

# ALASKA RESOURCE FAMILY HANDBOOK





# Alaska's Resource Family Handbook

A handbook to provide you with basic information  
about caring for a child placed in your home

State of Alaska  
Department of Health & Social Services  
Office of Children's Services

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THE STATE  
of **ALASKA**  
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Dear Alaska Resource Parent,

If you are a licensed foster care provider, unlicensed relative caregiver or adoptive or guardianship family, there is important information in this handbook for you. This information will assist you in understanding the child protection system, the Office of Children's Services (OCS) payment process, licensing regulations and questions you may have. It is my hope this handbook will help you find answers to those questions with ease.

Thank you for caring for Alaska's most vulnerable children. We couldn't do this work without you, and recognize the enormous contribution and sacrifices you make to be the person who is always there for the children we serve. If you don't find answers to questions or issues you have, please do not hesitate to reach out to your licensing worker, caseworker or anyone at OCS. We are here to support you.

***"The things you do for others remain your legacy."***

With deep appreciation for all you do,

/s/ Natalie Norberg  
Director

## WELCOME

The State of Alaska, Department of Health and Social Services, Office of Children’s Services, welcomes you as a resource family for Alaska’s children. Thank you for joining the Office of Children’s Services in our vision for Safe Children, Strong Families.

Our mission is to work in partnership with families and communities to support the well-being of Alaska’s children and their families, and to help all children realize their potential.

This handbook is intended to provide you with basic information about caring for a child placed in your home. It is not a policy manual nor is it a legal document. It should not be used as the sole source of training; rather, this handbook is your introduction into what it means to be a resource family. You will find general information about what is expected of resource families, the care of children in out-of-home placements, financial matters, safety requirements, licensing, permanency, case planning, developing and maintaining connections between children and their families, the role of the court, and more. We encourage you to use this handbook as an ongoing reference to obtain answers to your questions about being a resource family.

You may care for a child related to you or open your home to a child not known to you. Whatever your involvement, the staff of the Department of Health and Social Services, and most importantly, the children in the care of the State of Alaska, value the time and care you give to the children in our state, and appreciate your deep commitment to helping Alaska’s most important resource— Alaska’s children.

Thank you for being an important resource for our children. Whether you care for children for a short time or forever, you have made a lifetime of difference.

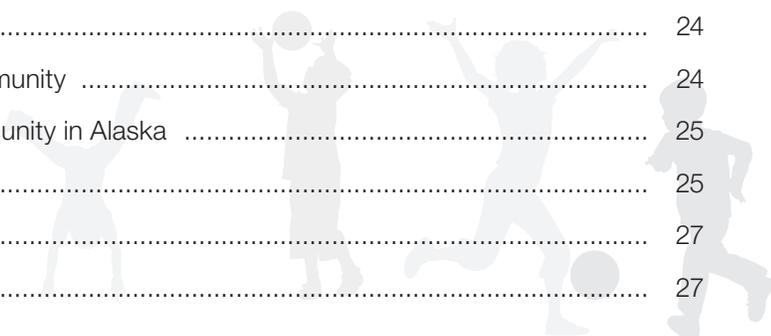
It is important to understand that final authority is in Alaska statutes and regulations. Alaska statutes and regulations are listed in Chapter 28, Resources. For a copy of the current and relevant regulations, please contact your licensing worker.



