHA Case Manager is the coordinator for behavioral health services.
- *Licensing Specialist:* An employee of a contracted foster care agency. Each foster family has an assigned licensing specialist. The Specialist provides support, assistance and advocacy for the foster family guiding parents before, during and after the licensing process. The Specialist is also responsible to assure the licensed foster home remains in compliance with all licensing rules during their entire tenure as a foster parent – whether or not children are placed in the foster home. The Licensing Specialist may also be assigned to investigate allegations of violation of licensing rules by the Office of Licensing and Regulation.

- *Parent Aides:* A paraprofessional who provides support services which may include teaching and modeling of parenting and home management skills, teaching the use of informal and formal community resources, scheduling and supervising parent/child visitation, and transportation tasks. A parent aide may be DCS employees, volunteers, or employees of a parent aide services contract provider.
- *Attorneys:* Please see the "Legal Section" of the Go-To Guide for this information. .
- *Others:* Such as medical providers, school and tribal personnel, and probation or parole officers, etc.

Communication and Documentation with Members of the "The System"

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

For the protection of the foster child and foster family, and the most useful record keeping, communicating via email is strongly suggested. E-mail is an effective tool to communicate with and provide information to a Child Safety Specialist, as the Safety Specialist may not have cell phones issued by their employer.

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

Contact List

With the help of your Child Safety Specialist and your licensing worker, create a contact list for future use. You will need it! Consider including the following (may not have all on foster child's team):

- DCS Child Safety Specialist of each child
- DCS Unit Supervisor of each Child Safety Specialist
- Child Abuse Hotline number
- Licensing Agency
- Your Licensing worker
- Licensing worker's supervisor
- After Hours contact information for the Licensing Agency
- Regional Behavioral Health Authority
- Therapist
- High needs case manager
- RBHA contracted behavioral health providing agency
- After Hours behavioral health crisis line
- School teacher
- School principal
- Parent contact
- Comprehensive Medical and Dental Program (CMDP)
- Child's Primary Care Physician of each child

- Child's Dentist of each child
- Any specialty health care providers of each child
- Guardian Ad Litem(GAL) of each child
- Child's Attorney of each child, and
- Court Appointed Special Advocate (CASA) of each child, if applicable.
- Ombudsman
- DCS Warm Line
- Foster parent mentor

Advice or Assistance

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

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

Complaint Management

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

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

For resource parents the Ombudsman's office at DCS's Central Office determines who within the Division should respond to the complaint based upon who is making the complaint and the nature of the complaint. The formal grievance process has three levels. The process is detailed in the on-line *DCS Policy and Procedure Manual*, Chapter 7. Section 18, Quality Assurance.

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

Unusual Incident Notification

Resource families are required to notify DCS and licensing agency **immediately** the following events:

- death,
- the notification of emergency services (911),
- serious illness or injury requiring hospitalization,
- urgent care or emergency room treatment,
- any non-accidental injury or sign of maltreatment,
- unexplained absence,
- severe psychiatric episode,
- fire or other emergency requiring evacuation of the resource home,
- unauthorized removal or attempted removal from the care of the foster parent,
- allegation or discovery of a sign of abuse,
- arrest of a child or child involvement with law enforcement,
- incidents which involve or are likely to involve the media,
- and any other unusual incident that seriously jeopardizes the health, safety, or well-being of a child. (R21-6-326).

Resource parents are to notify DCS and licensing agency **within 24 hours** if any of the following occur to/from the child:

- Injury,
- illness,
- change of medication or medication errors that results in seeking medical attention,
- theft of money or property,
- significant damage to the property,
- injury or harm to another individual or significant damage of property of another,
- physical restraint,
- arrest of a household member in caregiver's home,
- changes in home that affect the foster parent's ability to meet needs of the child,
- life-threatening illness,
- injury, or death of household member,
- incidents involving a DCS report or investigation.

Within 24 hours of any of the above noted incidents, the foster parent shall notify the licensing agency in writing, using the ***Unusual Incident Report*** form with a description of incident including the date and time, names and contacts for all individuals involved in the incident, names and contacts for all who witnessed incident, and the measure taken by the foster parent to address, correct, and resolve the incident. (R21-6-326).

Document, Document, Document!

Write and keep records and dates, regarding your children's health status, emotional issues, social interactions, school issues, birth family visits and appointments. Describe issues in behavioral and

factual detail. If there has been a significant event, complete an ***Unusual Incident Report*** and provide a copy to your agency worker and the child's Child Safety Specialist within 24 hours.

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

Emergency Contact Information

Life Threatening Medical Emergency	Dial 911
Crisis with the child during work hours	Call the Child Safety Specialist or DCS Supervisor and licensing agency
Crisis with the child after hours	Call Arizona's Child Abuse Hotline1-888-767-2445 (1-888-SOS-CHILD) Call after hours number for your licensing agency
Crisis during work hours	Call the foster home licensing specialist and licensing agency
Behavioral Health Emergency, if life threatening	Dial 911
Behavioral Health Emergency, non-life threatening	Call the RBHA Emergency Line and ask for a Crisis Team to come to your home

Run Away Children

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

To assure the police report receives the proper attention, alert the police that the child is in custody of and is a Juvenile Court Ward. A photograph is a very important tool to provide to law enforcement. If the child is at risk due to medication needs, physical conditions, emotional status, or is a danger to self or others, make sure the police include this information in the report. Remember to get a Report Number from the police. Use your neighborhood supports, friends and family in the search. One resource family member needs to stay home and answer the phone in case the child is found to then notify everyone else. When the child is found, notify the police, DCS, your licensing agency and anyone else assisting in the search.

An *Unusual Incident Report* is to be completed and provided to all appropriate persons as cited above.

Payment to the resource parent may continue for up to seven days if the plan is for the child is to return to the resource home.

Supervision/Short-term Caregiver:

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

Foster parents may select an adult to provide short-term care (does not exceed 24 hours in a nonemergency and does not exceed 72 hours in an emergency) or supervision that is not routine with the following guidelines:

1. A foster parent shall use careful and sensible judgment in selecting an adult to provide short term car or supervision, and shall ensure that adult has the ability to meet the specific needs of the foster child
2. Before leaving a foster child with and adult to provide short term care or supervision, a foster parent shall provide the adult with the following:
    - Information about the child's behavioral health, medical, or physical condition that is necessary for the adult to provide care;
    - Medication prescribed to be administered to the child, and any relevant instructions for the administration of the medication; and
    - Emergency information for contacting the child's physician, the Child Placing Agency, the licensing agency, and the foster parent.
3. The foster parent shall notify the licensing agency and obtain approval from the Child Placing Agency before the short-term care exceeds:

Twenty-four hours in nonemergency situation. Examples of a nonemergency situation include going out to dinner, running errands, grocery shopping, and participation in a special training activity.

Seventy-two hours in an emergency situation. Examples of an emergency situation include a death in the family, serious illness of a family member, and foster parent illness.

A foster parent shall implement the alternative supervision, as prescribed by R21-6-331 or R21-6-332 as applicable for the following – a medically complex child, a child receiving therapeutic foster care, or a child diagnosed with a developmental disability:

The foster parent shall have alternative supervision plan for foster children with specialized needs approved by Child Placing Agency and licensing agency which includes the following:

- The name of each adult, age 18 years and older;
- Information about the foster child's medical, physical, and/or behavioral health condition that is necessary to provide care;
- Medication that is prescribed to be administered to the foster child while the foster parent is not present and any relevant instructions for the administration of that medication;
- Specialized training necessary to provide care and supervision; and
- Emergency contact information for the foster child, including a means to contact the foster parent, the licensing agency, and the Child Placing Agency.

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

Child Care by a DES Child Care Administration (CCA)

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

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

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

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

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

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

Resource families may choose to use a non-contracted CCA provider or facility, or a provider or facility with no current CCA openings. If so, the resource family is solely responsible for the financial obligations for the cost of child care. The Child Safety Specialist and the licensing agency should be immediately notified of this arrangement.

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

Respite

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

There are specific "rules" a foster parent must adhere to when providing respite for another foster family and/or when a parent is licensed only to provide respite, which include specifics to following ratio guidelines, gathering all relevant information regarding child's needs and emergency contact information (see R21-6-329 and R21-6-330).

Reasonable and Prudent Parenting Standard (RPPS)

In September 2014, Congress passed the Prevent Sex Trafficking and Strengthening Families Act, H.R. 4980. The federal law requires states to allow caregivers to use prudent decisions in the determination to allow a child in the custody of the state to participate in age or developmentally-appropriate, activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity based upon cognitive, emotional, physical and behavioral capacities, to include, extracurricular, enrichment, cultural, and social activities.

According to the new law, a reasonable and prudent caregiver is characterized by careful and sensible decisions that maintain the health, safety, and best interests of a child - while at the same time encouraging the emotional and developmental growth of the child. Caregivers who are both reasonable and prudent will make decisions carefully, weighing the benefits and the potential risks, to come to a sensible decision that is in the best interest of the child.

A caregiver's decisions regarding normalcy and best interests of a child cannot be contrary to a pre-existing court order or terms of probation. Licensing agencies and congregate care providers are responsible to provide 3 hour training to all caregivers and staff explaining what RPPS is and how it affects all caregivers and the children in care.

See The ADCS Caregiver Procedures for Reasonable and Prudent Parenting (RPPS) for detailed guidance.

Unsupervised Time

Per ***ADCS Caregiver Procedures for RPPS*** the foster parent may approve a child for unsupervised time for reasonable amounts of time: however unsupervised time should be decided based on the child's level of functioning, current behavior, history and ability. The child is to have resided in the home for a minimum of 14 days prior to consideration of being left alone.

A Foster parent must also take into account the child's maturity level, the familiarity with the child and the child's comfort level with being home alone when determining if it is appropriate to allow the child to be home alone and the length of time the child can be alone. The caregiver must also provide all emergency contact information to the child and ensure the child knows how to follow safety practices.

When leaving a child home alone, the foster parent must make sure the child knows where the emergency numbers are posted, knows the emergency procedures, and knows where an how to contact the foster parent.

No child under the age of 12 years of age may be left unsupervised under any conditions. No child may be left unsupervised overnight. And a child in therapeutic foster care may not be left unsupervised.

Please see the ***ADCS Caregiver Procedures for RPPS*** in regards to the guidelines regarding sleepovers, employment, and extracurricular activities when the foster parent would not be present.

Transportation

According to R21-6-315 and 316 foster parents shall provide or arrange appropriate local transportation to meet the routine educational, medical, recreational, social, religious, and therapeutic needs of a foster child. And to reduce the risk of secondhand smoke, the foster parent shall ensue that smoking any substance, including tobacco, e-cigarettes, and prescribed marijuana through any delivery system does not occur at any time when a foster child is present in a vehicle used to transport a child.

- When a foster child is transported by or at the direction of a foster parent, the foster parent shall ensure that at a minimum:
- The vehicle is maintained in safe operating condition
- The vehicle is properly licensed, registered, and has liability insurance
- The vehicle has passenger safety restraints available
- Each foster child, less than 5 years of age or weighing less than 40 pounds is properly secured in a child care seat and child restraint system that is appropriate to the height, weight, and physical condition of the child
- Each foster child 5 to 8 years of age who weighs more than 40 pounds, but is less than four feet nine inches in height is properly secured in a child restraint system that is appropriate to the height, weight, and physical condition of the child
- Every child is secured with a seat belt
- Each foster child with a disability that prevents the child from maintaining head and torso control while sitting is secured in a car bed, harness, or other device designed to protect the child during transportation
- If foster child is transported in a wheelchair, the child is properly secure with a floor-mounted seat belt, and the wheel chair is properly immobilized using lock-down devices.

A foster parent shall not leave a foster child unattended during transportation if the child is less than 7 years of age, has a developmental disability, and is more than 7 years of age and the child is physically and emotionally incapable of traveling alone. A child shall not be transported in a truck bed, cargo area, camper, or in a trailer attached to a motor vehicle.

