

# Section 4:

# Meeting All of the Child's Needs



## Basic Needs: Shelter, Food, Education, Medical & Clothing:

### **Shelter:**

One of the most important needs that a child has is a stable living environment. While there are some families who are forced to move often, such as military families, it is ideal for a child to put down roots in one place. However, this is not the single most important factor in providing a stable living environment. A stable living environment is a peaceful and safe place that the child can call home. There are many situations that could cause a living environment to become unstable. For example, when there are marital problems that result in violence, yelling and chaos or if a child is forced to move often due to financial constraints this can also cause a child to feel uneasy about the future. Many children act out with negative behaviors as a result of living in an unstable living environment. Whenever possible do your best to provide your children with a safe haven that they can call home.

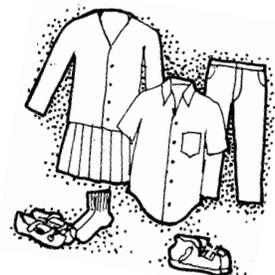
### **Food:**

Most children would live on junk food and snacks if we allowed them to. This is one of the key differences in what children want and what they need. In order to grow and develop healthy bones children must be given a healthy and nutritious diet consisting off plenty of proteins, calcium, vitamins and minerals. In addition, children must drink plenty of water. Allowing your child to eat sweet snacks once in a while is fine but these should never become a staple. Parents should look for healthier choices when it comes to snacks such as carrot sticks dipped in a favorite dressing or fresh fruits. Many children today suffer from what is called sub nutrition. Most people have heard of malnutrition but have no idea what sub nutrition means. This simply means that the child is given an adequate amount of food but the quality of food is not healthy. For example, a child who lives primarily on McDonald’s happy meals and candy bars is probably not having his/her nutritional needs met.

**Food hoarding** is a common behavior in children who have been deprived of adequate sustenance early in life. It can manifest in many ways, including hiding food around the house, overeating to the point of throwing up, or becoming extremely anxious at having to wait for meals to be prepared. At no point should food be locked away. If food hoarding or over-eating behavior presents itself, please seek proper resources and training on how to properly approach this behavior, as not to cause unintentional additional trauma.

### **Educational, Medical & Clothing:**

The following pages contain further information and resources as to better help you in meeting these equally important needs.





## **Child Welfare-Early Childhood Education Partnership (CWEEP):**

A quality early education experience provides child welfare involved children a solid foundation for learning and optimal development that is essential for long-term success. The Child Welfare Early Education Partnership (CWEEP), an effort of 16 child-serving organizations in Duval and Nassau Counties, was established in 2011 to create strategic coordination and establish communication between child welfare, early childhood, community organizations, and families with infants and young children involved in the child welfare system in Northeast Florida. CWEEP has been highly successful in its primary goal of increasing the number of children in out-of-home care enrolled in quality early learning programs. The goal of CWEEP is to increase the likelihood that children under five years old participate in consistent quality early education programs that improve school readiness and lifelong outcomes.

### ***Importance of Early Childhood Education***

Children with involvement in the child welfare system are often developmentally vulnerable due to trauma from abuse, neglect, substance misuse, poverty, homelessness or mental health issues. Early education is a great source of family support and allows children to have hands-on experiences, increases school readiness and socialization skills. Quality early education programs support the child by providing a safe and enriched learning environment where parents and caregivers are involved in the teaching experience. Quality early education centers also understand that learning begins at birth and offer activities that give the child opportunities to acquire new talents. Children who attend early education programs are generally prepared to successfully enter kindergarten with the foundational knowledge for reading, writing, mathematics, social skills and problem solving. Additionally, enrollment in quality early learning programs provides early identification of developmental needs, and offers access to health and mental health services.

### **Child Care Rating System:**

***Importance of a quality child care facility:*** Evidence is clear that quality early education benefits children of all social and economic groups. Research shows that when children start school behind they stay behind. Quality early education programs give them the social, language and numbers skills they need; they prepare children, especially at-risk children, for school. They make children more likely to start kindergarten ready to learn and therefore they do better throughout school. The characteristics of high quality childcare, as defined as having qualified and well-compensated staff; age-appropriate and creative curricula; decent facilities, equipment and supplies; appropriate economies of scale for administration; and small groups (class size) with optimal ratios.

***Department of Children and Families' Gold Seal*** centers are accredited by nationally recognized agencies and possess standards that reflect quality (above the standard state licensing requirements) in the level of care and supervision provided to children. Gold Seal centers are in Duval and Nassau Counties.

***Early Learning Coalition's Guiding Stars of Duval*** (GSOD) is a voluntary, quality rating improvement system that indicates the center's commitment to quality early education. The 5-Star rating system represents an increasing level of quality, which exceeds the minimum state licensing standards.

***Child Welfare Early Education Partnership -CWEEP Certified*** centers are trained to effectively interact with children with behavioral problems in order to reduce disruption of child care services while meeting the specific needs of children in the child welfare system. Staff participate in 12 hours of training in Child Welfare, Trauma-informed care and Positive Behavioral Interventions and Support (PBIS) with the intention of reducing disruption of child care due to situational behavioral problems. There are CWEEP Certified centers in Duval and Nassau Counties.



## Types of Quality Early Education Programs in Duval & Nassau:

**School Readiness** provides child care financial assistance for eligible families to offset the expense of child care by paying a reduced parent fee. School Readiness child care assistance is available to families with a child between the ages of 6 weeks and 8 years of age who:

- Are at or below 150% of the Federal Poverty Level **AND**
- Are employed at least 20 hours per week **OR**
- A full time student status (12 credit hours or 20 hours in school a week) **OR**
- Parent with a disability

**Success By 6** : This is a partnership between the Early Learning Coalition of Duval and United Way of Northeast Florida. The program offers two-year scholarships for families of 3-year-olds. Eligible families are awarded a scholarship and agree to be a part of this program for two years and participate in the family programs provided. Families must be employed 20 hours a week or more and have a gross annual income of 130-200% of the federal poverty level by household size. If you need help applying or have questions, contact **Tinesha Byrd at (904) 208-2044 x 285** or by email at [tbyrd@elcduval.org](mailto:tbyrd@elcduval.org).

**Early Head Start (EHS)/Head Start (HS)** is a federally-funded community-based program for low-income families with infants and toddlers. Its mission is to enhance the development of very young children and to promote healthy family functioning. **Early Head Start (EHS) provides comprehensive, year-round child and family development services for low-income families with children ages six weeks to 3 years.** Head Start (HS) serves the same population for children ages 3-4. Provided in conjunction with Duval City public school calendar. *NOTE:* Applications are accepted year-round.

- **EHS/HS in Duval County Lutheran Services of FL (904) 572-5560**  
<http://headstart.lsfnet.org/Pages/Home-Duval.aspx>
- **EHS in Duval County Contact Episcopal Children's Service (904) 726-1500** [www.ecs4kids.org](http://www.ecs4kids.org)
- EHS/HS services in Nassau County
  - Fernandina Beach (904)491-3630
  - Callahan (904) 879-2811

**Voluntary Pre-K (VPK)** is a no cost pre-k program for children turning 4 years old before September 1<sup>st</sup> **AND** residing in Florida. While there is no cost for this program, these programs are only ½ day. If full-time/extended care is needed, the parent must apply for School Readiness funds to offset the cost. VPK is held at many elementary schools and child care facilities in Duval County. There are 2 sessions: school year and summer. The child may enter either program at any time, as long as there is an opening at the school of choice, but cannot attend both sessions.

Duval Contact: ELC of Duval 904-208-2044 Ext. 1 [www.VPKDuval.org](http://www.VPKDuval.org)

Nassau Contact: ECS of Nassau 1-800-745-4836 <https://familyservices.floridaearlylearning.com>.