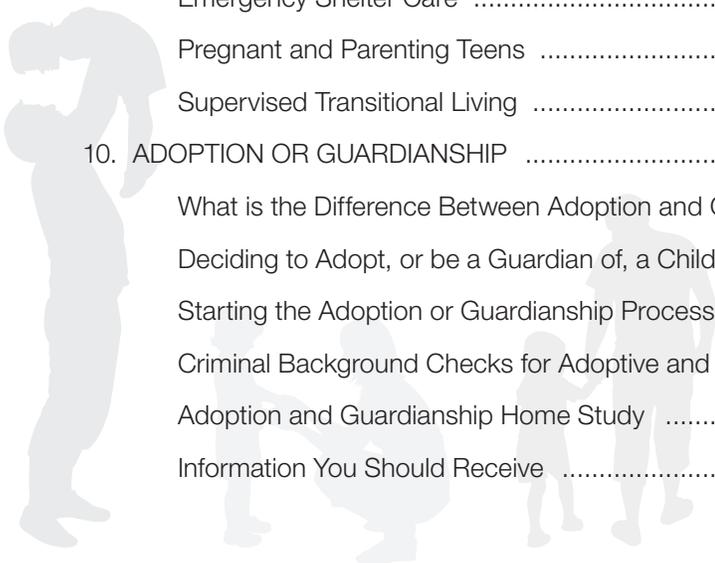


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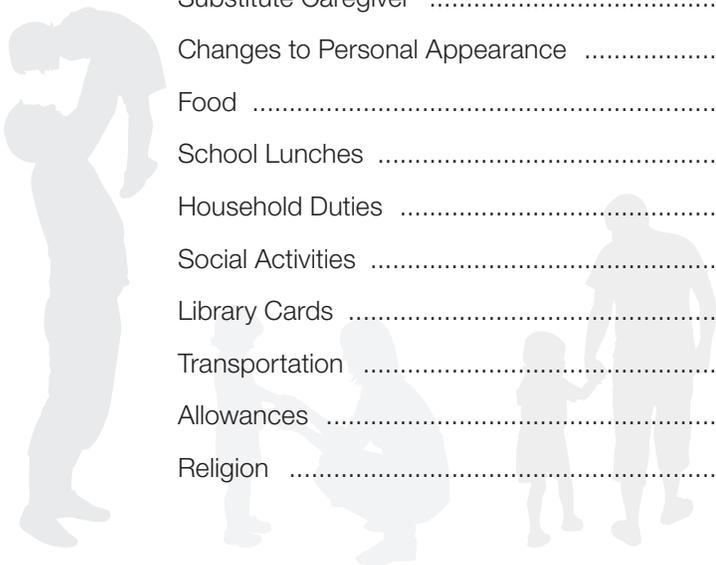
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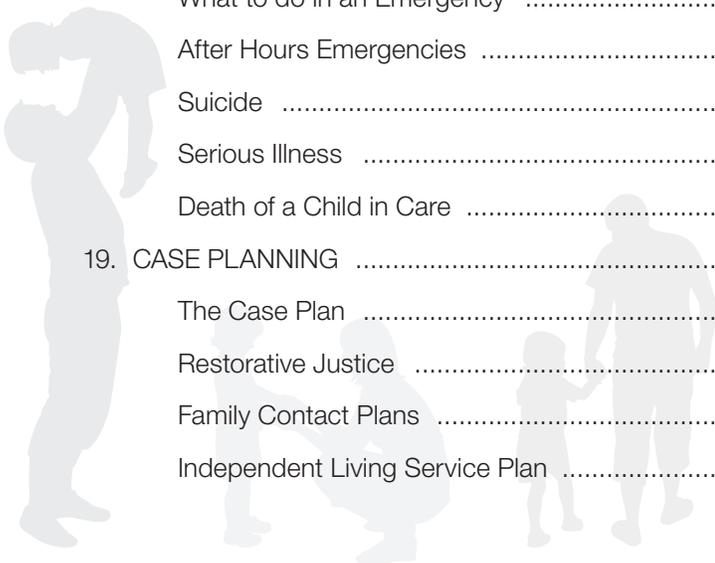
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## 2. ABOUT THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES

The Department of Health and Social Services has six agencies that work with children who live outside of their parents' home: the Office of Children's Services; the Division of Juvenile Justice; the Division of Public Health; the Division of Public Assistance; the Division of Senior and Disabilities Services; and the Division of Behavioral Health. The agency that you will be working with is directly dependent on the needs of the children that are residing in your home.