Resource parents are expected to transport the child to all medical, dental, behavioral, school, social and extra-curricular activities. The cooperation of resource parents may be requested to transport children to and/or from the parental visits. DCS shares responsibility for transportation of children in out-of-home care. (See Title 21, Chapter 6, Articles 1-4,Transportation)

Foster parents must have a valid driver's license, practice safe, defensive driving and obey all traffic laws.

Vehicle Requirements

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

Car Seats/Child Restraint Systems

The general safety laws regarding car seats and child restraint systems are as follows:

Arizona law states that a person shall not operate a motor vehicle on the highways when transporting a child who is under five years of age unless the child is properly secured in a child restraint system. Anyone sitting in the front seat of a vehicle built after 1972 must at least have his or her lap belt properly adjusted and fastened. If a shoulder belt is also available, that must be properly adjusted and fastened, as well. Children who are 5 to 7 years old and/or less than four feet nine inches. MUST, at the very least, ride in a booster seat. The driver can be assessed with a $50 penalty for failing to take this action.

Federal motor vehicle safety standards require each passenger who is at least five years, who is under eight years of age and who is not more than four feet nine inches to be restrained in a child restraint system.

- *Infant Seats*: Infants birth to 20 pounds and at minimum one year of age should be in an infant car seat in the infant position to protect the delicate neck and head. The infant car seat should be semi-reclined to no more than 45 degrees. All straps should be pulled snugly. The car seat must face the rear of the car and should never be used in a front seat where there is an air bag. The infant must face the rear so that in the event of a crash, swerve, or sudden stop, the infant's back and shoulders can better absorb the impact. Household infant carriers and cloth carriers are not designed to protect an infant in a car and should never be used. Please never place any toys or mirrors around or near the child's face. During a crash these objects become flying projectiles and will injure your child. New recommendations suggest that children remain rear-facing to age 2.
- *Convertible Seats:* Convertible seats should be kept rear facing until the child reaches the maximum height and weight allowed by the manufacturer which is usually between 30 and 40 pounds and age 2 and under 5 years of age. Fasten the convertible car seat with a vehicle seat belt, properly inserting the belt through the car seat frame according to the manufacturer's instructions. Read the vehicle owner's manual for specific instructions. A locking clip is needed when using a vehicle lap/shoulder belt with a latch plate that moves freely along the belt.
- *Booster Seats*: Booster seats are now required by Arizona law for children between 5 and 8 years of age and not more than 4' 9" tall

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

  When in doubt regarding child restraints and car seats please consult with your Child Safety Specialist, Licensing Worker, and/or local fire and police departments, who will demonstrate how to properly install child restraints.

Driver's License for a Youth in Care

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

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

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

The person who signs the application of the minor accepts all responsibility for the actions of the minor when driving a motor vehicle. DCS does not accept responsibility for the actions of the minor when driving a motor vehicle. There is the option to cancel and release the foster parent from liability.

Travel – Out of Town

According to Reasonable and Prudent Standards (RPPS) it is best practice when traveling in state overnight, and out of state, for more than 2 days but less than 7 days to notify the Child Safety Specialist and your licensing agency of dates of travel, destination and telephone number where you can be reached.

According to Title 21 (R21-6-320), **before** taking a foster child **out of state** for more than seven consecutive days, a foster parent shall notify the licensing agency and Child Safety Worker of the destination and dates of travel. This process is in place in order to receive permission and is best practice.

In preparing to travel, make sure you have the following: a copy of the court order placing the child in the care, custody and control of DCS; all medications in their original bottles and placed in a locked container for travel, and your contact list should you need to notify anyone of an incident or changes in your travel plans.

Please remember to consider the foster child's visits with parents and all other scheduled appointments, and that all travel out of state for 30 or more days requires approval from Child Safety Specialist, notification to licensing worker, and a court order.

Travel – Out of Country

Out of country travel with a child in care requires the approval of the Child Safety Specialist and a court order, so allow as much time as possible for the Child Safety Specialist to seek the Court's approval. The child will require a passport and all necessary immunizations. Notify the Child Safety Specialist and your licensing agency of dates of travel, destination and telephone number where you can be reached. In preparing to travel out of the country, make sure you have the following: passport, a copy of the court order approving out of country travel; a copy of the court order placing the child in the care, custody and control of DCS; a copy of the child's birth certificate; any photo

ID if available such as a school ID; the CMDP Card; enough medication for the duration of travel; all medications in their original bottles and placed in a locked container for travel, and your contact list should you need to notify anyone of an incident or changes in your travel plans.

Safe Sleeping for Baby

According to American Academy of Pediatrics (AAP):

- Infants up to twelve months of age should be placed for sleep in a supine position (wholly on their back) for every nap or sleep time unless the infant's primary care provider has completed a signed waiver indicating that the child requires an alternate sleep position;
- Infants should be placed for sleep in safe sleep environments; which includes: a firm crib mattress covered by a tight-fitting sheet in a safety-approved crib (the crib should meet the standards and guidelines reviewed/approved by the U.S. Consumer Product Safety Commission [CPSC] and ASTM International [ASTM]), no monitors or positioning devices should be used unless required by the child's primary care provider, and no other items should be in a crib occupied by an infant except for a pacifier;
- Infants should not nap or sleep in a car safety seat, bean bag chair, bouncy seat, infant seat, swing, jumping chair, play pen or play yard, highchair, chair, futon, or any other type of furniture/equipment that is not a safety-approved crib (that is in compliance with the CPSC and ASTM safety standards) (4);
- If an infant arrives at the facility asleep in a car safety seat, the parent/guardian should immediately remove the sleeping infant from this seat and place them in the supine position in a safe sleep environment (i.e., the infant's assigned crib);
- If an infant falls asleep in any place that is not a safe sleep environment, staff should immediately move the infant and place them in the supine position in their crib;
- Only one infant should be placed in each crib (stackable cribs are not recommended);
- Soft or loose bedding should be kept away from sleeping infants and out of safe sleep environments. These include, but are not limited to: bumper pads, pillows, quilts, comforters, sleep positioning devices, sheepskins, blankets, flat sheets, cloth diapers, bibs, etc. Also, blankets/items should not be hung on the sides of cribs. Swaddling infants when they are in a crib is not necessary or recommended, but rather one-piece sleepers should be used;
- Toys, including mobiles and other types of play equipment that are designed to be attached to any part of the crib should be kept away from sleeping infants and out of safe sleep environments;
- When caregivers/teachers place infants in their crib for sleep, they should check to ensure that the temperature in the room is comfortable for a lightly clothed adult, check the infants to ensure that they are comfortably clothed (not overheated or sweaty), and that bibs, necklaces, and garments with ties or hoods are removed (clothing sacks or other clothing designed for sleep can be used in lieu of blankets);
- Infants should be directly observed by sight and sound at all times, including when they are going to sleep, are sleeping, or are in the process of waking up;
- Bedding should be changed between children, and if mats are used, they should be cleaned between uses.

Never leave infants or any children in the vehicle unattended for any length of time. Avoid letting the child from getting too hot. A child could become overheated if you notice sweating, damp hair, flush cheeks, heat rash and/or rapid breathing. Never smoke or allow anyone else to smoke in the same room the child sleeps.

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

Honoring the Child's Culture

The child's family traditions, values, social and communication norms can be very different from our own. Resource parents are to acknowledge and honor a child's culture by talking with the child about the child's culture; having food, magazines, books, toys, etc. geared to the child's ethnic and cultural group. This includes providing the child with cultural mentors, watching TV programs and listening to music with positive messages about the child's community. Web sites devoted to the child's culture may be useful resources. Licensing rules require coordination with DCS to provide opportunities for each child to participate in cultural, ethnic and religious activities (R21-6-305).

Religious Practices

Resource parents must recognize and support the religious beliefs of the child and the child's parents. Resource parents cannot require a child to attend or participate in religious activities of the resource family or against the child's or family's wishes. Resource parents cannot consent to a child joining a church or religious group, baptism, confirmation, christening or other religious event. When a child of another religion is presented placed, the resource parents need to discuss potential conflicts with the Child Safety Specialist before the child is placed (R21-6-318).

Participation in Sports and Activities

A child in care can participate in school or organized sports and activities. Resource parents may sign permission slips for these activities. The child's parents and family members should be invited to participate in these activities unless advised otherwise by the Child Safety Specialist. Ensure that Reasonable and Prudent Parenting Standards (RPPS) are followed.

Smoking Policy

According to Title 21 (R21-6-315) to reduce the risk of secondhand smoke, the foster parent shall ensure that smoking any substance, including tobacco, e-cigarettes, and prescribed marijuana through any delivery system, is prohibited and does not occur at any time in the foster home, or at any time when a foster child is present in a vehicle used to transport a foster child.

It is the foster parent's responsibility to ensure that no one else smokes around the foster child.

Haircuts

Children in care under 12 are not allowed to get haircuts that significantly alter their appearance without agreement between foster parent, biological parent and the Child Safety Specialist. If the decision is mutually made by the resource parents and the child's parents, then the Child Safety Specialist should be informed by the resource parent.

Remember that hair styles are often a significant part of the culture and heritage of the child and the child's family. Any child for whom the Indian Child Welfare Act (ICWA) applies cannot significantly alter their appearance without parental or tribal approval.

Tattoos and Body Piercing

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

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

Pets for Children in Care

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

Google It!

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

Shared Parenting

Shared parenting is the building of positive alliances between resource parents and the child's family. There are benefits to the child in care, to the resource parents, to the child's parents and to DCS working together to build a constructive partnership. One of the ways to begin the relationship is to participate in an Introductory Meeting. This meeting should take place in-person with the child's parents, the resource parent and Child Safety Specialist within three to seven days of placement. If the meeting cannot take place in-person other means should be found to share information about the child and the child's needs.

Introductory Meeting Participation

These meetings are ideal for introduction, information gathering, and creating trust enough for all team members to collaborate for the well-being of the child. However, due to safety concerns and scheduling they often do not occur. If this opportunity is available, here are some suggestions of questions you might ask the biological parent(s) or caregiver:

- Who is the child close to? Ask the Child Safety Specialist about contact with them.
- How is the child soothed or calmed down?
- What makes the child happy or what does the child enjoy?
- Health, medical, emotional information or conditions

- Allergies
- Medications; who prescribed them and where were they last filled?
- Foods, likes and dislikes, how prepared?
- Eating habits and routines; such as - is the child a finicky eater or a good eater, the child doesn't like food to touch one another, the child is used to eating at specific times or whenever the child is hungry
- Morning rituals; what time does the child rise, is the child a morning person?
- Hygiene; what can the child do himself/herself and what does the child need assistance, how is that assistance provided, dressing?
- Bedtime rituals; bath, story, night light
- Cultural rituals and norms; church, foods, celebrations
- Favorite toys and playtime or recreational activities
- Disciplinary techniques that work and those that do not
- Would the parent(s)/family be willing to share photographs for the child to keep?
- Create questions of your own that are significant to your family

Some suggested information you might like to share with the biological parent(s) or current caregiver and to plan what you would like to share with the parent.

- You are going to take good care for her/his child until the child is able to be returned to the parent's care.
- You are not the child's mother or father and you will always be respectful.
- You need her/his assistance in care for the child. He/she is the expert and knows the child best and you need to count on her/his help when needed.
- You would like to have a good relationship with her/him so that both of you can freely exchange information and communication.
- You believe that if the child is able to see the adults working together and being courteous then the child will not feel torn in his/her loyalty to anyone.
- Pictures of your family
- Pictures of the child's room and if the child is sharing it with someone, information about that child.
- Create some of your own points to discuss.

Everyone will prepare for this meeting differently, but consider how will you deal with potential emotions, reactions and responses. It also might help to prepare questions and statements.