## **65C -45 Standards for Licensed Out of Home Caregivers:**

### *Section 2.d*

Child care for children in licensed out-of-home care shall be chosen by the caregiver(s) according to the following order:

1. Gold Seal accredited child care providers or providers participating in a quality rating system;
2. Licensed child care providers; Guiding Stars of Duval or CWEEN (Child Welfare Early Education Partnership) Certified Center.
3. Public school providers;
4. License exempt child care providers, including religious exempt, registered, and non-public schools. These providers must be participating in the school readiness program through the local early learning coalition.

If there is no available Gold Seal accredited child care provider or space for the child at the Gold Seal provider, then the caregiver shall chose a licensed child care provider. If a licensed child care provider has no availability, the caregiver shall chose a public school provider. If there is no availability at a public school provider, the caregiver shall chose a license exempt child care provider as required by this subparagraph 65C-13.030(2)(d)4., F.A.C. The cost of child care shall be assumed by the licensed out-of-home caregiver to the extent that subsidized child care is unavailable. See full rule at <https://www.flrules.org/gateway/ruleno.asp?id=65C-13.030>



## ELC (Duval):

*Children in the child welfare system are referred for protective child care by the Family Services Counselor (FSC). Caregivers will be contacted by ELC or ECS for an appointment. Caregivers are required to attend the appointment for child care services to begin.*

Protective services child care assistance is not “free” child care. Caregivers are responsible for registration fees; supply/material fees; difference between child care subsidy and actual cost of child care fees; late fees; and any other fees that are assessed by the center.

**Early Learning Coalition of Duval** (<http://www.elcduval.org/>)

ELC of Duval is the one-stop resource for information about early learning experiences in Duval County. ELC of Duval helps families get their children into early learning care, provide child care financial assistance and helps child care providers improve the quality of their early learning program. A protective services referral will be submitted to the ELC Duval for child care assistance by your Family Services Counselor/Case Manager.

### *Important Information:*

- Per state guidelines, please allow up to 10 days for ELC Duval to act upon receipt of protective services referral.
- Please let your referring worker know what day you plan on enrolling your child(ren), so they can begin the referral eligibility for that date.
- **Your referral is valid for 30 days once stamped complete.** *If your referral is not processed within the 30 days of the complete stamp, you may be responsible for all child care fees if your child(ren) have been enrolled with a provider. If your referral expires and your case is still open and active, you will need to contact your referring worker for a new referral.*
- *Protective services child care assistance is only eligible while your investigation/case is open. Once your investigation/case is closed your protective services eligibility will be terminated by the referring agency. After termination or expiration of your protective services eligibility, you will receive 3 months of childcare assistance to become eligible for the School Readiness program*
- When a referral is received by ELC Duval, **an email will be sent** to you with a Protective Services eligibility packet attached to you. Instructions will be in the email content and also in the eligibility packet.
- ELC Duval has transitioned towards an online Family Portal and an **email address is required** to help set up the account.
- You may come in to one of our three offices, as a walk-in, Monday-Thursday from 7:00am and our last walk-in at 5:30 PM. ELC Duval is closed to the public on Fridays.
- You **MUST** sign the referral while you are in our office to submit your eligibility packet and documentation.
- Your Protective Services eligibility packet will be processed in the order it is was received. Once your referral and eligibility packet is processed a Child and Family Resource Specialist will contact you with your childcare information.
- **ELC Duval will NOT authorize payment before caregiver is processed.** When a packet is received you will receive a receipt and a date stamped copy of the cover page of your packet. You may show that to your childcare provider as proof a packet was submitted to ELC Duval for childcare assistance.
- If you do not have a Family Portal account. Do not worry. ELC Duval will create one for you and an email will be sent for your to activate your Family Portal account.
- Please have a provider chosen before you submit the packet. If you would like a list of providers in your chosen area, please call our Customer Care line at 904-208-2044 ext.1.

### *ELC in Duval County– Items needed for Foster parents and Kinship Caregivers*

- Valid government photo ID
- Child’s Red Folder
- Out-of-Home Placement form (signed by caseworker)
- Proof of residency (ex. Gov’t ID, signed lease, recent utility bill, etc...)
- Social Security Card for foster parents or Relative/Non-Relative caregiver (optional)
- Child’s Medicaid documentation if birth certificate or Social Security card are not available.
- ELC Duval Protective Services eligibility packet.



## **ECS (Nassau):**

*Children in the child welfare system are referred for protective child care by the Family Services Counselor (FSC). Caregivers will be contacted by ELC or ECS for an appointment.*

Protective services child care assistance is not “free” child care. Caregivers are responsible for registration fees; supply/material fees; difference between child care subsidy and actual cost of child care fees; late fees; and any other fees that are assessed by the center. Caregivers are required to attend the appointment for child care services to begin.

### **Episcopal Children’s Services in Nassau (ECS Nassau)**

Episcopal Children's Services is a recognized leader in early childhood education serving more than 50,000 children and their families in fourteen counties in Northeast and Central Florida – Baker, Bradford, Clay, Duval, Nassau, Putnam, St John's, Alachua, Marion, Lake, Citrus, Gilchrist, Dixie and Levy. They are a nonprofit organization that uses research and best practices to help families ensure their children enter school ready to learn

#### *Important Information:*

- ECS receives a referral from Caseworker
- ECS calls caregiver to set up appointment
- Clients have 10 days from the signature date on the referral, after the 10 days a referral expires and a new one will be needed to process paperwork
- Eligibility Period- Protective Service and Foster Care Cases are given a maximum of six months of eligibility at a time. With New guidelines you might have the potential for up to a year of services.

#### *ECS in Nassau County- Items needed for Foster parents and Kinship Caregivers*

- Referral from Caseworker
- Red folder with all identifying information
- Proof of Nassau County Residency (driver’s license, utility bill or letter from DCF mailed to your home)
- Proof of age (birth certificate for each child in household)
- Proof of citizenship (birth certificate, Social Security Card)
- Last 6 weeks of paystubs for all adults in the household
- Provider Choice (Foster child MUST attend a DCF Licensed Facility, <https://cares.myflfamilies.com/PublicSearch>)
- If they do not have a birth certificate, Immunization records are accepted

### **DCF Child Care Provider Search:**

DCF has an online system to locate child care facilities by certain criteria that meet the needs of the family. Use the link below to access all child care facilities in Duval and Nassau Counties.

<http://dcfsanswrite.state.fl.us/Childcare/provider/>



## **Drop-In Centers:**

Drop-In Centers are a joint collaboration between Child Welfare Early Education Partnership (CWEED), Early Learning Coalition (ELC), Episcopal Children's Services (ECS), Department of Children and Families (DCF) and Family Support Service of North Florida (FSS). The purpose of creating Drop-in Centers is to assist foster parents and relative/non-relative caregivers in locating immediate, temporary child care when a child(ren) has been removed from his/her home.

These Drop-In Centers allow immediate child care arrangements to be made, until the proper documentation and vouchers can be obtained for daycare, whether the child is in a licensed foster care home or we are attempting to place the child with a relative or non-relative caregiver (kinship).

Drop-In Centers are Quality Child Care Centers in Duval and Nassau Counties that are willing and able to accept the Protective Service Child Care Certificate from ELC for Duval County or ECS for Nassau County.

### **These centers serve 3 groups of children in the child welfare system:**

- Children placed for a short period of time in licensed foster care
- Children placed in relative/non-relative care
- Children suspended from another early learning program (*Children expelled/suspended from their Public/Private/Charter school are only allowed to attend Drop-In Centers during their regularly scheduled before and after school timeframe*)

School age children are not allowed to be at Drop-In Centers during in-school hours. Although Drop-In Centers are available for children ages 6 weeks to 12 years, child care payment certificates currently only serve newly enrolled children from birth to age 9. Alternative arrangements must be made for children who are too young to attend child care centers or too old to receive child care assistance.