### The Office of Children's Services (OCS)

**Vision** — Safe Children, Strong Families.

**Mission** — The Office of Children's Services works in partnership with families and communities to support the well-being of Alaska's children and youth. Services will:

- Enhance families' capacities to give their children a healthy start,
- Provide them with safe and permanent homes,
- Maintain cultural connections, and
- Help them realize their potential.

OCS serves families whose children have been determined to be unsafe or at high risk of maltreatment by the parent or caregiver.

A child and family may come to the attention of OCS in several ways:

- Through a report of suspected neglect or abuse, called a "Protective Services Report" (PSR);
- A referral by another agency; or
- Self-referral by a parent.

In some instances, when the child(ren) can not be safely cared for in their home, OCS will intervene. These are the families where the child is unsafe or at high risk for maltreatment and must be served by OCS either in an in-home or out-of-home setting. When a child is in an out-of-home setting, OCS assists the family with reunification through case management and referrals for services. Resource families support this mission by providing safe, stable, and nurturing care to children until the children return to their parents' home

#### Guiding Principles

- A child's safety is paramount.
- A determination that safety threats are present within a family does not equate with removal of a child from their home. The assessment of safety threats directs staff to make informed decisions about safety planning that will control and manage the threats identified. These actions may be in-home, out-of-home or a combination of the two.
- Relevant services will be sought with respect for, and understanding of, the family's culture and specific needs.
- Collaboration with Alaska Native Tribes is fundamental to best practice.
- Families are treated respectfully, thoughtfully, and as genuine partners.
- A person's right to self-determination is valued and supported.
- A safety intervention system is congruent with strengths-based and family-centered practice.
- Assessing for the safety of children is what we do; family-centered practice is how we do it.
- Interventions are identified using the family's perspective about what needs and strengths exist and are selected in collaboration through family engagement.

- By engaging in a collaborative, problem-solving process with the family, case plans will be specific to the uniqueness of each family served.
- Enhancing parent/caregiver protective capacities are essential for the ability of families to protect their children.
- OCS needs partnerships within the community and stakeholders to achieve strong outcomes for children and families.

## The Division of Public Assistance (DPA)

**Mission** — Promote self-sufficiency and provide basic living expenses to Alaskans in need.

DPA is responsible for the licensing of childcare facilities statewide. It promotes child care quality through grants to Child Care Resource and Referral agencies and the direct administration of the Child Care Grant Program.

A child residing in out-of-home care may utilize licensed childcare facilities as part of the case plan.

DPA also provides cash assistance to relative care providers who are not licensed foster parents under the Alaska Temporary Assistance Program (ATAP). Relative caregivers are encouraged to contact their local DPA office regarding ATAP services.

## The Division of Juvenile Justice (DJJ)

**Mission** — The mission of DJJ is:

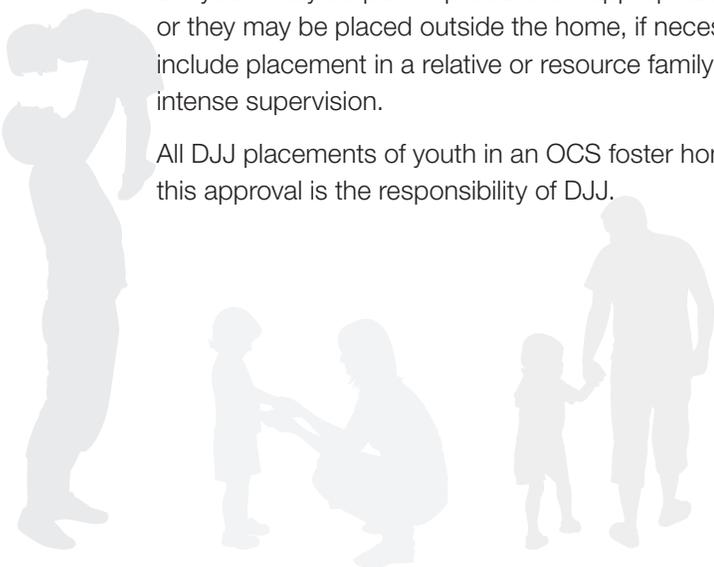
- Hold juvenile offenders accountable for their behavior,
- Promote the safety and restoration of victims and communities, and
- Assist offenders and their families in developing skills to prevent crime.