Visitation Plan

DCS will facilitate contact between a child and the child's parents, siblings, family members, relatives and individuals with significant relationships to the child. This preserves and enhances relationships with and attachments to the family of origin. Most case plans for children in out-of-home care include a contact and visitation plan, unless there is a no contact order due to safety issues. At times the order is specific to one parent or person in the family. In severe rare cases, it may be the entire family. This may be temporary until it is determined who and what is safe regarding visits for the foster child. A visitation plan is developed with involvement of family members and the child, if age appropriate. Frequency, duration, location and structure of contact and visits are determined by the child's need for safety and for family contact with safety being the

paramount concern. Ideally visitation takes place in the most natural, family-like setting possible, with as little supervision as possible, while still ensuring the safety of the child. However, at times visits occur in an office environment or out in the community. Ensure that all circumstances for visits are known and approved by Child Safety Specialist and her/his supervisor.

Supervised Visits

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

There may be times when a foster parent to be asked by DCS to supervise visits. Ensure that this circumstance would be safe and beneficial for the child and all involved. At times this works for the best for all parents and the foster child. Before agreeing to this it is strongly recommended that you check in with your licensing agency first. Do not feel pressured to answer.

It is your right as a foster parent to question circumstances around the request to monitor visits. There may be instances when this would be highly unadvisable. Some of examples of this would be, last minute requests in which DCS had not run a background check on family of foster child visiting from out of state, if foster parent and biological parent are in a fractured relationship, general safety issues, and if this arrangement would do more harm than good for the foster child (to name just a few).

Resource parents may be asked to provide transportation to and from supervised visits.

Visitation Facilitator

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

Health Care

Health Information Portability and Accountability Act (HIPAA)

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

ARS §8-514.05, effective April 13, 2003, requires a health care provider, health plan or health care institution to provide the child's medical and behavioral health records, information relating to the child's condition and treatment, and prescription and non-prescription drugs, medications, durable medical equipment, devices and related information to the out-of-home care provider in whose care the child is

currently placed. Further, this law authorizes out-of-home care providers to consent to evaluation and treatment for emergency conditions that are not life threatening and routine medical and dental treatment and procedures, including early periodic screening diagnosis and treatment services, and services by health care providers to relieve pain or treat symptoms of common childhood illnesses or conditions. It also states that an out-of-home provider is not authorized to consent to general anesthesia, surgery, testing for the presence of the human immunodeficiency virus, blood transfusions, and abortions.

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

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

- The name of the child;
- The CMDP ID number;
- The Social Security number;
- The AHCCCS ID number;
- Medical record numbers;
- Photographic images; and
- The communication does not include any other identifying number, characteristics or code that can be re-identified.

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

INTENDED FOR THE NAMED RECIPIENT ONLY

This material is intended for the named recipient(s) only. If you have this and are not the named, intended recipient, please do not read the contents of the e-mail or any attachment. Please inform the sender of the error so re-transmittal to the intended recipient may occur. Please do not copy/share the contents of the transmission. Please delete the e-mail and any attachment. Thank you.

Authorization for Treatment

Resource parents are authorized to consent to:

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

Resource parents are prohibited from consenting to general anesthesia, any non-routine surgery or medical treatment, blood transfusions, human immunodeficiency virus (HIV) testing, a clinical

trial for HIV/AIDS treatment, or any other clinical trials and pregnancy termination or pregnancy termination related treatments.

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

Intake evaluations for behavioral health services, psychological evaluations or other evaluations, first visits, and hospitalizations are a few examples when many providers will request that the Child Safety Specialist, as the legal guardian of the child, be present to provide all known historical information and sign to authorize the service. The child's parent might be an additional resource to provide information. However, inquire with the Child Safety Specialist for specific protocol, and do not let this prevent you from scheduling appointments for evaluations, exams or intakes. It often takes considerable time to receive services and get on a particular provider's schedule. Remember to check with all who need to be present for appointments, and that non-emergency appointments need to be made outside of child's school schedule.

Pharmacist Support

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

Comprehensive Medical and Dental Program (CMDP) Prescribed Medications

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

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

The PML may change to reflect current medication availability and coverage. It will be updated regularly and as often as needed to reflect important changes. The PML can be viewed on the CMDP website at

Regional Behavioral Health Authority (RBHA) Prescribed Medications

Please do not use the CMDP ID card to fill a prescription for psychotropic medication from a RBHA doctor. CMDP does not cover the cost for these medications. The RBHA is responsible for payment. Ask the RBHA doctor which pharmacy to use, and give the member's RBHA ID number.

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

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

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

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

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

CMDP Identification (ID) Card

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

Choosing a Primary Care Provider/Medical Home

Any health care professional providing services to a child through CMDP should be listed on the Provider Directory. You need to call CMDP with the name of the chosen PCP, the practice name, the location and phone number. An up to date listing of providers can be found at https://dcs.az.gov/cmdp .

The basic premise of the medical home concept is continual care that is managed and coordinated by a Primary Care Practitioner (PCP) leading to better health outcomes. The Medical Home provides:

- Personal Relationship — the child has an ongoing relationship with a culturally appropriate professional trained to provide continuous and comprehensive care.

- Comprehensive — the PCP is responsible for all health needs and arranging care with other specialized and qualified professionals.
- Team Approach — the Medical Home is the center for all specialized treatment necessary for the health and welfare of the child, including behavioral health treatment.
- Coordinated — the care is coordinated with health information retained in one location and disseminated in accordance with HIPAA laws to whom and when needed.
- Every effort should be made to continue care with the child's previous Primary Care Practitioner (PCP); this affords the child continuity of health care and retention of all known medical history and knowledge of the child. Such continuity offers the child reassurance as the child is already familiar with the provider and will likely be returning to the care of the PCP upon reunification with the family.
- If the prior PCP is not registered with CMDP, call CMDP's Member Services Unit to see if they can make arrangements for the health care provider to continue caring for the child while with the CMDP health plan.
- If it is absolutely not feasible to continue care with the previous health care provider, contact Member Services to obtain options of culturally competent registered providers who can provide the appropriate medical services specific to the child's known needs. Factors to consider when choosing a culturally competent health care provider are:
  - ✓ language, is the child accustomed to a Spanish speaking medical provider
  - ✓ gender, is the child more comfortable or used to a female or a male medical provider
  - ✓ age, is the child familiar with a young or older medical provider
  - ✓ to whom and how is medical information communicated; and
  - ✓ who should provide treatment and the type of treatment, such as the use of a medicine man for some Native American families and/or the use of herbal medicines rather than prescription medicines?

You should not necessarily take a child to your family pediatrician as this care provider may or may not be the best medical professional for this specific child.

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

These comprehensive medical examinations are also called Well Child Visits. Each child is to have a completed EPSDT examination within 30 days of placement. Well-child check-ups/EPSDT services include:

- A complete health and developmental history (including physical, nutritional and behavioral health assessments)
- An oral health screening
- A comprehensive unclothed physical exam
- Blood Lead and Tuberculosis (TB) testing
- Lab and X-Ray services when needed
- Referrals for rehabilitation services which includes occupational, speech and physical therapy, if needed, including referrals to Children's Rehabilitative Services (CRS) and the Arizona Early Intervention Program (AzEIP)
- Health education and guidance about the child's health care and development

- Immunizations
- Vision and Hearing screenings.

Children between birth and the age of 2 should receive 10 EPSDT examinations. Children over the age of 2 are required to have at least one annual well-child EPSDT check-up by their PCP. Please consult with your PCP to ensure the child is receiving all of the necessary and comprehensive exams.

If there are questions about EPSDT or well-child services, please call CMDP Member Services, (602) 351-2245 or 1-800-201-1795 or go to their web site at https://dcs.az.gov/cmdp.

Information to be provided to the Primary Care Practioner

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

Immunizations

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

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

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

Dental Care

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

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

Vision Care

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

Tobacco Cessation

CMDP covers products for youth in care who wish to stop smoking. The PCP must prescribe the product including over-the counter products.

Emergency Medical Care

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

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

An Urgent Care Facility – Is to be utilized for care of urgent or after normal office hour issues.

These examples would be:

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

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

Examples would be:

Shortness of Breath

- Chest Pain
- Loss or Altered Level of Consciousness
- Animal or Human Bite
- Car Accident
- Major Cuts, Burns, and/or Bleeding
- High-Grade Fever

- Poisoning
- Fractures or Broken Bones
- Trauma or Head Injury
- Suicidal or Homicidal Feelings
- Seizures

Remember to follow the previous guidelines in submitting the Unusual Incident documentation to DCS and licensing agency. Foster parents should keep copy of receipts from doctors, urgent care, emergency rooms and hospitals in their child file. These receipts could be provided to licensing agency and DCS upon request.

Medically Necessary Incontinent Briefs (diapers or pull-ups)

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

Child Sexual Development Education and Family Planning

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

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

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

Refer also to the ADCS Caregiver Procedures for Reasonable and Prudent Parenting Standards (RPPS) for additional guidelines regarding dating.

Deductibles and Signing for CMDP Services

There are no deductibles and resource parents are not responsible for the CMDP authorized service claims or prescriptions. It is imperative that all forms be signed in the following manner: "your name" for DCS/CMDP. You do not want to be held financially responsible for any CMDP

authorized service. Have all claims sent to: DCS/CMDP—942C; P.O. Box 29202, Phoenix, AZ 85038-9202

Behavioral Health Care
Regional Behavioral Health Authorities (RBHA)

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

The Regional Contractors

Regions Served	RBHA	Phone Number
Maricopa County	Mercy Maricopa http://www.Mercymaricopa.org Hearing impaired TTY/TDD 711	Member Services – 1-800-564-5465 or 602 -586-1841 Crisis Line - 1-800-631-1314 or 602- 222-9444
Pima County	Community Partnership of Southern Arizona (CPSA) http://www.communitypartnersinc.org/	Member Services – (520) 901-48008 or 1-800-771-9889 Crisis Line - (866) 495-6735
Apache, Coconino, Mohave, Navajo and Yavapai Counties	Northern Arizona Behavioral Health Authority (NARBHA) www.narbha.org http://www.healthchoiceintegratedcare.com/	Member Services – (800) 640-2123 Crisis Line - 1-877-756-4090
Gila, Pinal, La Paz and Yuma Graham, Cochise and Santa Cruz Counties	Cenpatico Behavioral Health of Arizona http://azcia.gov/tribal_liaison_group.asp	Customer Service - 1-866-495-6738 Crisis Line - 1-866-495-6735

Behavioral Health Services

Children in care who are CMDP eligible receive behavioral or mental health and drug and alcohol abuse services from the Arizona Department of Health Services Regional Behavioral Health

Authority (ADHS-RBHA). Children are assigned to a RBHA based on the child's court of jurisdiction.

DCS refers children entering care to the local Regional Behavioral Health Authority (RBHA) for a behavioral health assessment within 24 hours of removal. The Child Safety Specialist will and the caregiver is encouraged to participate in person, in the assessment process and provide information pertinent to an effective assessment. It is the responsibility of the foster parent to follow up on services needed for the foster child, as sometimes referrals for assessment are delayed or overlooked.

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

The Child Safety Specialist and resource parents monitor the appropriateness and timeliness of services provided by the RBHA provider and advocate for the child's service needs.

The RBHA services include, but are not limited to:

- Behavioral management (behavioral coach, family support, peer support)
- Case management services
- Emergency/crisis behavioral health services
- Emergency and non-emergency transportation
- Evaluation and screening
- Group, individual, and family therapy and counseling
- Inpatient hospital/psychiatric facilities
- Institutions for mental diseases (with limitations)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Psychotropic medication
- Psychotropic medication adjustment and monitoring
- Respite care (with limitations)
- Partial care (supervised day program, therapeutic program and medical day program)
- Rehabilitation (living skills training, health promotion, pre-job training, education and development, job coaching and employment support)
- Home Care Training to Home Care Clients (HCTC) program services (formerly known as therapeutic foster care)

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

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

Regional Behavioral Health Authority (RBHA) Time Frames

All RBHA's have to ensure that eligible and enrolled children have timely access to services. The following are the RBHA established standards for the timeliness of behavioral health services. For non-acute services: (Although these standards are best practice, unfortunately this does not always occur)

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

For crisis services a face to face or telephonically assessment of the acuity of the situation will initially occur.