### **To use a Drop-In Center:**

- Contact child's FSC to arrange child care services at a Drop-In Center.
- Contact ELC in Duval County, (904) 208-2044 ext 1, to report Drop-In services will be used.
- Contact ECS in Nassau County, (904)491-3638, to report Drop-In services will be used.
- Receive a zero balance receipt from child's current child care center.
- ***Attend appointment at ELC or ECS to complete process for placement in new child care center.***



## Rilya Wilson Act

### The More You Know: ESSA & Rilya Wilson Act

#### According to ESSA:

- All school age children (5 -18 years) must remain in their school of origin, unless it isn't in the best interest of the child.
- Staffing to be held with the Child Welfare Professional (or others) when school of origin is changed.
- A child can immediately enroll in a new school, even if the required enrollment documents and school records aren't available.

#### According to Rilya Wilson Act:

- A child birth to school age (0 to 5 years) is required to attend a program 5 days a week (unless exception is made by court).
- All children enrolled in daycare must remain in that daycare unless it is determined to not be in their best interest (until a transition plan is developed).

#### If a child is absent:

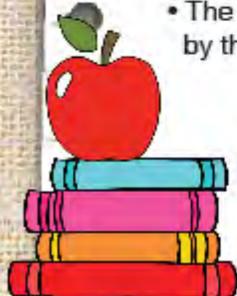
- The caregiver must report the absence(s) to the program by the end of the business day.

#### Every Student Succeeds Act (ESSA):

A Federal Education Law that promotes school stability and success for youth in out of home placements.

#### Rilya Wilson Act:

Children who are currently in an out-of-home placement, must be enrolled in an age-appropriate education program.



If you have additional questions, please contact:  
Rilya.Wilson@FSSNF.org.





## School Readiness & Developmental/Infant Mental Health Screenings:

### School Readiness-

#### Applying for School Readiness

All protective services families, who live in Duval County, may become eligible for the School Readiness program through ELC Duval once their protective services case closes. To be eligible for the School Readiness program families must meet the following guidelines: Receive \$242.00 or more per child in TANF (Relative Caregiver Benefits). If family receives less than \$242.00 per child they must meet School Readiness eligibility of working at least 20 hours per week (one parent household), working combined 40 hours per week (two parent household), full time student, combination of work and school, or disability. Families will have 3 months to become eligible for the School Readiness program after case closure. Families should call ELC Duval at 904-208-2044 ext. 1 once they know the case is going to close.

### Developmental/Infant Mental Health Screenings

#### Comprehensive Behavioral Health Assessment

When children are sheltered and placed in out-of-home care, they participate in a **Comprehensive Behavioral Health Assessment (CBHA)**. CBHAs are a comprehensive look at the child's behavioral health needs. CBHAs are intended to guide case planning and ensure the appropriate services for each youth. Services identified as needs within the CBHA that are incorporated into the case plan are supposed to be implemented within 30 days.

Fla. Admin Code 65C-28.014(4) and (5) state that CBHAs must be performed by a licensed mental health practitioner or under the supervision of a licensed practitioner. If a child is known to have a specific disability or other special need, ask for a practitioner with experience in that field (e.g. developmental disability, substance abuse, sexual abuse). All children who are taken into state custody and placed in a licensed placement are supposed to have a CBHA performed within 30 days. Children who go to relatives or non-relative placement do not automatically have a CBHA performed. But they may still be eligible for them.

#### Ages & Stages Questionnaire

**The Ages & Stages Questionnaires®, Third Edition (ASQ-3™)** pinpoints developmental progress in children between the ages of one month to 5 ½ years. **Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ:SE-2™)** is a system focused solely on social and emotional development in young children. These questionnaires are based on age and include input from the child's caregiver. If there are concerns, the child will be referred to appropriate services. Once a child has been in out-of-home placement for more than six months, a post-test of ASQ and ASQ:SE will be completed by case management staff to monitor the child's progress now that their living situation has stabilized. Case management staff will make arrangements with the child's caregiver to complete the post-test.

If a child is recommended for further evaluation they will be referred to

#### Early Steps (Birth to 3 years):

910 N. Jefferson St.  
Jacksonville, FL 32209  
Office: (904) 360-7022  
Fax: (904) 798-4545 or (904) 798-4544

#### Child Find (3 to 5 years):

4124 Boulevard Center Dr.  
Jacksonville, FL 32207  
Office: (904) 346-4601  
Fax: (904) 346-4611



## School Needs:

### Every Student Succeeds Act (ESSA):

#### FAQ's:

**Q: What is *Every Student Succeeds Act* (ESSA)?**

A: On December 10, 2015, President Obama signed this act, amending Title 1, Part A of the *Elementary and Secondary Education Act*. For the first time, ESSA embeds in federal education law provisions that promote school stability and success for youth in care and collaboration between education and child welfare agencies to achieve these goals.

**Q: Why are protections for students in foster care included in the ESSA?**

A: Children in foster care are some of the country's most educationally disadvantaged students. Studies show that students in foster care experience school suspensions and expulsions at higher rates than their peers not in foster care, lower standardized test scores, high levels of grade retention and drop-out, and far lower high school & college graduation rates.

**Q: What are the specific protections for students in foster care contained in the ESSA?**

A: REMAIN IN THE SAME SCHOOL WHEN IN THE CHILD'S BEST INTEREST-Children in foster care frequently change schools-when they first enter foster care, when they move from one foster home to another, or when they return home. Research shows that children who change schools frequently make less academic progress than their peers and fall farther behind with each school change. Also, school instability makes it difficult for children to develop supportive relationships with teachers or peers.

SCHOOL TRANSPORTATION WHEN NECESSARY-For some students in care, transportation is needed to allow them to remain in the same school. By 12/10/16, local education and child welfare agencies must collaborate, and the education agencies must include in their local plans, assurances that they have developed and implemented clear written procedures governing how transportation to ensure school stability will be provided, arranged and funded for the duration of the children's time in foster care in a cost effective manner and in accordance with the provisions of the child welfare law that permit the use of certain Title IV-E funds for school stability transportation.

IMMEDIATE ENROLLMENT IN SCHOOL AND TRANSFER OF SCHOOL RECORDS-Children in foster care frequently face delays in school enrollment or are placed in the wrong classes or schools, often due to missing, incomplete, or delayed school records and documentation.

POINT OF CONTACT DESIGNATED WITHIN STATE EDUCATIONAL AGENCY-Under the new law, every state education agency must include in its state plan the steps it will take to ensure collaboration with the state child welfare agency, including designating an employee to serve as a point of contact for child welfare agencies and to oversee implementation of the foster care provisions of the ESSA. The point person should also identify best practices and ensure effective implementation at the local educational agency level and with public charter schools. The point person must be someone other than the state's McKinney-Vento Act Coordinator.

LOCAL EDUCATIONAL AGENCY (LEA) POINT OF CONTACT-LEA's (typically a school district, but it could also be a charter school or other LEA) must include in their local plans assurances that they will collaborate with local child welfare agencies and that, when a child welfare agency notifies the local education agency that it has a point of contact for the education of children in foster care, the LEA must designate a similar point of contact.

REQUIRED DATA COLLECTION AND REPORTING-For the first time, state educational agencies will be required to report annually on student achievement and graduation rates for students in foster care. To implement this requirement, education and child welfare agencies will need to work together to ensure effective, appropriate, and confidential data and information sharing between systems.

CHARTER SCHOOLS- States receiving charter school grants under the Title IV Part C of the new law must work with charter schools on recruitment and enrollment practices to promote inclusion of all students. This includes eliminating any barriers to enrollment for youth in foster care.



## **Getting Ready for Your Child's IEP Meeting:**

Every Child with a disability who is eligible for Exceptional Student Education (ESE) will have an Individual Education Plan (IEP). An IEP is a written plan for the special education of a child with a disability. The IEP is like a road map. It describes what the child can already do and what the child needs to learn in order to reach his/her goals. The IEP also identifies the kinds of support that child needs in order to learn. Your child's IEP will be written by a team of people at an IEP meeting. The IEP team will decide which special services and supports your child needs in order to make progress.

You are an important member of the IEP team. The guide will help you know what to expect during the IEP meeting, so that you will feel more comfortable and be able to participate effectively in the process. Keep in mind: an IEP is written for your child only, there is only one IEP at a time for your child, & an IEP is a plan for up to 12 months of your child's education.