Foster families support this mission by providing care to youth in DJJ custody.

DJJ is responsible for youth who are in the custody of the DJJ who have committed criminal offenses and/or are committed to legal probation by the court. All DJJ foster homes in the State of Alaska are licensed through the Office of Children's Services.

The Division of Juvenile Justice provides a system of intake assessment, probationary services and youth detention and treatment throughout the state. If a youth is adjudicated by the court for a delinquent offense, the youth may be put on probation. If appropriate, the youth may either continue in the custody of the parents or they may be placed outside the home, if necessary to ensure adequate care and supervision. This may include placement in a relative or resource family home that is willing to provide structure, guidance and intense supervision.

All DJJ placements of youth in an OCS foster home must be approved by OCS prior to placement. Obtaining this approval is the responsibility of DJJ.



## The Division of Senior and Disabilities Services (DSDS)

**Mission** — Senior and Disabilities Services promotes health, well-being and safety for individuals with disabilities, seniors and vulnerable adults by facilitating access to quality services and supports that foster independence, personal choice and dignity.

DSDS provides a variety of services for individuals with disabilities. The focus of these services is to provide highly-individualized, medically-necessary services to children and adults. Services for children are generally provided for under the DSDS waiver programs:

- Intellectual & Developmental Disabilities (IDD)
- Children with Complex Medical Conditions (CCMC)

When a child in custody has developmental or medical disabilities and has been found eligible for a waiver, the waiver will provide intensive services to the child in the resource family's home. The resource family is expected to follow the recommendations of the waiver program as a part of the child's treatment plan.

In some instances, children in custody who are eligible for the waiver program may be placed with a resource family who has specialized training, to meet the child's complex medical needs. No more than two children on waivers may be placed in the same home. In these cases, the resource family will work with a licensed child placement agency that specializes in meeting the complex needs of the child. These agencies are service providers for DSDS.

## The Division of Behavioral Health (DBH)

**Mission** — To promote and protect the health and well-being of Alaskans.

The Division of Behavioral Health is responsible for implementation of state laws which protect and promote the well-being of Alaskans who experience mental illness or substance abuse.

DBH is the primary agency that oversees therapeutic mental health and substance abuse services to children, youth and families in Alaska. Many parents who have children in care will rely on the services through DBH-funded agencies in their efforts to unify with their children.

The case plan may determine that children require therapeutic services such as counseling, skills development or specialized behavioral interventions. Resource families may be expected to work with these service providers in caring for the child.

In some instances, a child in care requires an intensive level of treatment and supervision. In these situations, foster parents will work directly with a licensed child placement agency who is a mental health provider for DBH in order to provide the child with these additional Medicaid funded services.

The Mental Health clinicians have specific expertise in services

- for children with serious emotional disturbances,
- community inpatient treatment,
- residential resources for persons who are indigent and experience mental illness,
- emergency services, and
- services for adults with severe mental illness.





### 3. BEING A RESOURCE FAMILY

Regardless of whether you are a relative care provider, a licensed foster family, a pre-adoptive family, adoptive family, or guardianship family, there are common experiences that each share in caring for a child or youth in your home.

#### What is a Resource Family?

Resource family is a term that is used to describe the various types of caregivers who provide care to children who are placed in an out-of-home setting. Resource families provide safe, stable, loving homes for children in need until it is determined that their parents are capable of safely caring for the child. Some children may need care for a few days, others will need care for a longer period of time. This care can be through relative care, licensed foster care, or adoptive or guardianship families.

The primary goal of out-of-home care is family reunification. Resource families provide stability and support while children and their families work toward reunification.

Resource families may interact with several staff after a child is placed into your care, including:

- Assigned worker / Protective Services Specialist (PSS),
- Licensing worker,
- Probation officer,
- Supervisors,
- Service providers,
- Guardian ad litem (GAL),
- Court-appointed, special advocate (CASA),
- A Tribal worker, or
- Other OCS staff.