- If the assessment indicates the need for crisis services, face to face crisis services will be provided. In the Metro Phoenix and Tucson areas within 1 hour and in other areas of the state, a face to face will occur within 2 hours.,
- If the RBHA doesn't have a centralized intake process, a directory of providers will receive the referral.

The Child and Family Team

This meeting is held to address all of the mental health, behavioral, substance abuse and subsequent related issues affecting the child and entire family. The team works to identify the needs, create goals, and an action plan (service plan). The child (if age and developmentally appropriate), the child's family, CFT facilitator and relevant team members, should be present at each meeting. This meeting allows a forum for all parties to identify, and address needs together in coordination with the DCS Case Plan. The team uses their time together to plan, review, and revise the service plan as needed. Resource parents have an important role in the CFT process. Here are some of the responsibilities:

- Participate in the process of assessing needs, developing and implementing the service and crisis plan;
- Provide the team information about the child's strengths, needs and accomplishments;
- Advise the team as to what supports and resources may be needed to achieve goals;
- Provide valuable information about your families culture, strengths and needs;

- Communicate any special accommodations needed such as scheduling or transportation;
- Describe the long range vision for your family and child.

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

The CASII is one assessment tool used by a behavioral health provider to assist in determining the best level and type of services needed] for a child or adolescent. It is used within the CFT process. Ideally the CASII is done during the initial 45 day assessment period; every six months after the first CASII; if CFT needs updated information; when a child/adolescent leaves the behavioral health system. . A crisis plan is required when a child's CASII score is 4, 5 or 6. The CASII also suggests that a behavioral health case manager is needed for children with higher CASII scores. The CASII involves ratings on six different dimensions. These are:

I. Risk of Harm

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

II. Functional Status

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

III. Co-occurring Conditions

This is done after clearly identifying the primary/presenting condition to measure the effects/severity of co-existing conditions across four (4) domains:

1. Developmental Disabilities (including Cognitive Disability, Significant Learning Disabilities, and all Autism Spectrum disorders)
2. Medical
3. Substance Abuse
4. Psychiatric

IV. Recovery Environment

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

V. Resiliency and/or Response to Treatment

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

VI. Involvement in Services

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

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

Level 1 - Recovery Maintenance and Health Management

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

The Arizona Vision or the 12 Principles

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

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

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

1. **Collaboration with the child and family**: Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.
2. **Functional outcomes:** Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.
3. **Collaboration with others:** When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented. Client centered teams plan and deliver services. Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Child Protective Service and/or Division of Developmental Disabilities case worker, and the child's probation officer. The team (a) develops a common assessment of the child's and family's strengths and needs, (b) develops an individualized service plan, (c) monitors implementation of the plan and (d) makes adjustments in the plan if it is not succeeding.
4. **Accessible services:** Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need. Plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided. Behavioral health services are adapted or created when they are needed but not available.

5. **Best practices:** Competent individuals who are adequately trained and supervised provide behavioral health services. They are delivered in accordance with guidelines adopted by ADHS that incorporate evidence-based "best practice." Behavioral health service plans identify and appropriately address behavioral symptoms that are reactions to death of a family member, abuse or neglect, learning disorders, and other similar traumatic or frightening circumstances, substance abuse problems, the specialized behavioral health needs of children who are developmentally disabled, maladaptive sexual behavior, including abusive conduct and risky behavior, and the need for stability and the need to promote permanency in class member's lives, especially class members in foster care. Behavioral Health Services are continuously evaluated and modified if ineffective in achieving desired outcomes.
6. **Most appropriate setting:** Children are provided behavioral health services in their home and community to the extent possible. Behavioral health services are provided in the most integrated setting appropriate to the child's needs. When provided in a residential setting, the setting is the most integrated and most home- like setting that is appropriate to the child's needs.
7. **Timeliness:** Children identified as needing behavioral health services are assessed and served promptly.
8. **Services tailored to the child and family:** The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.
9. **Stability:** Behavioral health service plans strive to minimize multiple placements. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and criminal justice system. Behavioral health service plans anticipate and appropriately plan for transitions in children's lives, including transitions to new schools and new placements, and transitions to adult services.
10. **Respect for the child and family's unique cultural heritage:** Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family. Services are provided in Spanish to children and parents whose primary language is Spanish.
11. **Independence:** Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self- management. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.
12. **Connection to natural supports:** The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

The Arizona Dept. of Behavioral Health Services has published a protocol entitled *The Unique Behavioral Health Needs of Children, Youth and Families Involved with CPS.* Additionally, children's behavioral health providers who are part of the RBHA network are required to complete a one or two day training on the unique needs of children involved in child welfare. A copy of this information can be found on this website: http://www.azdhs.gov/bhs/guidance/unique_cps.pdf

Financial Supports

The Family Foster Home Care Rates and Fees schedule has the current foster care rates and fees information. The link to it is in the on-line DCS Policy and Procedure Manual, Foster Care Rate Assessment and Payment, Related Information.

Family Foster Home Care Payment Classifications

The reimbursement rate is determined by DCS after reviewing the assessed or documented needs of the child. This includes information from:

- personal observation by the Child Safety Specialist
- the child's parents or caregivers and if applicable, previous resource parents
- clinical and medical reports from previous medical, or behavioral health care providers
- health and developmental needs: physical, emotional, educational, social and behavioral
- medical special care requirements
- mental and behavioral history of the child as potential safety concerns for other children that may have contact with the child
- school reports, educational special needs
- transportation; and
- the level of supervision

The daily payment rates fall under the following classifications:

- Basic/FAM FHM DAY
- Special 2/SP2 Level
- Special 3/SP3 Level
- Medically Fragile/FFMF
- Mother/Infant Rate
- Home Care Treatment Care for Home Care Clients (HCTC) AKA Treatment Foster Care [Note: only the room and board rate is paid by DCS]

The licensed resource parent is to agree to the payment level upon placement of the child in their home. The payment level can be re-evaluated based upon new information or diagnoses. Please discuss this with the Child Safety Specialist.

Foster Care Reimbursement-Payment Procedures

Foster homes should receive a billing document form around the 1st of the month for children in the home during the previous month. The billing document should contain the number of days the child was in care, as well as their placement rate, (i.e. Medically Fragile, Regular, Special 3, etc.). If any

information is incorrect, the resource parent needs to correct it on the form. Sign and resubmit the form for payment ASAP. Expect payment in about 10 days.

Clothing Allowance and Personal Allowance

Every child receives a monthly clothing allowance and personal allowance. They are paid with the monthly maintenance payment. The amounts vary with the age of the child. The personal allowance for a newborn to 12 months is for diaper and formula costs. The personal allowance for a child age 1 to 3 is for diaper costs. The personal allowance for children over the age of 3, the allowance is given to the child and cannot be restricted or reduced for any reason without pre-approval by the Child Safety Specialist. Guidance can be given by the resource parents as to how the money is spent. The clothing and personal allowances are based on age ranges of:

- 0-12 months
- 1-2 years old
- 3-5 years old
- 6-11 years old
- 12-18+ years old

Unlicensed Kinship Care and Unlicensed Non-Relative Care families receive the daily clothing and personal allowances from DCS.

Special Clothing Allowances

Emergency/Special Clothing allowance up to a maximum of $150.00 per child, per state fiscal year and must be requested from the Child Safety Specialist. Emergency Special Clothing – Extra allowance up to a maximum of $100.00 per child, per state fiscal year can be requested from the Child Safety Specialist in circumstances due to actual emergencies such as theft, fire, flood, etc. Additional levels of approval are required for these funds to be paid.

Books/Education Allowance

This allowance is up to $82.50 per school year for books and school supplies. The Child Safety Specialist initiates the request.

Supplemental Extra School Tuition and Fees

This allowance is up to $165.00 per child can be used for summer school sessions or interim school sessions at year round school and any related fees. Additional level of approval is required for these funds to be paid.

Passport Allowance

Reimbursement is for the actual cost of obtaining a passport book or card. Receipts are required. The passport allowance is a one-time reimbursement per child. Additional level of approval is required.

Special Needs Allowance

This allowance is up to $22.50 per child per state fiscal year for uses such as birthday or holiday presents. Additional level of approval is required.

High School Graduation Allowance

This allowance is up to $220.00 for high school graduation expenses.

Diaper Allowance-Special

This allowance is not for infants, as that cost is actually paid with the foster care rate. This payment is for children with special needs, such as an ongoing medical condition. This includes a child who is 3 or older who requires incontinent briefs or a child who is 3 or older who has regressed in control of his/her bodily functions due to abuse or removal from home. Medical documentation is needed for this allowance.

Medically Necessary Diapers and Briefs

Medically necessary diaper and briefs are provided by CMDP. See the Health Care – CMDP section for more information.

Child Care

Funds which may be available for foster children to attend child care. See the Resource Parenting section for more information.

Camp – Day and Overnight

Check with your local Boys' and Girls' Clubs or YMCA/YWCA, Church Camps and Royal Kids Camp (Maricopa County) Please see the ADCS Procedures for Reasonable and Prudent Parenting Standards for guidance regarding overnights and camp.

Adoption Subsidy

A child in the custody of the DCS when adopted may be eligible for Adoption Subsidy if s/he has a special need or condition. If a child is eligible for Adoption Subsidy s/he may receive medical coverage through AHCCCS/Medicaid, monthly maintenance and/or reimbursement for special services related to pre-existing conditions. CMDP ends on the date of adoption and AHCCCS coverage begins. It may take a couple of weeks for AHCCCS to process the change and notify the parent of the new AHCCCS health plan. It is important that any medications are refilled prior to the adoption and that routine medical and dental appointments not be scheduled for a few weeks after the adoption. Emergencies are covered but it may take additional clarification.

Adoption Subsidy is available to the child up to age 18. It may be extended through the age of 21 if the child is still attending high school. The amount of the maintenance subsidy is based on the special needs of the child at the time of the adoption.

Special requests can be made to the Adoption Subsidy Specialist for services related to specific extraordinary, infrequent or uncommon needs related to pre-existing special needs conditions on the Adoption Subsidy agreement after private and public resources have been exhausted. These requests will be evaluated by a committee on an individual basis and based on AHCCCS guidelines of medical necessity.

Non-recurring adoption expenses that may be covered by Adoption Subsidy include those reasonable and necessary expenses related to the legal process of adoption such as: adoption fees, court costs, attorney fees, fingerprinting, and home study fees. Actual expenses can be reimbursed up to $2,000 per child.

Efforts must be made to place the child without Adoption Subsidy unless the child is being adopted by the foster parents or kinship providers with whom the child is placed if the child has developed significant emotional ties to that family, and it would not be in the child's best interest to look for another family.

See Adoption Subsidy booklet provided by Department of Economic Security (DES).

https://dcs.az.gov/sites/default/files/media/PAP-194-PD.pdf

Guardianship Subsidy

Guardianship subsidy is intended to be only a partial reimbursement for expenses involved in the care of the child. Guardianship subsidy is available in a monthly amount to a person appointed permanent guardian through the juvenile court for a child who was adjudicated dependent. It is necessary that the guardian apply for any state and federal program benefits on behalf of the child prior to submitting the Guardianship Subsidy Application. State and federal program benefits and any other assets which the child is receiving or eligible to receive are deducted from the guardianship subsidy rate to determine the guardianship subsidy payment. This subsidy is for guardianships granted under Title 8 by a Juvenile Court. Title 14 guardianships granted by a Probate Court are not eligible for this subsidy.

Income Tax Status

DCS is unable to provide tax advice. Resource parents should research IRS publications and consult with a tax professional for dependent child eligibility, taxable income questions, for allowable excess or un-reimbursed costs that may be tax deductible, Social Security impact and for other tax related questions. The IRS website is at http://www.irs.gov.