### **Q: Who could be on the IEP team?**

A: Biological parents (if rights are still intact), you (one or both caregivers), child (if age appropriate), at least one ESE teacher who provides or may provide services to your child, child's general education teacher, someone who understands and can explain the evaluations that have been done for your child (this may be one of the people already on this list), a person from the school system who can make sure that your child gets the services listed on the IEP, other people invited by agency or the school.

### **Q: How can I get ready for the IEP meeting?**

A: Think about your goals for the child's long-term future. Make a list of what the child can do, likes to do, and needs to learn. Make a list of types of support the child needs. Ask to look over the child's school records and evaluations and read them carefully. Talk with your child about the IEP process and what he/she wants from it. Ask the school for a blank IEP form so you can become familiar with it. Let the school know in advance if you will need a translator during the meeting. Talk to other parents about their IEP experiences.

### **Q: How can I participate in the meeting?**

A: Bring paper, pen, and any records or evaluations of your child. Share your vision for the child for this school year and years to come; talk about what the child can do and what the child needs help with; talk about any services the child has received in the past; listen and ask questions to make sure you completely understand; have a positive attitude-even when you disagree.

If the biological parent's rights are still intact, they will review and sign the IEP. If their rights are not intact or the school has made three attempts to contact them without success AND the child has been in your home for a minimum of 2 months, you may review and sign the IEP. You may review IEP at the end of meeting before signing. If you wish, let the team know you would like to take the IEP home to think about it before signing. If you think the IEP is not finished, ask for another meeting. Once the IEP is complete, the school will give you a copy to keep in your records. If FSC is not in attendance to receive a copy, please request an additional copy for the FSC to receive at next home visit.

### **Q: What happens after the IEP meeting?**

A: After the first IEP has been written, the biological parents will be asked to give written consent for the child to receive ESE services. Unless rights have been terminated or 3 attempts to contact the biological parents without success and the child has been in your care for 2 months or more, you may give written consent, the school will begin implementing the IEP by providing specially designed instruction and services. Check that all the plans are being carried out and that the child is making progress. Continue to look over the child's school work, keep in touch with the child's teachers, and visit the child's class (call the school first). The IEP must be updated at *least* once every 12 months. However, you may ask for an IEP meeting at any time if you believe it is important to consider changes in the IEP.

If you disagree with the IEP, the law provides a process for resolving differences. You may schedule another meeting. You may seek mediation, ask for a due process hearing, or file a formal complaint with the Florida Dept. of Education. For more information, talk to the ESE administrator in your local school district office.



## **School Needs (cont'd)-** **Focus, Parent Academy & Suspensions:**

In order for a child to be performing at their best, as their temporary caregiver, it is important to become actively involved in his/her education and being supportive of positive learning experiences in the home. So what can you do to help?

- Read with them and ask them if they need help with their homework
- Turn off the TV to create less distracting environment
- Let them know that you expect them to do well and the importance of a good education
- Let them know that you will help and support them to be the best they can be

**Focus:** Caregiver's can check on grades and assignments by logging into the Grade Portal, aka Focus. Parents/Guardians must create an account. The directions are posted on the website:

[www.dcps.duvalschools.org/focus](http://www.dcps.duvalschools.org/focus). The school will verify your account within 24 hours. There is a link for support and help for any issues in registering for Focus.

**Parent Academy:** On [www.dcps.duvalschools.org](http://www.dcps.duvalschools.org), there is a tab for "Parents" with multiple resources for caregivers to assist with their child's education. Caregivers can register under the "Parent Academy" for courses and training to better assist them in guiding their children through school. Certificates of training are provided and can be applied to your FP annual requirement.

### **Suspensions:**

**\*To ensure we are not reinforcing a negative behavior, please do not pick a student up from school unless they are suspended or ill\***

Anytime the FSC, caregiver or group home staff is called to pick a student up from school they need to verify the reason for the call. If the student is ill and needs to be checked out of school a note must be turned in upon return to school for the absence to be excused.

Anytime the FSC, caregiver or group home staff is called to pick a student up because they are being suspended, inquire into when the proper paperwork will be completed. Ask if the student has been referred to ATOSS. Transportation and meals will be provided for foster children at ATOSS. ATOSS allows for the student to have an excused absence and do their work. Transportation for ATOSS is on High School schedule that begins and ends earlier than Middle School hours. To attend ATOSS you must have referring paperwork from the school. An alternate ATOSS site can be requested if there is alternate transportation arrangements provided. ATOSS is not available for students in PRIDE and may not be available for a student with an IEP if an ESE teacher is not at the ATOSS site. If an ATOSS center calls for you to pick up a child due to disruption, they must be picked up as there are rules to follow at the ATOSS center.

If the school says that they are working on the paperwork, then wait or ask when you can pick the paperwork up and it should be that day. Do not leave the student, because if they have been suspended then they will be considered trespassing on the school property, but you need to have the completed paperwork before you leave school grounds. You should also have a Discipline Referral Form with date of the offense and then the number of days for the suspension. If you are picking up a student during the morning then that may count as the first day. Verify an exact beginning and ending date with school before leaving. Keep the paperwork, because if your student has an IEP there are steps that the school must follow concerning suspensions.

Schools do not have the authority to expel a student from school. They can refer a student to the hearing office if they have had multiple offenses. If that happens and your student has been out of school 7 days without notification of a hearing, please call FSS Education Specialist at 904-418-5822.





## **Psychotropic Medications:**

### **Psychotropic Medication Chapter 65C-35 Caregiver**

Caregiver as defined by 65C35: A person who is approved in writing by the Department as responsible for providing for the child's daily needs, or any person legally responsible for the child's welfare in a residential setting.

### **What should caregivers expect prior to Administering Psychotropic Medication?**

#### **A Child Resource Record with all information:**

- Medication Report Form 5339 Medication Log
- The full name of the child for who the medication is prescribed
- The condition and purpose for which the medication is prescribed
- The prescribing practitioner's name and contact information
- The pharmacy from which the prescription was obtained and contact information
- The prescription number, drug name and dosage
- Medication Home Visit Addendum/Inventory Form
- Pamphlet "Understanding Psychotropic Medications"
- Refrigerator handout of type of Psychotropic Medication and Side Effects (following page)

#### **Administering Medication: What to know?**

- Medication must be a current prescription, in original container, and clearly marked
- The recognized side effects, risks and contraindications of medications
- Drug-interaction precautions and possible side effects of stopping medications

#### **Complete Medication Log Daily**

- The times frequency, and method of administration and if the dosages vary at different times
- The practitioner's plan to reduce /or eliminate ongoing administering of medication
- The dates and times of any follow-up appointments, including appointments for laboratory testing

#### **Caregiver Involvement**

The caregivers must make every effort to attend medical appointments and obtain the information about medications, possible side effects, and provide information about the child to the prescribing practitioner as requested. The caregiver's schedule must be taken into consideration when scheduling appointments.

**The caregivers do not have the authority to provide expressed-informed consent**, nothing in this rule prohibits caregivers from expressing their concerns regarding prescribing psychotropic medication. If the caregiver is unable to attend the appointment, the FSC shall provide the Medical Report 5339 and review the report with the caregiver to ensure the caregiver has a full understanding of the report and medical instructions.

The caregiver shall monitor the child and report to the prescribing practitioner, CPI or case manager any behavior or other incident that could indicate an adverse reaction or side effect to the medication.

The caregiver must seek emergency care for the child in the presence of adverse or side effect is affecting the child's health or safety.

## Psychotropic Medications (cont'd):

### Overlapping Target Symptoms (Behaviors)

	Anger/ Depression	Impulsive	Withdrawn Sad	Destructive Defiant	Anxious	Difficulty w/ Focus	Manipulative
ADHD	X	X		X		X	
Conduct Disorder	X			X			X
Oppositional Defiant Disorder	X	X		X			X
Anxiety Disorder	X	X	X		X	X	
Bipolar Disorder	X	X	X	X		X	X
Obsessive Compulsive Disorder		X			X		
PTSD	X		X		X	X	

## Psychotropic medications

alter brain chemicals to regulate mood and emotions.