Additionally, resource families will likely interact with the child's family (i.e., parents, grandparents, siblings, other extended family members).

#### Types of Resource Families

**Relative Caregivers:** Care by a relative, is the most preferred choice of out-of-home placement. Relatives have an option to care for a child with or without a foster home license. The definition of "Relative", *an individual who is related to another by blood, adoption, marriage, or Tribal custom.*

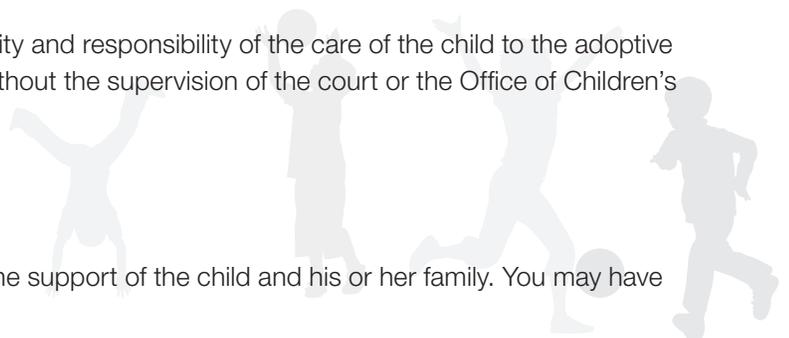
**Foster Home/Foster Group Home:** Individuals who are licensed to provide ongoing care for children in a family setting. This may include relative caregivers.

**Guardianship Home:** A legal guardian is someone appointed by the court to care for a child until he or she is age 18.

**Adoptive Home:** Adoption gives all of the legal authority and responsibility of the care of the child to the adoptive parent so the adoptive parent can care for the child without the supervision of the court or the Office of Children's Services.

#### Your Role as a Resource Family

You are an important and valuable team member for the support of the child and his or her family. You may have



the hardest job of all, to care for a child, and support the child when they return to the parents' home. As a resource family, your role is to:

- Support and participate in the case plan.
- Provide the child with a safe, stable, and nurturing environment.
- Encourage reunification.
- Respect the confidentiality of the child and family.
- Help transition the child to and from family visits, provide transportation to visits, and supervise contacts when appropriate.
- Support the child's education by supervising school attendance and activities and participating in school conferences.
- Arrange for the child to receive adequate services to meet their physical and mental health needs. This includes medical, vision, dental, and mental health care.
- Encourage the birth parents to attend medical appointments, school conferences and activities when appropriate.
- Continue family relationships and cultural connections for the child.
- Encourage, support, and assist the child and birth family in creating a life book to document the child's life journey.
- Notify the assigned worker regarding any problems or concerns.
- Communicate and cooperate with OCS.

Caring for a child in custody is temporary, until the child is able to return home. If a child cannot reunify with his or her family, another permanency goal may be needed. If the child is legally free for adoption, you may be in a position to consider providing permanent care for a child. Regardless, every child in care needs lasting permanent connections with supportive adults.

## What is an Assigned Worker?

The assigned worker is the individual who arranges for the placement of a child. Assigned workers may have different job titles depending on which agency you are working with. At OCS, assigned workers are referred to as Protective Services Specialist (PSS); at DJJ, assigned workers are called Probation Officers. Private child placement agencies or Tribal organizations have other job titles for their workers.

## Be a Member of a Family's Team

You are not alone in caring for the child. As part of the family's "team", you will be working to strengthen the family and provide safety for the children. The team consists of the child's parents, the child, the resource family, the assigned worker, guardian ad litem (GAL) or court-appointed, special advocate (CASA), and Tribal representatives for Native children. It may also include health care providers, school staff, and extended family members, such as grandparents. You will have contact with the child's family in visits and case conferences and you will keep the family and assigned worker up-to-date on how the child is doing.