Education

Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program (AzEIP) (pronounced Ay-zip), is Arizona's statewide, system of supports and services for infants and toddlers (birth to 36 months) with developmental delays or disabilities and their families. Developmental delays mean a child has not reached fifty percent of the developmental milestones expected at his/her chronological age in one or more of the following areas of childhood development: physical, cognitive, language/communication, social/emotional, and adaptive self-help.

Established conditions that have a high probability of developmental delay include, but are not limited to: chromosomal abnormalities; metabolic disorders; hydrocephalus; neural tube defects (e.g., spinal bifida); interventricular hemorrhage, grade 3 or 4; periventricular leukomalacia; cerebral palsy; significant auditory impairment; significant visual impairment; failure to thrive; and severe attachment disorders. The state's definition of "eligible child" does not include children who are at risk of having developmental delays if early intervention services are not provided.

If the RBHA assessment of a child under 3 years of age identifies developmental delays, the RBHA will refer the child to AzEIP. The Child Safety Specialist **or you** can refer a child for assessment. Referrals can be made on-line at:

https://extranet.azdes.gov/azeip/azeipref/Forms/Categories.aspx or by calling 602-532-9960 or toll-free 888-4739-5609. A developmental evaluation provides information to help determine if the child is eligible for AzEIP supports and services. It also provides information about the child's abilities in all areas of development and is used to develop an Individualized Family Service Plan (IFSP).

The IFSP lists services and supports to assist you in working toward outcomes. The services and supports section includes who will provide the services and supports and for how long. Services and supports may include but are not limited to:

- Home visits
- Special instruction
- Audiology
- Vision Services
- Occupational, physical, speech therapy
- Psychological services, social services
- Service Coordination
- Health services (needed to enable your child to benefit from other early intervention services)
- Nutrition and nursing
- Assistive technology devices and services
- Transportation necessary to enable your child and family to receive early intervention services

Early Intervention services and supports occur in places where children and families live, learn, and play; in the families' natural environment. These are settings that are natural or normal for the child's age peers who have no disabilities.

Please do not delay a request for this assessment as there is significant research that validates the value of early intervention services.

For more information go to www.azdes.gov/azeip.

School Enrollment

You should enroll a child as soon as possible after placement or within 5 days of placement. The *Notice to Providers* for school age children should be given to you at the time of placement. The Notice provides information to enroll a child. Enlist the help of the Child Safety Specialist with enrollment if necessary. A resource parent will send a school-aged child to public school unless alternative educational arrangements, such as private, charter, or home schooling, have been approved by DCS.

School Breakfasts and Lunches

Children in care are eligible for free meals through their school. If the registration form requires an annual income amount, the child's annual income is usually "$0". Request information from child's school administration staff.

School Enrollment- Special Considerations

The federal McKinney Vento Act states that children in foster care cannot be denied enrollment due to a lack of documentation including a birth certificate, school and immunization records.

Additionally, students have the right to select from the following schools:

- The school he/she attended when "permanently housed" or last enrolled (School of Origin) for the remainder of the school. Additionally, the school must also provide transportation.
- The school within the foster home's attendance area (School of Residency).

The McKinney Vento Act also assures priority placement for foster children in such programs as Head Start. For information about education services go to www.ade.az.gov web page to find under all programs list the homeless education section.

Educational Advocate

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

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

When the identity and whereabouts of the biological or adoptive parent are known, the LEA must contact the parent to ensure the parent's consent for special education evaluation and/or services. The biological or adoptive parent has parental decision making authority for special education evaluation and/or services for a foster child, except when:

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

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

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

Individuals with Disabilities Education Act (IDEA)

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

Individualized Education Plan (IEP)

IDEA requires public schools to develop an IEP for every student with a disability who meets the federal and state requirements for special education. The IEP refers both to the educational program to be provided to a child with a disability and to the written document that describes that educational program. Key considerations in developing an IEP include assessing students in all areas related to the suspected disability or disabilities, access to the general curriculum, how the disability affects the student's learning, developing goals and objectives that make the biggest difference for the student, and ultimately choosing a placement in the least restrictive environment. Services may include: Assistive technology (e.g., communication boards, computerized language devices, padded supportive chairs) audiology, counseling services, medical services (limited to certain diagnostic services), rehabilitation counseling, parent counseling, school health services, school social work services, speech-language pathology, occupational therapy, transportation, instructional support or individualized educational assistance, transition services and special considerations needed in the regular classroom, homework and/or testing. The established services are provided in the least restrictive school environment unless it is determined that the child is not medically able to participate in educational services in the school environment.

Head Start and Early Head Start

Who is Eligible?

Children who are 3 to 5 years old are eligible for Head Start services. Pregnant women and children from birth to 3 years of age are eligible for Early Head Start services. Children and families who are homeless, in foster care, or receive TANF or SSI are also eligible for services. Eligibility is determined by Head Start program staff and some families may be eligible for services if they are determined to be at or below the federal poverty level. Some grantees enroll a percentage of children from families with incomes above the Poverty Guidelines as well.

How Do I Apply for Head Start and Early Head Start?

Contact the Head Start or Early Head Start program serving your community. They will explain the paperwork you should bring to apply. Your local program will provide the required forms and answer your questions.

Use the **Head Start Locator** to find a Head Start or Early Head Start program near you. Call the Head Start Knowledge and Information Management Services toll free at 866-763-6481, or visit their website www.azheadstart.org to find a Head Start or Early Head Start program in your area.

Appointments Not During School

DCS and resource parents are to make every reasonable effort not to remove a foster child from school during regular school hours for appointments, visits or activities not related to school. This is to minimize interference with the foster child's learning and disruptions to the child's school schedule. Medical and dental appointments should be scheduled before or after school, or during non-school hours.

Legal Process

Who Is Involved: Understanding the Roles and Responsibilities?

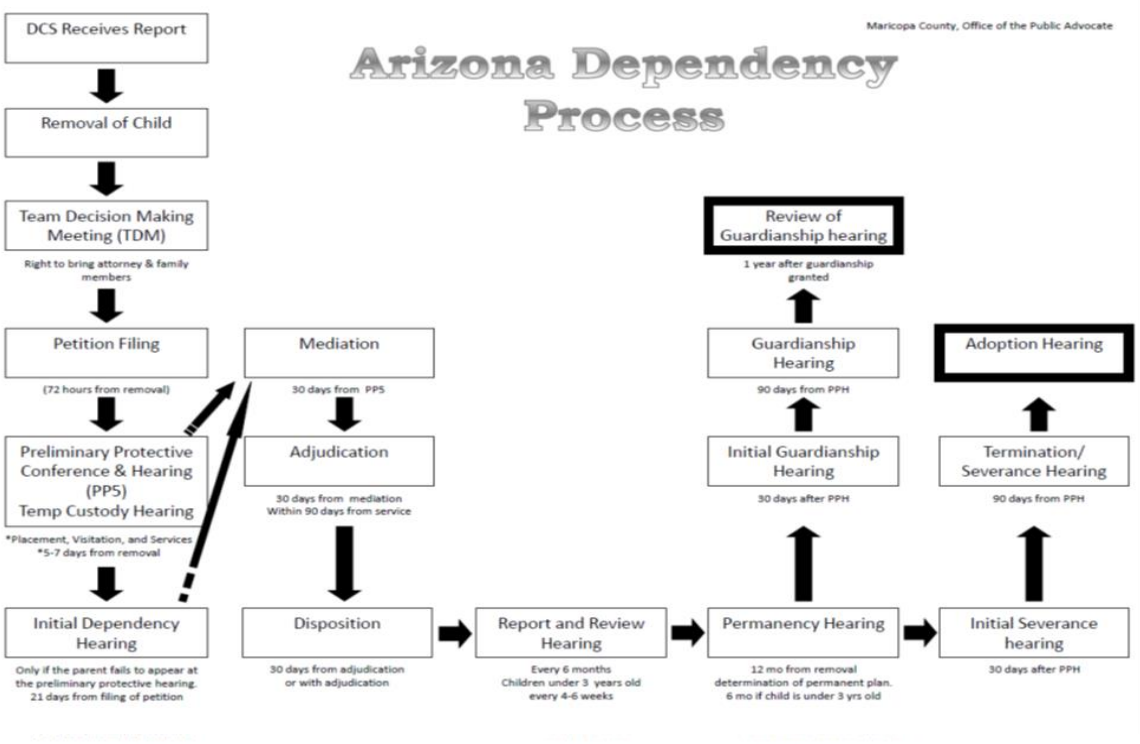
- *The Juvenile Court (Judge or Commissioner)* is responsible for hearing all actions that concern issues of dependency, termination of parent-child relationship, adoption and guardianship.
- *Assistant Attorneys General (AAGs)* within the Protective Services Division of the Attorney General's Office appear in Juvenile Court cases on behalf of DCS. The Attorney General's Office is responsible for representing DCS in actions concerning DCS cases.
- *Private attorneys* represent parents and guardians. The Juvenile Court will appoint private counsel for the parent or guardian if they are unable to afford an attorney.

  A private attorney may also represent the child to present his or her wishes to the Juvenile Court.
- *The guardian ad litem (GAL)* is appointed by the Juvenile Court to represent the child's best interest in a dependency case. Representing the child's best interest is not necessarily the same as representing the child's wishes. The guardian ad litem may be an attorney, a volunteer special advocate or other qualified person. This usually occurs when the child is of an age to assert his/her own opinion but the child's wishes are not in his/her best interest (e.g. return home when child's safety cannot be assured). Resource parents are to provide all information about the care of the child while in their home to the GAL. The GAL is to be given every opportunity to consult with the child, i.e. at Juvenile Court, the GAL's office, a case plan staffing or in the resource parent's home. [Note: A separate GAL should be assigned to advocate for a child in a criminal case of maltreatment. The child may be eligible for up $20,000 from a county victim's compensation program.]
- *All parents or legal guardians* are parties to actions, unless their parental rights have been terminated by the Juvenile Court or they have relinquished legal custody. The mother of the child could be a biological or adoptive mother. A father could be a biological, legal, alleged or presumed father. Legal Guardians are persons with legal responsibility for the care and welfare of the child.
- *The child* is a party to the action. The child, through his/her attorney, has the right to be informed of, to be present at and to be heard in dependency and termination of parental rights hearings.
- *Resource Parents (Foster parents, pre-adoptive parents and relatives)* are considered an interested party to an action concerning a child who is in their care or who has been in their care within the last six months. They are also entitled to receive notice of and given an opportunity to be heard at any review or hearing concerning the child. At times

you may receive incorrect information regarding attending court, please consult with licensing worker to ensure that you stay current to court dates and attend as many as possible. You may attend via phone, and your licensing worker can attend in your absence.

- *The Child Safety Specialist* is the representative of DCS in hearings affecting a child or family about which he or she has relevant information. The Child Safety Specialist is expected to attend all hearings concerning his or her cases. There may be times when it is necessary for foster parents to provide information to the Child Safety Specialist, if this person is new to the case and a hearing is approaching and/or the child's case plan gets changed from reunification to adoption, and the child receives and DCS adoption specialist. Foster parents can also submit a written update to present to the court when they are unable to attend. Keep in mind that the judge needs accurate and specific facts about the child's progress, needs and any concerns a foster parent may have.
- *The Court Appointed Special Advocate (CASA)* is a volunteer who is appointed by the Juvenile Court to advocate for a dependent child. The CASA's first priority is to advocate for the child's safety; the CASA must meet with the child. CASAs have access to all documents and information about the child and the birth family history. CASAs provide information to the Juvenile Court to assist in making decisions concerning what is in the child's best interest. The CASA prepares a formal written report to the Juvenile Court, talks with the child, parents, family members, resource parents, social workers, school officials, health providers and others who have knowledge of the child's history. The CASA also reviews all records pertaining to the child including school, medical, case worker reports and other documents. Through developing a relationship with a child, the CASA finds out what the child wants and needs. Many of them will take the child on outings or have private time with the child. By using their advocacy power, CASAs learn if education, counseling, or improved parenting will give children their best chance for safe and happy childhoods. CASAs typically follow the child's case from the time dependency is established until either the Juvenile Court relieves the advocate of responsibility or the Juvenile Court dismisses the action before it. The CASA may appear in Juvenile Court on behalf of the child. To learn more: http://www.azcourts.gov/dcsd then click on Court Appointed Special Advocates on the menu.
- *The Foster Care Review Board (FCRB)* is a group of volunteers who review the case of every dependent child who remains in out-of-home care at least every six months. The FCRB is mandated to make determinations in these four key areas:
  - ✓ safety, necessity and appropriateness of placement
  - ✓ case plan compliance
  - ✓ progress toward mitigating the need for foster care
  - ✓ a likely date (target date) by which the child may be returned home or placed for adoption or legal guardianship.
- The FCRB cannot direct the agency to take specific actions concerning a child; however, it may make recommendations to the Juvenile Court regarding plans and services for a child or family.