### Antipsychotics

like Seroquel, Abilify and Zyprexa

**FDA-approved for youth with:** Schizophrenia, bipolar disorder, irritability with autism  
**Potential side effects:** Sedation, weight gain, diabetes, nervous system disorder

### Antidepressants

like Prozac, Zoloft and Paxil

**FDA-approved for youth with:** Major depressive disorder, obsessive-compulsive disorder  
**Potential side effects:** Suicidal behaviors, weight loss, abnormal bleeding

### Mood stabilizers

like Depakote, lithium

**FDA-approved for youth with:** Manic episodes, bipolar disorder, seizures  
**Potential side effects:** Weight gain, diarrhea, nausea, tremors

### Anti-ADHD

like Adderall, Ritalin and Strattera

**FDA-approved for youth with:** Attention deficit hyperactivity disorder  
**Potential side effects:** Growth delays, tics, decreased appetite, insomnia

### Anti-anxiety

like Vistaril (hydroxyzine)

**FDA-approved for youth with:** anxiety, tension  
**Potential side effects:** Sedation, dizziness, dry mouth

Source: Texas Department of Family and Protective Services and The University of Texas at Austin College of Pharmacy, "Psychotropic Medication Utilization Parameters for Children and Youth in Foster Care," September 2013  
 Graphic by Alexandra Kanik / PublicSource



## **Medicaid Information:**

### **FAQ's:**

**Q: How do I apply for Medicaid for my child?**

A: All children in licensed care receive Medicaid benefits. The child's FSC is responsible for applying for and making changes to the child's Medicaid. The FSC or CPI will submit the completed Medicaid application to the FSS Rev Max department for the authorization of benefits. Only children that are Citizens or qualified non-citizens are eligible for Medicaid. Illegal children will only get Medicaid to cover Emergency Medical Treatment documented by a physician at a hospital and only for the duration of the emergency.

**Q: How do I request a new Medicaid Card for my child?**

A: If benefits have already been authorized and a new Medicaid Gold Card is being sought, the child's FSC will be the one to contact FSS Rev Max. The issuance of these cards can take between four to five weeks since they are issued by the Agency for Health Care Administration in Tallahassee. If the child is having a medical emergency and no Medicaid card is available, the FSC will obtain an emergency Medicaid ID if necessary. Your FSC will be responsible for securing and paying the medical, vision, dental and mental health care for those children who are not eligible for Medicaid, or who need services not covered by that program with prior approval.

**Q: Can we switch Medicaid plans, i.e. from Sunshine Health to United HealthCare?**

A: Each child will have a managed care plan assigned to them by FSS that will be determined to meet the child's needs. Some children may come into care already on Medicaid and it may take several days to have the Medicaid reassigned to FSS. Once the child is assigned to FSS all changes will have to be made through the FSC. Each household is eligible for \$25.00 a month in over the counter Medications which the caregiver can request from the assigned managed care plan (CMS Medicaid does not have this provision).

**Q: How can I switch the Primary Care Physician?**

A: Once a child has been assigned to a Medicaid plan you will receive an insurance card which will identify who the Primary Care Physician (PCP) will be. If this is not the physician that you would like to use please contact the child's FSC with the information of the PCP you would prefer.

**Q: I was informed my child has a primary insurance provider and Medicaid is secondary, what does this mean?**

A: If the child is on their biological parents' insurance then that insurance is primary and Medicaid is secondary. This will cause foster parents to have copays that will be reimbursed by the assigned agency. It is important to ensure that the child's PCP also takes both the primary and Medicaid insurance. We can't terminate the primary insurance as the parents have the right to cover their children. If the insurance does not cover a procedure or treatment the child needs then the provider must bill the insurance first and when they deny the claim, the provider submits this to Medicaid and they will cover the expense.

- **If your question/issue is not above, contact your child's Case Manager to resolve.**



## Clothing Allowance:

### Initial Clothing Allowance (ICA):

The Initial Clothing Allowance is a reimbursement for clothing expenses, to include Diapers, incurred by licensed Foster Parents and/or facilities receiving children into care for the first time. The amount is \$75 and is only given once per child to the original Foster Parent or Facility. A Request form for each child is required.

- **Requirements: Child must be in a licensed Foster Care placement not less than 30 days.**
- The FSC will request the reimbursement from FSS within 45 days of child being placed in the original Foster Home.
- The FSC will collect the receipts for items purchased before requesting the Initial Clothing Allowance Reimbursement. Receipts are to be filed in child's folder.
- Children coming into care July 1-31<sup>st</sup>, will not be eligible for Initial Clothing Allowance because they will receive the School-Clothing Allowance instead.

### School-Clothing Allowance (SCA):

Family Support Services of North Florida issues a School Clothing Allowance each year, the date of release varies but will be announced. The Clothing Allowance will be issued to foster parents or facilities with children 0 - 17 years of age, as a licensed foster placement. The amount is \$300 per child (subject to change).

- **Requirements: Child must be in a licensed foster placement as of mid-July of that calendar year.**
- Children in Licensed care as of mid-July will usually be issued a SCA the week of the "Tax Free Back to School" weekend. The release date is subject to change every year.
- Children coming into care after mid-July and before the end of July will be issued a SCA the first week of August.
- This will not be combined with any other Clothing Allowances through FSS (meaning the ICA). The FSC is responsible for collecting receipts and filing them in the child's folder.
- Children confined to Correctional Facilities when School Clothing Allowances are issued, will not be issued a School Clothing Allowance until they are released. Upon release to a Licensed Foster Placement, a School Clothing Allowance can be requested via email to [Van.Henderson@fssnf.org](mailto:Van.Henderson@fssnf.org).
- Should a child be released to Relative(s), moneys will be made payable to the Agency for purchases. School Clothing Allowance requests must be submitted within 10 days of release. All request must be made in writing. Receipts are required.
- A child detained beyond one (1) School Clothing Allowance cycle will only receive one (1) Allowance.



## **Additional Needs:**

### **When a Child First Comes Into Your Home:**

Whenever a foster child is placed in your home, you need to think about how the child is feeling along with how you are feeling. The child probably feels that he has been rejected by his/her parents, whom he/she loves despite their inadequacies. They are the persons that he/she knows. Unfortunately, you are the unknown. The child's home – no matter how cramped or dirty, was home and your home may seem bewildering, even terrifying to the child. Feeling rejected - the child's view of you and your home can be seen as punishment.

A foster child knows how his/her parents have reacted to him or her; however, but he/she doesn't know how you are going to react. An early discussion of limits may help avoid a need to test them. Remember that testing may occur anyway to see if you mean what you say. Although this will be quite aggravating to you, you need to be patient and reach out to your support systems. The child may refuse to eat, hoard food, or even overeat. The child may cling to you or may flee from you. The child may lash out his anger by hitting you, breaking things, or keep his/her anger bottled up inside. He/she may wet the bed because of his anger and insecurity. I know that you do not want to hear what I am about to tell you but it is going to take time, patience, skill and love to resolve the child's issues and problems and those prompting the need for foster care.