Working together is necessary for the child's future. Children will feel better about themselves if they know that their parents and foster parents are working together. The more information you can share with the child's parents, the better the child's transition will be to and from your home, and the more successful reunification efforts will be.

## Reporting Suspected Child Abuse and Neglect

Resource parents are mandated reporters under the State of Alaska statute [AS 47.17.020\(a\)](#). A mandated reporter is required to report suspected abuse or neglect. If you suspect a child has been abused or neglected, report immediately by calling **1-800-478-4444** or contact your nearest OCS office.

If you are not sure whether or not to report, then report. Mandated reporters are not expected to investigate suspected child abuse or neglect before they make the required report. It is the duty of OCS to investigate allegations of abuse or neglect.

## Meeting the Criminal Justice Clearance Requirement

One of the requirements for being a resource family is meeting a fingerprint-based background check.

### *Why is Fingerprinting Necessary?*

To ensure the child's care and safety in out-of-home care.

- To reduce predictable risk to the child.
- To verify the identity of the person being checked with information received.

### *Who Needs to be Fingerprinted?*

- Unlicensed relative caregivers,
- Foster Homes and Foster Group Homes (All household members age 16 and older),
- Employees or volunteers who work with children and youth,
- Child Placement Agencies
- Prospective adoptive parents, and
- Prospective guardianship parents.

### *Where Can Fingerprinting be Done?*

- Every OCS office has LiveScan equipment to fingerprint foster families for electronic submittal of fingerprints.
- Village Public Safety Officers (VPSOs) or village police departments.
- Alaska State Trooper Posts

### *What is the Cost?*

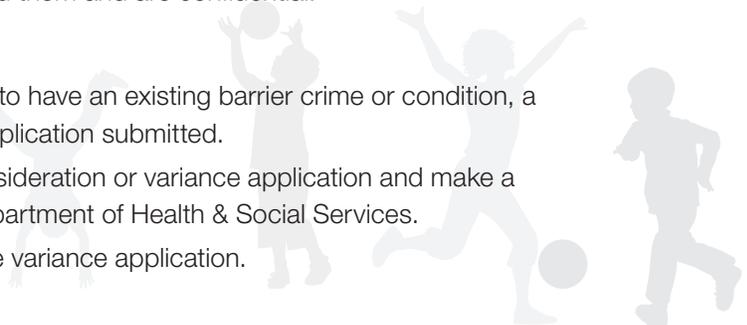
- OCS will pay the cost of fingerprinting and the processing fee for applicants for foster home licensees and household members age 16 and older.
- A child placement agency's foster parent may incur a cost for fingerprinting, or the placement agency may cover those costs

### *Who Receives the Results?*

- Results are received by the agency that submitted them and are confidential.

### *What if a Barrier Crime is Found?*

- If a household member, age 16 or older, is found to have an existing barrier crime or condition, a reconsideration may be requested or variance application submitted.
- The Department will review the request for reconsideration or variance application and make a recommendation to the Commissioner of the Department of Health & Social Services.
- The Commissioner will either approve or deny the variance application.



### Where can I get more information?

- Division of Health Care Services, Certification and Licensing Section, Background Check Program at: <http://dhss.alaska.gov/dhcs/Pages/cl/bgcheck/>
- Department of Public Safety, Statewide Services, Records & Identification at: <http://www.dps.state.ak.us/statewide/background/>

## Who to Call in Certain Situations

The Office of Children’s Services employs many people. Each person has a different role and set of responsibilities. It can be frustrating to call one person and be told that you should be calling someone else.

In general, call the child’s Assigned Worker for any questions, problems, or incidents involving the child in care. Call the Licensing Worker with any changes in your home or family composition. In some cases, more than one person must be notified.