Arizona Dependency Process



Juvenile Court Hearing Types

At any dependency hearing, the Juvenile Court's first priority is the protection of the child from abuse or neglect.

- *Preliminary Protective Pre-hearing Conference*: A mandatory meeting of all parties to the dependency action and other interested persons as permitted by the Juvenile Court held immediately before the Preliminary Protective Hearing (PP5). The purpose of the meeting is to attempt to reach an agreement about temporary custody and placement of the child, services to be provided to the child, parent or guardian, and visitation of the child. The availability of reasonable services to the parent or guardian is considered. The child's health and safety is a paramount concern.
- *Preliminary Protective Hearing (PP5)*: Held no less than five and not more than seven working days, excluding Saturdays, Sundays and state holidays, after the child is taken into custody and a dependency petition is filed. The hearing is to determine whether to continue temporary pending the Initial Dependency Hearing. The Juvenile Court receives any agreement from the pre-hearing conference; determines if reasonable efforts were made to prevent or eliminate the need for removal of the child and if services are available that would eliminate the need for continued removal. The Juvenile Court enters orders regarding the child's placement and visitation, if the child remains in care. The Juvenile Court orders DCS to make reasonable efforts to provide reunification services, unless the Juvenile Court finds this is contrary to the best interest of the child. The Juvenile Court gives paramount consideration to the child's health and safety.
- *Initial Dependency Hearing:* occurs within 21 days of filing a petition, held only if the parent did not appear at the Preliminary Protective Hearing (PPH).

- *Settlement Conference or Mediation*: Held prior to the pre-trial conference or dependency adjudication hearing. The purpose is to attempt to settle the issues in a non-adversarial manner and to avoid a trial.
- *Contested Dependency Adjudication Hearing:* occurs 90 days from the date the petition was served to the parents. The purpose is to determine whether the State has met the burden of proving the child dependent. (See Disposition Hearing)
- *Disposition Hearing*: is held at the same time of or within 30 days of the dependency adjudication hearing. The purpose is to obtain specific orders regarding the child's placement, services and appropriateness of the case plan. The Juvenile Court considers the goals of placement, appropriateness of the case plan, services that have been offered to reunify the family and the efforts that have been or should be made to evaluate or plan for other permanent placement. If the Juvenile Court does not order reunification of the family, the Juvenile Court shall order a plan of adoption or other permanent plan.
- *Report and Review Hearings* (R & R): Held at least once every six (6) months after the Disposition Hearing until the dependency is dismissed. The Juvenile Court reviews the progress of all the parties in achieving the case plan goals and determines whether the child continues to be dependent.
- *Expedited Permanency Hearing:* occurs at 6 months for children under the age of 3 at the time of removal. If the Juvenile Court finds that the parents have substantially neglected or willfully refused to participate in reunification services, the Juvenile Court may terminate their parental rights at this permanency hearing.
- *Permanency Hearing:* occurs 12 months from removal. The Juvenile Court determines the future permanent legal status goal for the child and enters orders to accomplish the plan within specific time frames.
- *Termination Hearing:* occurs 90 days from the Permanency Hearing if severance and an adoption plan were ordered at the Permanency Hearing. The Juvenile Court determines whether the State has met the burden of proof to terminate parental rights and whether termination is in the best interest of the child.
- Other Hearings: If applicable, a Guardianship Hearing or an Adoption Finalization Hearing could occur.

Foster Care Review Board (FCRB)

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

The FCRB is mandated to make determinations every six (6) months in these four key areas:

- safety, necessity and appropriateness of placement
- case plan compliance
- progress toward mitigating the need for foster care
- a likely date (target date) by which the child may be returned home or placed for adoption or legal guardianship.

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

More information can be found by calling 602-452-3400 or going to:

http://www.azcourts.gov/fcrb/Home.aspx.

Resource Parents Notification of Juvenile Court Hearings and Foster Care Review Board Hearings

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

Juvenile Court Hearings Open To the Public

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

Termination of Parental Rights (TPR)

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

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

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

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

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

All grounds for termination must include: information; documentation; opportunity; provision and compliance of services; timeline calculations and cooperation or non-cooperation of the parent(s); ability and willingness of the parent to care for their child(ren). When considering termination it must be reviewed by an internal DCS committee and the Arizona Attorney General's Office before being presented to the Juvenile Court for final judgment. The following list is not inclusive of all of the legal grounds for termination of parental rights. (ARS § 8-533)

- The parent has abandoned the child. Abandonment is failure to provide reasonable support and to maintain regular contact with the child, including normal supervision. The Juvenile Court must find the parent has made only minimal efforts to support and communicate with the child. Failure to maintain a normal parental relationship without just cause for 6 months or longer is considered proof of abandonment.
- The parent has neglected or willfully abused a child. Neglect or willful abuse is abuse that includes serious physical or emotional injury or situations in which the parent knew or reasonably should have known that a person was abusing or neglecting a child.
- The parent is unable to discharge parental responsibilities because of mental illness, mental deficiency or a history of chronic abuse of dangerous drugs, controlled substances or alcohol. There are reasonable grounds to believe that the condition will continue for a prolonged indeterminate period.
- The parent is incarcerated and convicted of a felony that includes murder of another child of the parent, manslaughter of another child of the parent or aiding or abetting or attempting, conspiring or soliciting to commit murder or manslaughter of another child of the parent, or if the sentence of that parent is of such length that the child will be deprived of a normal home for a period of years.
- The length of time the child has been in care:
  - ✓ The time in care has been for a cumulative total period of nine months or longer and the parent has substantially neglected or willfully refused to remedy the circumstances that cause the child to be in an out-of-home placement (length of time in care).
  - ✓ The child is under three years of age has been in care for a cumulative total period of six months or longer and the parent has substantially neglected or willfully refused to remedy the circumstances including refusal to participate in reunification services offered by the department.
  - ✓ The child has been in care for a cumulative total period of fifteen months or longer and there is a substantial likelihood that the parent will not be capable of parenting the child in the near future.
- The identity of the parent is unknown and continues to be unknown following three months of diligent efforts to identify and locate the parent.

- The parent has had parental rights to another child terminated within the preceding two years for the same cause and is currently unable to discharge parental responsibilities due to the same cause.
- The child was returned to the parent and within eighteen months was again removed and the parent is currently unable to discharge parental responsibilities.
- The parents have relinquished their rights to a child to an agency or have consented to the adoption.

Indian Child Welfare Act (ICWA):

ICWA is a federal law that seeks to keep Indian children with Indian families. Congress passed ICWA in 1978 in response to the alarmingly high number of Indian children being removed from their homes by both public and private agencies. The intent of Congress is to "protect the best interests of Indian children and to promote the stability and security of Indian tribes and families" (25 U.S.C. § 1902). ICWA sets federal requirements that apply to state child custody proceedings involving an Indian child who is a member of or eligible for membership in a federally recognized tribe or is the biological child of a member of federally recognized tribe.

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

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

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

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

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

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

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

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

Dually Adjudicated Youth

Dually adjudicated is the legal term for juveniles who are both dependent and delinquent (According to the Superior Court of Maricopa County a**"delinquent"** youth is one who, if he/she was an adult, could be charged with any crime listed in Title 13 of the Arizona Revised Statutes. ARS § 8-201.) These children are under the jurisdiction of the Juvenile Court for both their dependency matter and a referral regarding an allegation of a delinquency matter. Separate Juvenile Court hearing will be held on each type of issue. Rules, Regulations & Requirements

Office of Licensing and Regulation (OLR)

OLR is an office within DCS responsible for the licensure of foster homes and child welfare group homes located in Arizona. OLR does not license adult or child developmental homes through the Division of Developmental Disabilities (DDD) or group homes used by DDD and licensed through the Department of Health Services. OLR also does not licensed homes exclusively licensed by one of the Native American Tribes.

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

- Family Home Licensing Unit (FHL)
- Child Welfare Licensing Unit (CWL)
- Regulatory Enforcement Unit (REU)
- Life-Safety Inspection Unit (LSI)
- Training Development & Delivery (TDDA)
- Background Investigation Unit (BIU)

As a licensed foster parent, you and your licensing agency will be working with most if not all of these units.

Title 21, Chapter 6, Articles 1 through 4 (Foster Home Licensing Rules) – Become an Expert

Title 21 contains the rules that OLR and your licensing agency follow to license foster homes caring for children in DCS custody; as well as rules you are expected to know and follow. Rules are part of the Arizona Administrative Code published by the Office of the Secretary of State. Study them and learn your rights as well as your responsibilities. Every currently licensed family and family going through the initial licensing process should have received a copy of this document after January 24, 2015 as these replaced Article 58. If not, ask your agency for a copy.

Title 21, Chapter 8, Article 1 (Life Safety Inspections) - Learn These Requirements

These regulations deal with the home itself. The regulations are the basis of the OLR Life-Safety Inspection. Foster parents can request a copy of these from their licensing worker. Upon request of a Life Safety Inspection, you will receive a copy of the Life Safety Inspection Worksheet which provides a detailed list of expectations that the inspector from OLR will go through while inspecting your home. You can also get a copy of the Worksheet from your Licensing Specialist.

Life-Safety Inspections

A life-safety inspection of your home is conducted at the following times: before initial licensure; when a family relocates; if there is significant remodeling or renovation and every two years by OLR to verify compliance with rules. Your licensing worker is to assist you in preparing for this inspection, and provide you with the same documentation that OLR will use when inspecting your home (The Life Safety Inspection Worksheet). Ensure that you receive a copy of this worksheet as soon as possible so that you know what is expected of you and ample time to prepare. Your licensing specialist should perform a pre-inspection to assure your home is ready

The Life-Safety Rules are intended to safeguard children from hazardous conditions. The inspector requires access to every room, cabinets and storage areas, drawers, closets, the garage, the yard and other structures on the property. If the inspector cites violations he/she will make suggestions to correct the violation. If an OLR inspection identifies non-compliant items, your Licensing Agency may be able to verify certain corrections. Your Licensing Agency also conducts an annual walk-through inspection to assure continued compliance with rule. .

Emergency Evacuation Plan

This plan is a mandatory floor plan of your home showing all doors and windows. In the plan, use arrows to mark two routes out of each bedroom, one of which must lead directly to the outside. The plan is to identify the location of fire extinguisher(s) and if necessary any special evacuation equipment such as a rope ladder. Finally indicate on the plan a safe meeting place outside to account for everyone.

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

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

  Post the emergency evacuation plan in a common area that is clearly visible to all members of the home and on each level of the home.

Disaster Plan

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

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

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

Notification of Major Events

Please see Unusual Incident Reports for information regarding time frames and notification requirements.

Licensed foster families also must notify DCS and their licensing agency of any other significant changes such as:

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

This is not an all-inclusive list. Please see Title 21 R21-6-326 and R21-6-327 for specific examples and guidelines.

Foster Parent License – You and Your Residence are Licensed

A.R.S. §8-509 (A) states that foster home licenses are valid for two years. Your licensing agency will assist you in ensuring that each year you stay current with all documentation and training hours specific to the type of license and certification you possess. An annual life safety walk through will be conducted by your Licensing Agency.