On the other hand, the child can be an angel for several days or weeks. If you remember your PRIDE training, this is what is known as the "honeymoon" period. The following is a list of hints that many foster parents have found useful in helping a foster child adjust into their home:

1. Welcome the child quietly. Do not overwhelm him or her with attention or a show of affection. This can be extremely threatening.
2. Help the child settle into a regular routine as quickly as possible.
3. Let the child know the rules in your home. Be as consistent as possible in enforcing the rules.
4. Do not be disappointed if the child does not respond to you immediately (I know that this one is easier said than done.)
5. Give the child opportunities to talk to you, but do not pry into his/her past life.
6. This one is very important and many times forgotten: NEVER, NEVER, NEVER say any negative things and/or criticize his/her parents. On the contrary, you need to reinforce the parents' relationship with their child as much and whenever possible.
7. Do not threaten the child with his FSC as a means of dealing with his behaviors: Don't tell the child you will call Placement and have him moved immediately if he doesn't behave. By your saying this, you, too – like his parents – will be giving up on him or her. He/she needs your love, support and understanding.
8. Help the child develop a feeling of pride and confidence by giving him tasks within his/her ability. This will help the child with his or self-esteem and identity.
9. When the child succeeds at something – no matter how big or small – express your pleasure and recognition of his/her abilities.
10. Be sure the child has a place to keep personal things.
11. Refrain from ridiculous or severe punishment, e.g. in the case of bedwetting, shame or punishment will only aggravate the problem.
12. If you feel you have tried everything and nothing is working, ask your child's FSC, other foster parents, or the child's therapist for suggestions.



### **HELPING THE CHILD DEAL WITH SEPARATION ISSUES:**

As you learned during Pride Training, one of the most important and potentially difficult tasks you have to deal with is “separation and loss”. The child must deal with his/her initial separation from his/her parents, with him or her leaving them to come back from visits, with the daily separations that the child may have from you and the final separation from you when he/she is hopefully able to be reunified with his parents. This will be difficult for the child and he/she will need your help in coping with the feelings about these separations. It is normal for a child to be confused, angry, feel deserted, helpless and a multitude of other feelings. Unfortunately as the child does not know how to express him or herself, these may come out in different inappropriate and negative behaviors.

When the child separates from his/her parents, the feelings the child has will depend on his/her age, length and nature of the relationship with his/her parents, other life experiences and his/her ability to understand what is happening. Regardless of why a placement is made, the child will usually feel a sense of helplessness. In order for the separation to be more acceptable to the child and to feel more in control of the situation, the child will blame him/herself. Then he/she does not have to feel helpless if he/she feels that he/she is responsible for the separation. Therefore he can be at fault and not his parents. This is where working in partnership and as a member of a team is crucial. As separation and loss are quite complex and has many sides, these feelings may occur at various times during the placement. Don't blame yourself and especially not the child for the behaviors!

### **THE SHOCK OR HONEYMOON PERIOD:**

The child may display very shallow feelings or none at all. He or she may show some false happiness, uncontrollable giddiness, docility, and robot-like actions. He or she does everything that he is or she is asked to do and never mentions his or her family. The child is agreeable to have around. You as the child's foster parent feel that the child is “adjusting beautifully” in your home. He or she seems TOO GOOD to be true! That's because it isn't true...this period will last from one to three weeks.

### **ANGER:**

A child may begin to come out of his or her shock and give up the expectation of returning home soon. When he fully realizes what has happened to him or her, he or she may begin to exhibit certain negative behaviors. The child may become preoccupied with his or her loss and angry at the people closest to him or her, at his or her parents, at him or herself, and at God, perhaps wondering, “Why has this happened to me?” The child may even stop being so obedient; he or she may wonder if his or her behavior made him or her so unlovable and unwanted. The child may be fighting a raging battle inside with the whole force of his or her being directed at an effort to regain what he or she has lost. His or her behavior may include sleeplessness, night wandering, night terrors (he or she can't be brought out of them as he or she could the nightmares), or weeping without any apparent reason. The child may make active efforts to contact his lost family by running away, even though he or she is angry with them. He or she may show an obvious desire for help, but backs off when it is offered. He or she may refuse to be comforted or express feelings of guilt about behaviors which he or she may believe contributed to his or her being removed from the home. Children have an amazing knack of choosing the means of protest which is most threatening to parents. It seems they know what buttons to push! One child may break things, another may get sick, or lash out at you, the foster parent.

**DESPAIR:**

When his or her active efforts to get what he or she has lost are unsuccessful, he or she will become discouraged, give up, hurt, stop fighting, make no efforts at anything, or become more concerned with things than people and probably want to be left alone. You can probably even see pain on his or her face. He or she may have a sense of complete helplessness and apathy. He or she may go to bed, get sick more often, hide in the garage, go into a fetal position, etc. This is similar to the shock stage with its robot-like actions, simple motions, no plans, no desire to take care of him or herself, even to bathe! He or she may not start anything new, may regress to thumb-sucking, bed-wetting, playing with toys, etc. Even your teenagers may display some infantile behaviors. Unfortunately, the anger and despair may last several months each, depending upon the child's adjustment and his or her capacity to handle extreme stress. He or she can't be comforted nor should you try to do more than just say, "I know that this is a rotten day for you. Remember that I am here if you need me and I care about you."

**DETACHMENT/REATTACHMENT:**

Then, finally, one day the child wakes up and finds there is something to look forward to after all. There is still that sense of loss, but the child is able to be realistic about it. He or she has hope, a sense of mastery over his or her situation and relates to the world. He or she shifts from having a lack of involvement to feeling response to people. He or she stands straight, gives attention to his or her grooming, takes an interest in his or her surroundings, and shows more organized and purposeful behavior. This change can bring some sense of reward for those months when you accepted him or her when his or her behavior was unacceptable. But remember that this change DOES NOT happen overnight. Hang in there, it DOES get better!



## When Your Child Leaves the Foster Home:

You have known all along that the foster child placed in your home would not be staying with you forever. If the child has remained in your home for 30 days or longer, an Exit Interview will be conducted. The child will be interviewed, as appropriate to his age, after he has left your home. The child's feelings about his placement in your home will be further explored. These interviews will help us in determining the quality of care and safety that is being provided in each foster home.

Even though the child was placed with you, a permanent living arrangement has always been the goal. The permanency goal can be returning to his or her parents, going to an adoptive home (your home may become his adoptive home if you have expressed a desire to adopt him to her to the child's FSC), or for some reason, you and he or she may not be able to make a success of living together and the child will be moved. Remember that the courts and the child's CMO have the legal authority for making long term plans for your child.

So when your child leaves your home, it will be hard on everyone. After all, saying good-bye, to someone you care about is not easy. If you feel like it, don't be ashamed to smile through your tears when he or she leaves. Tell him or her that you will miss him or her. At the same time, do not forget to be supportive of his or her return to his or her family or other placement. He or she can appreciate your honesty without developing guilt feelings about causing your sadness. It is healthy to show controlled sadness, rather than false happiness.

Occasionally, you may be asked to cooperate with a plan with which you do not agree. You may think the child is going to be returning to the same situation. Remember, he or she has been given an example of a good home and some strengths and habits that will stay with him or her. When the CMO knows that a change has to be made, the FSC will discuss it with you as early as possible and help you to prepare the child. Permission to leave should also be given to the child. The child may be upset and need some friendly convincing with regards to his or her return to his or her parents.

Communication with the child after he has returned to his or her home should be discussed with the child's FSC. Usually the family needs time to become a family again and outside influences may be tempting and upsetting. Close relationships have been known to develop between foster parents and the foster child and his or her family. In some cases (maybe years later) a foster child you thought you had failed may contact you with memories of the good feelings he had for you and the good times he spent in your home. Times such as these are rewarding and any headaches or heartaches you may have experienced with the child seem like a small price to have paid. You have helped a child go on with his or her life! Foster parenting is not a lifetime commitment to a child, but rather a commitment to be meaningful during a child's lifetime. Foster care involves families helping families!



## The Child's Resource Record (Red Folder):

One of the most important resources available on your foster child is the Child Resource Record - CRR (also known as the Red Folder). The CRR must be given to you at the time of placement or within 72 hours. If you do not receive one for each child that is placed in your home, you need to contact your child's FSC and request it immediately. If FSC has not been assigned to your child's case yet and you have not received the CRR within 72 hours of placement, contact FSS Placement.

Once you have the CRR, you need to ensure that it is kept current. Whenever the child leaves your home, you need to ensure that he or she takes this book. This will help him at his next placement, which will hopefully be with his birth parents. Remember that the information contained in the CRR must remain confidential at all times. Staff entries in the CRR must be dated and signed.