Below is a partial list of “Who to Call” in certain situations. If you are not able to reach your worker, then call a supervisor.

| SITUATION  | Child’s Assigned Worker | Licensing Worker | Other Source                       |
|--|-------------------------|------------------|------------------------------------|
| Absence of either foster parent due to death, divorce or separation  | X                       | X                |                                    |
| Behavior problems of foster child  | X                       |                  |                                    |
| Clothing needs of foster child   | X                       |                  |                                    |
| Critical incident, such as serious injury or illness, death, suicide attempts, or arrest of a foster child | X                       | X                | Police – Hospital (as appropriate) |
| Emergency medical care needed  | X                       | X                | Doctor - Hospital                  |
| Extended absence of both resource parents from the home  | X                       | X                |                                    |
| Medicaid Card/Health Insurance (third-party coverage)  | X                       |                  |                                    |
| Moving   | X                       | X                |                                    |
| Questions about your foster home license   |                         | X                |                                    |
| Relative or other person moving in with you  | X                       | X                |                                    |
| Remodeling or structural changes in your home  |                         | X                |                                    |
| Rest needed before accepting more children   |                         | X                |                                    |
| Runaway child  | X                       | X                | Police                             |
| School problems  | X                       |                  | School                             |
| Serious illness of foster parent or other family member  | X                       | X                |                                    |
| Suspected child abuse  | X                       | X                | OCS Intake                         |
| Training requirement for foster parents  |                         | X                | ACRF                               |
| Travel out of state or country with foster child   | X                       | X                |                                    |
| Trouble with the child’s parent  | X                       |                  |                                    |
| Vacations  | X                       | X                |                                    |
| Visits between the foster child and his/her family   | X                       |                  |                                    |

## 4. RELATIVE CARE

A relative is defined as an individual who is related to another by blood, adoption, marriage, or Tribal custom. The Office of Children's Services strives to keep children close to their families and their culture when out-of-home placement is necessary. When placing a child, OCS makes efforts to identify extended family members or relatives who are able to care for the child as the first preferred placement resource to the child. Relatives may choose to be licensed or provide unlicensed care.

### Why Relative Placement?

Relative care keeps children connected to their family and cultural heritage and may decrease the grief and separation anxiety a child feels in out-of-home care. There are many state statutes and federal mandates that require placements with relatives whenever possible. See Chapter 21, Legal Considerations.

### Role of a Relative Caregiver

Relative care is unique to other types of care in that you already have an established role or relationship with the child and his/her family. When you become a relative caregiver your relationship with the child and his/her parents may change. A relative caregiver is expected to meet the child's basic needs for food, clothing, shelter, supervision and protection. Relative caregivers must encourage and supervise school attendance, participate in teacher conferences, and keep the child's assigned worker informed about special education needs. The relative caregiver will work with the child's assigned worker to arrange for the child's medical, dental, and counseling appointments. Relative caregivers provide guidance, set a good example, and allow as many positive experiences for the child as possible. The assigned worker will inform you of the established family contact plan, no additional contacts or unsupervised contact is permitted without assigned worker approval.

You may be asked to supervise contacts between the children and their parents or other extended family. Because of these expectations, the child's parents or other family members may view you differently. The child's parent may not understand that by supporting the case plan and working with the assigned worker you are supporting them as well.

The relative caregiver may experience conflicting loyalties due to:

- their relationship with the parent who has abused or neglected the child,
- the responsibilities and expectations of the case plan, and
- the need to help the child cope with the separation from his or her family.

The relative caregiver must be able to manage these conflicts to support the child and parents to achieve the case plan goals. The relative caregiver must be able to cooperate with the assigned worker and child's parents.

### What are the Requirements of a Relative Caregiver?

Relative resource parents must:

- Complete criminal history screening;
- Participate and complete relative study;
- Agree not to use physical discipline;
- Cooperate with the agency in providing services needed and carry out the foster care plan and case plan;
- Meet basic fire, safety and sanitary standards;



- Support and participate in the case plan;
- Support and participate in the family contact plan;
- Fulfill training requirements; and
- Follow all foster home regulations. See Section 5, Licensed Foster Care for additional information.

## Setting Boundaries with the Child’s Parents

Relative resource families face a special challenge. The parent of the child may be your sister, brother, daughter or son. Your relatives may ask you to bend the rules when it comes to visits or not sharing information with the assigned worker. The child’s parent may accuse you of trying to turn the child against him or her, or may try to turn the child against you.