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

Foster Parent License-You Own Your License

You are licensed by the State of Arizona. You have a Out-Home-Care Provider Acknowledgment with DCS and usually an agreement with your licensing agency regarding policies that are specific to that agency. Ensure that you read each of these agreements thoroughly. Should you choose to transfer to another agency; all of the records are property of the State of Arizona and should be given to the new agency at no cost to you.

Quick Connect

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

Foster Parent License Renewal

Foster parents may complete renewal applications online through the Quick Connect (QC) system. To make that connection, you will need a logon ID and password. If a foster parent is

uncomfortable, unable or unwilling to enter the information into the Quick Connect system, it is the responsibility of the licensing agency to do it for them.

You should receive a license renewal packet, from your licensing agency within at least 60 days of license expiration. This packet will explain all the steps needed to complete online and the documentation that needs to be submitted, and all the information that needs to be verified that it is current. If you do not, contact your licensing worker as soon as possible.

Important note! It is important to maintain a current foster care license so that foster reimbursements are not interrupted.

Foster Parent License Renewal Training

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

Trainings, workshops, conferences, etc. from your agency other licensing agencies as well as DCS and the RBHA, may be used to fulfill this requirement. All training hours are to be pre-approved by your licensing agency and in accordance with your current Training Plan.

Alternative formats for training may be utilized. Classes are available on the internet. CASA Programs offer training that may be an option. Go to www.azcourts.gov/dcsd, CASA Training link for more information or go to www.azafap.org.

DCS Investigation of the Resource Family

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

When allegations involve children in care, the assigned Child Safety Specialist takes the lead role in conducting the investigation jointly with the child's CS Specialist and licensing worker(s). For those allegations of abuse or neglect pertaining to non-court wards, the CS Investigator will solely conduct the investigation. If the allegation(s) is found to be proposed substantiated (probable cause), appropriate measures will be taken to remedy the problem and ensure the safety of all children in the home.

Licensing Concerns in a Foster Home or Family

According to R21-6-221 licensing agencies shall notify OLR of all complaints and investigations by DCS or law enforcement regarding a foster home be reported to the Office of Licensing and

Regulation (OLR) within 24 hours of licensing agency becoming aware of circumstances. Licensing complaints are investigated by your licensing agency. OLR may perform additional investigation of the complaint. During the investigation the representative of your licensing agency will be “wearing a different hat”. He or she needs to speak with all parties involved. After the investigation the Licensing Agency then sends a report to OLR within 45 days of the receipt of the investigation request from OLR. An investigation may result in several actions including but not limited to a Letter of Concern, change in parameters of your license, a Corrective Action Plan, requirement of additional training, counseling by your licensing agency or OLR, a review of rules and/or policies or suspension/revocation of your license.

Kinship Foster Care Waivers of Licensing Rules

The Fostering Connections to Success 2008 federal law permits DCS to waive "non-safety" licensing rules on a case-by-case basis for relatives (kinship) under certain conditions. This means that relatives do not always have to meet certain rules, such as bedroom/sleeping space and income requirements. Safety requirements including criminal and child abuse or neglect history, a Level 1 Fingerprint Clearance Card, legal residence of the license applicant, items on the Life-Safety Inspection cannot be waived. State law requirements cannot be waived, nor can requirements related to a spouse who is not living the home. Waivers include a timeframe to attempt to come into compliance with the rule.

Waivers are granted only when there is no other means to comply with the rule. Kinship caregivers work with the licensing agency to provide the documentation to request a waiver from OLR. The licensing agency sends a Preliminary Consideration Waiver (CSO-1240A) to OLR. Please consult with your licensing agency regarding waiver requirements.

Supports

Arizona Association for Foster and Adoptive Parents (AZAFAP)

AZAFAP is a non-profit, statewide membership organization that serves families who adopt, provide foster and kinship. Working in partnership with child welfare professionals and the community, the Association's purpose is to support, educate, empower and provide a voice for Arizona's foster and adoptive families, with the goal of increasing the well-being and stability of Arizona's most vulnerable children. For further information, visit their website at www.azafap.org. or call at 602-884-1801.

DCS Liaison for Resource Parents

If or when resource parents have unresolved issues after proceeding up the chain of command within DCS, OLR or their licensing agency, they are encouraged to contact the DCS Resource Home Advocate at (602) 255-2601.

DCS "Warm Line' for Resource Parents

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

DCS Liaison to Tribes

DCS is focused on providing services in ways that are culturally sensitive and appropriate. The DCS Indian Child Welfare Specialist works with 22 Native American tribes throughout Arizona on a variety of human services issues, including services to support self-sufficiency – and safety – such as child welfare. The Tribal Liaison provides guidance, advice and education to DCS stakeholders such as resource parents regarding the state's Native American tribes and their particular strengths, needs and challenges. Contact DCS Central Office at (602) 255-2500 and ask to speak to the Indian Child Welfare Specialist, or visit their website http://azcia.gov/tribal_liaison_group.asp.

Ombudsman's Office, State of Arizona

The State of Arizona has a resource, support person to advocate for individuals in need of help working with State of Arizona governmental agencies. Foster Home Ombudsman: 602-277-7292, website: http://www.azoca.gov/

Provider Indemnity Program (PIP) - Risk Management Insurance

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

- General Liability such as bodily injury, property damage or personal injury resulting from the direct or incidental care of a child in care.

- Damage to Personal Property which includes physical damage or destruction of the real and personal property. However, the damage must actually be caused by the child in care.

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

A Significant Incident form is to be completed. Refer to Significant Incident Notification.

Please call or go to the web site for exclusions of coverage and more detailed information. To file a claim, contact them at: 602-542-2182. For more information about the Provider Indemnity Program (PIP) administered by Risk Management, please refer to their informational brochure at:

https://staterisk.az.gov/insurance/provider-indemnity-program

Arizona Friends of Foster Care Foundation

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

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

Requests for assistance from Arizona Friends of Foster Children Foundation will need the signature of the Child Safety case manager. The resource parent can complete the application. To learn more about the Foundation and to complete an application, go to their website at http://affcf.org or call 602.252.9445.

The DES/Division of Developmental Disabilities (DDD)

The Arizona Department of Economic Security/ Division of Developmental Disabilities (DDD) provides needed supports to children and adults who meet the following eligibility requirements:

- A strongly demonstrated potential that a child under the age of six years is developmentally disabled or will become developmentally disabled as determined by a test
- A severe chronic disability which is attributable to mental retardation, cerebral palsy, epilepsy or autism which is manifested before the age of 18 and is likely to continue indefinitely and results in substantial functional limitations in three or more areas of major life activity:
  - ✓ Self-care: eating, hygiene, bathing, etc.;
  - ✓ Receptive and expressive language: communicating with others;
  - ✓ Learning: acquiring and processing new information;
  - ✓ Mobility: moving from place to place;
  - ✓ Self-direction: managing personal finances, protecting self-interest, or making independent decisions which may affect well-being;
  - ✓ Capacity for independent living: needing supervision or assistance on a daily basis
  - ✓ Economic self-sufficiency: being able to financially support oneself.

It reflects the need for a combination and sequence of individually planned or coordinated special or other services which are life-long or of extended duration. Please go to https://des.az.gov/services/disabilities/developmental-disabilities for more information. Should you believe your child in care qualifies for DDD services, please contact your Child Safety worker to discuss the referral.

DES/DDD Child Developmental Homes (CDH)

If you are interested in providing care for children with developmental disabilities through a Child Developmental Home license, please seek information from your licensing specialist as these licenses are not issued through OLR.

Women, Infant and Children (WIC)

WIC is a federally funded program providing residents with nutritious foods, nutrition education, and referrals. WIC serves pregnant, breastfeeding, and postpartum women, and infants and children under age five who meet WIC eligibility guidelines. Children in care meet these guidelines and are eligible for services. Refer to http://www.fns.usda.gov/wic/women-infants-and-children-wic for further information.

Boy's and Girl's Club Membership

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

Raising Special Kids

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

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MIKID (Mentally Ill Kids in Distress)

MIKID provides help and support to families in Arizona with behaviorally challenged children, youth and young adults. MIKID offers information on children's issues, Internet access to parents, referrals to resources, educational speakers, support groups, holiday and birthday support for children in out-of-home placement and parent-to-parent volunteer mentors.

Contact them at (602) 253-1240 or (520) 882-0142 or 1-800-356-4543 or their website www.mikid.org

NAMI Arizona (National Alliance on Mental Illness)

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

The Q Line

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

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

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

Trans Youth Family Allies (TYFA)

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

Community Resources

- Free or Reduced Cost City Programs: Check with your local Parks and Recreation to see if they offer free or reduced cost programs.
- Free or reduced membership to the YMCA, check with your local facility.
- Free children's clothes, furniture and personal articles may be available through community charitable or church organizations. Please check with your local churches, civic groups or charitable organizations.

Acronyms

Acronym	Word, Definition or Phrase
AA	Alcoholics Anonymous
AA	Affirmative Action
AAA	Aging and Adult Administration
AAC	Arizona Administrative Code
AAG	Assistant Attorney General
AAPPLA	Alternative or Another Permanency Planning Living Arrangement
AAR	Arizona Administrative Register
AASK	Aid to Adoption of Special Kids
ABCS	Arizona Baptist Children's Services
ACF	Administration for Children and Families
ACJS	Arizona Criminal Justice System
ACYF	Administration for Children, Youth & Families
AD	Assistant Director
ADA	American with Disabilities Act
ADCS	Arizona Department of Child Safety
ADD	Attention Deficit Disorder
ADES	Arizona Department of Economic Security
ADH	Adult Developmental Home
ADHD	Attention Deficit Hyperactivity Disorder
ADHS	Arizona Department of Health Services
ADJC	Arizona Department of Juvenile Corrections
ADL	Activities of Daily Living
ADOC	Arizona Department Of Corrections
AED	Automated External Defibrillator
AFCARS	Adoption and Foster Care Analysis & Reporting System
AFDC	Aid to Families with Dependent Children
AFFCF	AZ Friends of Foster Care Foundation
AFSCME	American Federation of State, County & Municipal Employees
AG	Attorney General
AHCCCS	Arizona Health Care Cost Containment System
AHM	Adult Household Member

Acronym	Word, Definition or Phrase
AHSA	Arizona Head Start Association
AIDS	Acquired Immunodeficiency Syndrome
AITI	AZ Infant Toddler Institute
AKA	Also Known As
ALTCS	Arizona Long Term Care Systems
AM1	Adoption Subsidy Maintenance 1
AM2	Adoption Subsidy Maintenance 2
AM3	Adoption Subsidy Maintenance 3
AM4	Adoption Subsidy Maintenance 4 (therapeutic)
AMA	Against Medical Advice
AMA	American Medical Association
AMI	Alliance for the Mentally Ill
AMOC	Alternative Means of Compliance
A/N	Abuse/Neglect
AOC	Administrative Office of the Courts
APA	American Pediatric Association or American Psychiatric Association or American Psychological Association
APM	Assistant Program Manager
APPLA	Alternative Permanent Planned Living Arrangement
APPLAUD	Acknowledging Positive Performance, Leadership and Unselfish Dedication
APS	Adult Protective Services
APS/CR	APS Central Registry
APTCH	A Place to Call Home
AR	Action Request
ARMS	Arizona Random Moment Sample System
ARS	Arizona Revised Statutes
ASFA	Adoption & Safe Families Act
ASH	Arizona State Hospital
ASSITS	Arizona Social Services Information and Statistical Tracking System
ATLAS	Arizona Tracking and Locale Automated System
AWA	Adam Walsh Act
AWOL	Absent Without Leave
AXIS I	Psychiatric Diagnoses
AXIS II	Developmental Diagnoses