Some of the information contained in the CRR includes but is not limited to the following:

- **Section 1 – Medical, Dental & Mental Health Information:** This would be Medicaid information, immunization record, records from medical, dental, eye exam, etc.
- **Section 2 – School Records & Information:** This would include report cards, copy of IEP, school incident reports, FCAT results, etc.
- **Section 3 – Photographs:** There is a plastic bag in this section to keep photos or keepsakes for the child.
- **Section 4 – Family Information:** Any documentation, change in visitation status, family history information, etc.
- **Section 5 – Court Orders and Information:** Court Order for Shelter/Foster Care, current case plan, most recent Judicial Review, misc. legal documentation, etc.
- **Section 6 – FSC Information & Case Plan:** FSC contact information, case plan history information, etc.
- **Section 7 – Placement Information & Family Safety Contract (if applicable):** Information about current placement, Family Safety Contract if already in place or put in place while in current placement.
- **Section 8 – Correspondence:** correspondence between FSC, bio-family, medical team, etc.
- **Section 9 – blank**
- **Section 10 – Miscellaneous:** Any additional documentation that doesn't exactly fit in the previous sections.



## Creating a Life Book:

A Life Book is an excellent tool and process to help children understand their life experiences in order they can function better, feel better about themselves, and be better prepared for their future. It's is a combination of a scrapbook, diary and a story. The Life Book is an important part of a child's connection to his or her birth family. The best time to begin a Life Book is when a child comes into the foster care system, when birth family and child's developmental and family history information are more available. Unfortunately, this process often does not happen. It then becomes the task of the FSCs and the foster parents, or even the adoptive parents (if no one else has done it), to begin to retrieve and collect important identity information for this child. A Life Book should be developed with the child.

Remember that you can get information you will need for your child's Life Book from the following sources: Case records; case records from other agencies that have had contact with the child; birth parents; foster parents; grandparents or other relatives; previous FSCs; hospital where the child was born; well-baby clinics; other medical personnel; previous neighbors; teachers and schools; court records; newspapers (birth announcements, marriage announcements); school pictures (from school records); policemen who have had previous contact with the birth family; and church and Sunday school records.

There is no right or wrong way to prepare a Life Book. You can be as creative as you and your child want. Below is a guideline of some of the information you want to include (if available) in your child's Life Book:

- **BIRTH INFORMATION:** Birth Certificate, weight, height, special medical information, and a picture of the hospital.
- **BIRTH FAMILY INFORMATION:** Picture of the birth family, names, birth dates of parents, genogram, names, birth dates of siblings, and where they are, physical description of parents, especially pictures of parents and siblings, occupational/educational information about birth parents, any information about the extended family members.
- **PLACEMENT INFORMATION:** Pictures of foster family or families, list of foster homes (name, location of foster homes), names of other children in foster homes to whom child was especially close, names of social workers, pictures of social workers to whom the child was especially close.
- **MEDICAL INFORMATION:** List of clinics, hospitals, etc. where the child received care; and care given (surgery, etc.), immunization record, any medical information that might be needed by the child as they grow up, or as an adult, height/weight changes, loss of teeth, when walked, talked, etc.
- **SCHOOL INFORMATION:** Names of schools, pictures of schools, friends and teachers, reports cards, and school activities.
- **RELIGIOUS INFORMATION:** Places of worship the child attended, confirmation, baptism and other similar records, and papers and other materials from Sunday school
- **OTHER INFORMATION:** Any pictures of child at different ages of development, stories about the child from parents, foster parents, and social workers, and accomplishments, awards, special skills, likes and dislikes.

It is never too late to start a Life Book! Foster Parents have an important role in collecting information and working with the FSCs to help the child develop his/ Life Book.



## Client/Master Trust Fund:

Client Master Trust (CMT) Accounts are set up for children who receive benefits from a third party source that are in the care of the State. Most CMT children receive Social Security benefits. There are two types of Social Security Benefits:

- SSA benefits (Retirement, Survivors, and Disability Insurance RSDI) are paid because a parent paid into the program and has retired, died or is disabled.
- SSI benefits (Supplemental Security Income) are paid based on the individual's need and disability. Because of this, clients receiving SSI funds cannot have more than \$2,000 in their account. Any dollar amount above \$2,000 will cause them to forfeit their SSI benefit payment and SSI Medicaid until the balance is below the \$2000.00 threshold.

A child who has a diagnosed disability, takes psychotropic medicine, lives in therapeutic/medical foster home, or has an IEP with the school may qualify. If you think a child should receive SSI, please talk to the child's Family Services Counselor.

Things every foster parent should know about a child's Client Master Trust:

- You should get the child's balance from each Judicial Review or ask about it during the monthly home visit.
- Children can request a monthly \$30 personal needs allowance.
- Client master trust funds can be used for cell phone, camp, computers, additional cloths, trips, incentives for good behavior, and provide money for transition out of care as long as it meets the prudent parent standard—would a prudent parent make this purchase?.
- Keep in mind any single item costing \$200 or more must get approval from SSA and takes additional time for approval.
- Items that could be paid for from another source such as glasses or shoes covered by Medicaid cannot be bought using Client Master Trust funds unless Medicaid denied it and deemed to be necessary and approved by SSA.
- The Client Master Trust never reimburses for purchases. Do not buy anything until the check has been issued.
- Fee Waivers can be used to accumulate more money for items that are needed but the Master Trust does not have the needed amount on hand.
- Checks are normally ready on Tuesday provided all proper check request documentation has been provided by the end of the day the preceding Friday unless otherwise noted.

If you any questions about the Client Master Trust, please contact FSS Revenue Maximization (Rev Max) department.



## Placement/Removal

**FSS Placement:** FSS Placement team, also referred to as Kids Central, is the initial point of contact after the removal of a child from their home. When a child is placed into Out-Of-Home care, Kids Central is notified by DCF and asked to identify a home to place the child with. This is when Kids Central will ask questions in anticipation of the questions our caregivers would have. Often, and especially with a new removal, DCF will not have the information Kids Central will ask of them. Below is a list of FAQ's our Placement team regularly encounters:

1. **Q: How long will these children be expected to be in my home?**

A: The first goal of DCF is to locate relative or non-relative placement for children as these are often environments that the children are familiar with and the least invasive. The process of identifying relative/non-relative placement may take days to months for approval, every situation is unique. This is where our licensed foster families play a vital role as they already have approved background screenings and an approved Home Study on file, making an emergency placement immediate until a less invasive placement can be identified. There are cases where relative/non-relative placement option cannot or are not identified, leading to a long-term foster care placement.

2. **Q: Can Foster Parents request a specific CMO, or agency for case management?**

A: No, CMO's are assigned by CMO Services based off of specific case needs and services.

3. **Q: How do I request a child in my home to be moved to another home?**

A: We recommend parents watch this video on the effects of multiple placements: <http://centervideo.forest.usf.edu/qpi/effectsmultplac/start.html>. However, we understand there are certain life events that are unavoidable. In the event a family absolutely must request a child to be moved from their home they must call Placement during regular business hours, M-F 8am to 5pm. Placement may take up to 2 weeks to identify a new home as emergency placements take priority.

4. **Q: Who do I call when there is an emergency situation after 5pm or over the holiday?**

A: Kids Central has staff working on-call 24 hours a day, 7 days a week. The after-hours emergency number is (904) 265-6804 for any time after 5pm, weekends and holidays.

5. **Q: How can I request respite and who do I call?**

A: Call Kids Central during regular business hours, M-F 8am to 5pm to request respite. Respite requests should be called in at least 2 weeks in advance of the first day of respite beginning. For additional respite information please refer to [respite](#) section in this handbook by clicking blue link.

6. **Q: What do I do if my child runs away?**

A: Please refer to the [run-away procedure](#) section in this handbook by clicking the blue link.

7. **Q: What is the board rate and when should I expect payment?**

A: Please refer to [board rate](#) and [board rate FAQ](#) section in this handbook by clicking the blue links.



## Placement Transition Planning:

Every move creates more trauma for the child, but also for our caregivers. A good Placement Transition Plan can be a healthy and positive experience for all parties, whether the child is transitioning into reunification with mom/dad, or with relatives/non-relatives, adoptive home, into another foster home to be with siblings, etc. Below are some suggestions for creating a healthy transition for the child and your family:

### 1. **Preparing for the move:**

- Current caregiver shares information about the child in a write up for the new caregiver to include:
  - Anything that will help the new caregiver in caring for the child.
  - The child's typical routine – bedtime, meal time, bath time, home work, etc.
  - Likes and dislikes – foods, games, hugs, etc.
  - Strengths and areas of improvements
  - Favorite foods
  - Comfort items
  - Stressful times and fears
  - Effective discipline techniques
  - Hobbies, extra-curricular activities, etc.
- Trade pictures:
  - Both families share pictures
  - Foster family provides the child with a photo album (or Life Book) commemorating his time with them
  - Receiving family sends pictures to the foster family to hang in child's room and to talk about the new family
- How to tell the child?
  - This should be a team decision made by those that know the child best – foster family, therapist, FSC, etc.
  - It should be explained at an age appropriate level.
  - If possible explain the timeframe and steps towards the move.
  - Don't make promises you might not be able to keep (overpromise).

### 2. **When should it occur?**

- Week day or weekend? – It shouldn't be during a time that is rushed.
- Allow time to pack all of the child's items in a relaxed and self-paced manner.
- What is going on in the child's life at that time? School, little league, birthday party, school play, etc.
- Can the move wait until after the important event? List any important upcoming events/appointments to share with receiving family so they can plan accordingly.
- When is the best time for the child to say good bye to everyone important to them?
  - Foster family members
  - School
  - After school care
  - Day care
  - Neighborhood

### 3. **Who will take the child to their new placement?**

- Ideally the foster parent should take the child to the new placement or meet the new caregiver in a neutral location.
- Does the FSC need to be present?
- Do we need to involve the Child Placing Agency to support the foster parent?

### 4. **The move:**

- This will be an emotional time for everyone but the adults need to put on a happy face for the child.
- If appropriate, take pictures to document and make this a happy occasion for the child.

### 5. **After the move:**

- Ideally everyone would stay in touch – visits, back up baby sitter, phone calls, and pictures – the sending parent needs to respect the boundaries of the receiving parent and allow them time to adapt to a new routine in their home too.
- Celebrate that you made a difference in a child's life.

## Teen Enrichment Programs: Youth 13-17 Years Old

**Keys to Independence:** The program will reimburse youth and caregivers for the costs associated with driver's education, driver's licenses and other costs related to getting a driver's license as well as motor vehicle insurance. For more information visit [www.k2i.us](http://www.k2i.us)

**Embrace the Race:** This program is a health and wellness program designed so that teens can experience a variety of physical well-being activities. The program offers activities that focus on both mental & physical health. Included within this program are activities and events such as a 5k, Five Tool Training, trauma informed yoga and beach volleyball. For application or more information, contact: [Kendra.hilton@fssnf.org](mailto:Kendra.hilton@fssnf.org).

**The Challenge:** This program is designed to test youth's skills with fun-filled, challenging adventures and activities such as rock wall climbing, camping, canoeing, scavenger hunt, horseback riding, ropes course and much more. For foster, kinship or recently adopted youth ages 15-17. To register or for more information, contact: [Kendra.hilton@fssnf.org](mailto:Kendra.hilton@fssnf.org).

**Splash:** Scuba promotes life goals and support healthy living. For foster, kinship or recently adopted youth ages 15-17. Must be able to swim (tread water, float for 10 minutes and swim 200 meters continuously, swim test is given). This program ends with a trip to the Florida Keys for a fun-filled scuba dive adventure. For application or more information, contact: [Kendra.hilton@fssnf.org](mailto:Kendra.hilton@fssnf.org).

**Just Like Me:** This is a 3 week summer camp where teens learn how to tell their story and help others express theirs through dance, music, poetry, writing, photography or spoken word. They work directly with industry professionals at The Performers Academy and will also learn about training, education and careers in the arts. For application or more information, contact: [Kendra.hilton@fssnf.org](mailto:Kendra.hilton@fssnf.org).





## Independent Living Services: Youth 18-22 Years Old

**\*For more information about any Independent Living Services, contact [efcinfo@fssnf.org](mailto:efcinfo@fssnf.org).**

### Extended Foster Care:

Youth are eligible for extended foster care (EFC) if they meet the below criteria-

- In licensed foster care on their 18<sup>th</sup> birthday
- Enrolled in high school, GED program, college or trade school, or
- Employed at least 80 hours per month, or
- Attending a program designed to remove employment barriers, or
- Have a physical, intellectual, emotional or psychiatric condition that limits participation.

#### *Is EFC the right choice for youth?*

EFC is a voluntary program that is all about the youth and helping the youth get to the next phase of adult life. They will have a Case Manager & FSS Independent Living Services Specialist to help them meet their goals.

#### *IL Services Specialist will help determine which housing opportunity is right for youth.*

- **Supervised:** living with licensed foster parent(s) or in a group home
- **Semi-supervised:** transitional living setting
- **Scattered site:** living in an apartment, house or other approved setting in the community

#### *Now what?*

Once youth has completed the application and it has been approved, they'll need to:

- Consent and agree to ongoing supervision by their Case Manager
- Live full-time in their approved placement
- Help develop their case plans and transition plans
- Attend their judicial reviews and court hearings
- Sign the necessary paperwork for FSS to verify and document their participation in a qualifying activity.

Youth who leave care after turning 18 are eligible to return to EFC before the age of 21 (or 22 if they have a disability).

### Postsecondary Educational Services and Support (PESS):

Youth are eligible if they:

- Spent at least 6 months in licensed foster care, or
- Were at least 16 when adopted or placed with a court-approved guardian after spending 6 months in licensed foster care
- Earned a standard high school diploma or equivalent, AND
- Are enrolled full-time in a Florida Bright Futures eligible college or trade school.

#### *If eligible – now what?*

- Apply and renew PESS application annually with FSS



- Must remain enrolled at least 9 hours in a Bright Futures eligible college or trade school and maintain standards of academic progress
- Must complete a Free Application for Federal Student Aid (FAFSA) each year
- Must sign a Family Educational Rights and Privacy Act (FERPA) form each year allowing FSS to access grades
- FSS will pay rent and utilities each month out of PESS stipend; Youth will receive the remaining balance

### Aftercare Services:

If youth is between the ages of 18 and 22, they may be eligible for Aftercare Services.

- Available if they are **NOT** already enrolled in EFC or PESS
- Functions as a bridge for youth who leave care without being eligible for PESS
- May include referrals to community resources who can help with:
  - Mentoring and tutoring
  - Mental health services and substance abuse counseling
  - Parenting classes
  - Money management training
  - Job and career skills training

If they qualify for Aftercare Services, an IL Services Specialist will work with youth to complete a monthly plan to help them achieve goals.

### Education Training Voucher:

If youth is attending a non-Bright Futures College or trade school, or only attends part-time, they may qualify to receive a cash stipend through the federal **Education Training Voucher** (ETV) program.

Eligible students, 18 and older, may receive grants each year for up to five years or until their 23<sup>rd</sup> birthday.

**Tuition and Fee Exemption:** Fee exemptions are offered to students if they meet any of the below criteria

- He/She is or was at the time they reached 18 years of age in the custody of the Department of Children and Families;
- He/She was adopted from the Department of Children and Families after May 5, 1997;
- He/She was is or was at the time of reaching the age of 18 in the custody of a relative under s. 39.5085, F.S.; or,
- He/She is or was at the time of reaching the age of 18 in the custody of a guardian under s. 39.6225, F.S.; or,
- He/She was placed in a guardianship by the court after spending at least 6 months in the custody of the Department after reaching 16 years of age.