Acronym	Word, Definition or Phrase
AXIS III	Physical Diseases and/or Diagnoses
AXIS IV	Psychological stress factors
AXIS V	Global functioning of psychological, social and occupational functioning
AZFAP	AZ Association for Foster and Adoptive Parents
AZBOF	Arizona Board of Fingerprinting
AZCA	Arizona's Children Association
AZCADV	Arizona Coalition Against Domestic Violence
AZDHS	Arizona Department of Health Services
AZEIP	Arizona Early Intervention Program
AZPAC	Arizona Partnership for Children, LLP
AZTECS	Arizona Technical Eligibility Computer System
BFCS	Black Family Children's Services
BHS	Behavioral Health Services
BIA	Bureau of Indian Affairs
BIU	Background Investigation Unit
BOM	Behavioral, Observable, Measurable
BX	Behavior
CAA	Children's Action Alliance
CACDD	Central Arizona Council for Developmental Disabilities
CADV	Coalition Against Domestic Violence
CA/N	Child Abuse & Neglect
CAP	Child Abuse Prevention Fund
CAP	Corrective Action Plan
CAP	Corrective Action Program
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocate
CBT	Cognitive Behavioral Treatment
CCA	Child Care Administration
CCR&R	Child Care Resource and Referral
CCS	Catholic Charities Services
CCTS	Clearance Card Tracking System
CDH	Child Developmental Home
CDM	Critical Decision Making
CEO	Chief Executive Officer
CEU	Continuing Education Unit
CFCA	Christian Family Care Agency
CFO	Chief Financial Officer

Acronym	Word, Definition or Phrase
CFRT	Child Fatality Review Team
CFT	Child & Family Team
CFS	Casey Family Programs
CHD	Criminal History Self-Disclosure Affidavit
CHILDS	Children's Information Library & Data Source (software program for CPS)
CIC	Child Information Center
CID	Case Identification Number
CIS	Client Information System
CIT	Crisis Intervention Team
CIT	Crisis Intervention Training
CIU	Central Intake Unit
CIS	Client Information System
CM	Case Manager
CMDP	Comprehensive Medical & Dental Program
CMI	Chronically Mentally Ill
COA	Council on Accreditation
COB	Close Of Business
COT	Court Ordered Treatment
CP	Case Plan
CPC	Certified Professional Counselor
CPC	Change in Physical Custody
CPES	Community Provider Enrichment Services Inc.
CPI	Crisis Prevention Institute
CPM	Coordinating Program Manager
CPR	Cardio Pulmonary Resuscitation
CPS	Child Protective Services (is now DCS - Department of Child Safety)
CPS/CM	Child Protective Services Case Manager (is now DCSS - Department of Child Safety Specialist)
CPS/CR	CPS Central Registry
CPSUS	CPS Unit Supervisor (now known as Child Safety Specialist Supervisor)
CSGB	Community Service Block Grant
CQI	Continuous Quality Improvement
CSA	Child Safety Assessment
CSP	Child Safety Plan
CSR	Client Service Record
CSRA	Child Safety Risk Assessment
CWL	Child Welfare Licensing

Acronym	Word, Definition or Phrase
CWLA	Child Welfare League of America
CWTI	Child Welfare Training Institute
DACS	Division of Aging & Community Services
DAD	Deputy Assistant Director
DAL	District Automation Liaison
DCS	Department of Child Safety
DCSE	Division of Child Support & Enforcement
DCYF	Division of Children, Youth & Families
DD	Developmental Disabilities
DDD	Division of Developmental Disabilities
DERS	Division of Employment & Rehabilitation Services
DES	Department of Economic Security
DHL	Developmental Home Licensing
DHHS	Department of Health & Human Services
DHS	Department of Health Services
DJC	Department of Juvenile Corrections
DOB	Date of Birth
DOC	Department of Corrections
DOE	Department of Education
DON	Director of Nursing
DOP	District Operating Procedure
DPM	Deputy Program Manager
DPS	Department of Public Safety
DPM	District Program Manager
DQC	District Quality Council
DSM V	Diagnostic & Statistical Manual of Mental Disorders, fifth edition
DT	Deciding Together
DV	Domestic Violence
DX	Diagnosis
EEO	Equal Employment Opportunity
EPSDT	Early & Periodic Screening & Diagnosis & Treatment
ER	Emergency Room
EVAL	Evaluation
FAA	Family Assistance Administration
FAC	Family Advocacy Center
FAE	Fetal Alcohol Effect
FAPE	Free Appropriate Public Education

Acronym	Word, Definition or Phrase
FAS	Fetal Alcohol Syndrome
FC	Foster Child(ren)
FCC	Fingerprint Clearance Card
FCP	Family Centered Practice
FCRB	Foster Care Review Board
FCTS	Foster Care Tracking System
FERPA	Family Educational Rights & Privacy Act
FF	Foster Father
FFH	Family Foster Home
FFMC	Foster Care Medically Fragile
FGDM	Family Group Decision Making
FHL	Family Home Licensing
FIC	Family Involvement Center
FICA	Family Insurance Contributions Act
FM	Foster Mother
FMLA	Family Medical Leave Act
FPPT	Family Preservation Program Team
FSA	Family Services Agency
FSP	Family Support Partner
FSR	Family Support Resources Integrative Services
F2F	Family To Family
FTT	Failure To Thrive
GAF	Global Assessment of Functioning
GAL	Guardian Ad Litem
GCMS	Gas Chromatography/Mass Spectrometry
GED	General Equivalency Diploma
GHL	Group Home License
GOC	Governor's Office for Children
HCBS	Home & Community Based Services
HCTC	Home Care Training for the Home Care Client
HFAZ	Healthy Families Arizona
HIPAA	Health Insurance Portability & Accountability Act
HIV	Human Immunodeficiency Virus
HLCI	High Level Client Index
HNCM	High Needs Case Manager
HRMS	Human Resources Management System
HRSS	Home Recruitment & Support Specialist
HRT	Human Resource Training

Acronym	Word, Definition or Phrase
HSC	Human Service Consulting Services
HSS	Human Services Specialist
HSW	Human Services Worker
HV	Home Visit
HX	History
ICHD	Intermountain Centers for Human Development
ICM	Intensive Case Manager (currently HNCM – High Needs Case Manager)
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IDEA	Individuals with Disabilities Education Act
IDT	Interdisciplinary Team
IEP	Individual Education Plan/Program
IFSP	Individual Family Service Plan
IGA	Inter-Governmental Agreement
IL	Independent Living
ILS	Independent Living Skills
IPC	In Placement Contact
IRE	Investigation, Regulation & Enforcement
ISP	Individual Service Plan
ITP	Individual Transition Plan
JFCS	Jewish Family Children's Service
JOBS	Job Opportunities & Basic Skills training program
JOLTS	Juvenile On-Line Tracking System
JPO	Juvenile Probation Officer
JTPA	Job Training Partnership Act
LAC	Licensed Addiction Counselor
LAC	Licensed Associate Counselor
LCSW	Licensed Clinical Social Worker
LD	Learning Disability
LMFT	Licensed Marriage & Family Therapist
LOC	Level of Care
LOC	Local Office Coordinator
LOM	Local Office Manager
LOS	Lack of Supervision
LPC	Licensed Professional Counselor
LSAC	Licensed Substance Abuse Counselor

Acronym	Word, Definition or Phrase
LSI	Life Safety Inspections
LSSSW	Lutheran Social Services of the Southwest
LTC	Long Term Care
LTFC	Long Term Foster Care
MAT	Multi-Agency Team
MC	Medically Complex
MCC	Medically Complex Certification
MDT	Multi-Disciplinary Team
MGM	Maternal Grandmother
MHS	Mental Health Specialist
MMCI	Mercy Maricopa Integrated Care
MMPI	Minnesota Multiphasic Personality Inventory
MOU	Memo of Understanding
MSW	Masters of Social Work
NA	Narcotics Anonymous
NARBHA	Northern Arizona Regional Behavioral Health Authority
NCI	Nonviolent Crisis Intervention
NCP	Non-Custodial Parent
NCTIC	National Center for Trauma Informed Care
OA	Office of Accountability
OCD	Obsessive Compulsive Disorder
OJT	On the Job Training
OLR	Office of Licensing and Regulation
OLCR	Office of Licensing, Certification and Regulation
OOH	Out Of Home
OSI	Office of Special Investigations
OT	Occupational Therapy (Therapist)
PA	Prior Authorization
PAAR	Public Assistance & Administration Revolving fund
PANTF	Prescott Area Narcotics Task Force
PASE	Pre-Licensing Administrative Support and Enforcement
PCP	Primary Care Physician
PFFC	Professional Family Foster Care
PFH	Professional Foster Home
PGBHA	Pinal-Gila Behavioral Health Authority
PGF	Paternal Grandfather
PHC	Pre-hearing Conference

Acronym	Word, Definition or Phrase
PID	Participant Identification Number
PIO	Public Information Office
PIP	Partnership In Parenting
PIP	Provider Indemnity Program
PM	Program Manager
PML	Preferred Medication List
PO	Probation Officer
POA	Power of Attorney
POD	Post of Duty
PP5	Preliminary Protective Hearing
PPC	Preliminary Protective Conference
PPH	Preliminary Protective Hearing
PS-MAPP	Partnering for Safety and Permanence: Model Approach to Partnerships in Parenting
PSRT	Protective Services Review Team
PT	Physical Therapy
PTH	Parent Therapist Foster Home
PTSD	Post-Traumatic Stress Disorder
PWR	Placed With Relative
QA	Quality Assurance
QC	Quality Champions
QC	Quick Connect
QCID	Quick Connect Identification Number
QM	Quality Management
RAD	Reactive Attachment Disorder
RBHA	Regional Behavioral Health Authority
REU	Regulatory Enforcement Unit
RISE	Resource for Independence and Self Enhancement
RPPS	Reasonable and Prudent Parenting Standards
R&R	Report and Review Hearing
RRT	Rapid Response Team
RSK	Raising Special Kids
RSU	Regulatory Support Unit
RTC	Residential Treatment Center
RX	Prescribed Prescriptions
S/A	Substance Abuse
SACWIS	State Automated Child Welfare Information System
SAR	Service Authorization Request
SBHS	Southwest Behavioral Health Services
SBS	Shaken Baby Syndrome

Acronym	Word, Definition or Phrase
SED	Severe Emotional Disturbance
SEN	Substance Exposed Newborn
SIDS	Sudden Infant Death Syndrome
SMI	Seriously Mental Ill
SMS	Systems Management Service
SNAP	Supplemental Nutrition Assistance Program (formerly Food Stamps)
SNF	Skilled Nursing Facility
SP2	Special 2 Foster Care Rate
SP3	Special 3 Foster Care Rate
SPOC	Single Purchase of Care
SRA	Safety Risk Assessment
SRO	School Resource Officer
SSA	Social Security Administration
SSA	Social Security Act
SSBG	Social Services Block Grants(Support/Crisis Intervention TXX)
SSDI	Social Security Disability Income
SSI	Supplemental Social Security Income
SSN or SSN#	Social Security Number
STD	Sexually Transmitted Disease
SWHD	Southwest Human Development
TANF	Temporary Assistance for Needy Families
TASC	Treatment Assessment Screening Center
TBI	Traumatic Brain Injury
TCC	Transitional Child Care
TCN	Temporary Custody Notice
TCO	Temporary Custody Only
TCW	Temporary Custody / Ward
TDDA	Training Development & Delivery Accountability
TGC	The Guidance Clinic
TGH	Therapeutic Group Home (Currently HCTC Home Care Training for the Home Care Client)
THRIVE	Therapeutic Help to Reach Infants Very Early
TIC	Trauma Informed Care
Title II	Social Security Disability/Survivor Benefits

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

Acronym	Word, Definition or Phrase
TRBHA	Tribal Regional Behavioral Health Authority
TX	Treatment
UA	Urinary Analysis
UCC	Urgent Care Center
UCPR	Uniform Case Practice Record
VDS	Valle del Sol (Valley of the Sun)
VR	Vocational Rehabilitation
WIC	Women, Infants & Children
YAP	Young Adult Program

ADA Disclosure

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