As a relative resource family, you have a legal responsibility to follow the child’s case plan and the family contact plan. Talk to your assigned worker if you have difficulties in meeting the expectations or activities in the plans.

## Permanency Planning with Relative Placements

OCS works first to reunify children with their parents/caregivers. When that is not possible, other permanency goals are considered in an effort to meet the child’s best interests, such as:

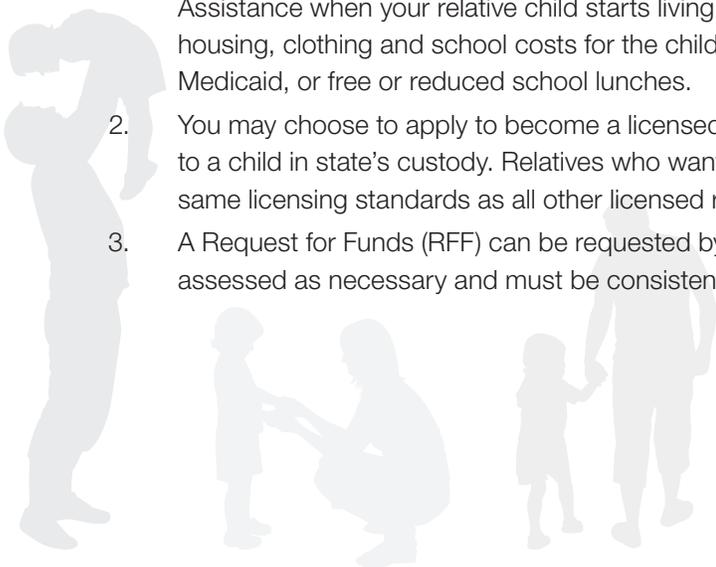
- adoption;
- guardianship;
- permanent placement with fit and willing relative, and
- another planned permanent living arrangement (APPLA)

As the relative currently caring for the child, you may be asked to care for the child on a permanent basis through adoption or guardianship. It is important that all members of your family are included when making this decision.

## Financial Considerations

When you agree to care for a relative in OCS custody, you may receive assistance in one of three ways to help with the additional costs to your family:

1. The children may be eligible for assistance through the Alaska Temporary Assistance Program (ATAP), or a Native Family Assistance Program (NFAP). You may apply for ATAP or NFAP through the Division of Public Assistance when your relative child starts living with you. Public assistance payments can help with food, housing, clothing and school costs for the children. Most children on public assistance are also eligible for Medicaid, or free or reduced school lunches.
2. You may choose to apply to become a licensed foster home and receive reimbursements for providing care to a child in state’s custody. Relatives who want to be licensed to care for family members must follow the same licensing standards as all other licensed resource families.
3. A Request for Funds (RFF) can be requested by the assigned worker on a case-by-case basis and assessed as necessary and must be consistent with the child’s case plan.



## 5. LICENSED FOSTER CARE

Foster parenting is rewarding, difficult, and demanding — all at the same time. Being a foster parent brings many new experiences and challenges. While a foster child lives in your home, you and your family have many opportunities to help the child grow and develop.

### What is Licensed Foster Care?

Foster care is the temporary placement of children with families outside of their own home when those children cannot live with their parents. Children are placed in foster care for a variety of reasons. Most children enter foster care because they are not safe in their homes due to abuse, neglect, or abandonment. Others enter care because of a caregiver's imprisonment, illness, hospitalization, death or due to special needs their parents are unable to meet. Some youth enter foster care under a delinquency or juvenile court order.

The goal of the foster care program is to maintain the child in a safe environment, which is supportive of his or her development. It is also to assist the parents in resuming custody, or to attain an alternative permanent placement for the child.

Foster care is intended to give families time to make necessary changes so the child can live safely in his or her home. Most children in foster care return home to their families. When children cannot return home, permanence is found through placement with relatives, adoption, or other means.

### Your Role as a Licensed Foster Parent

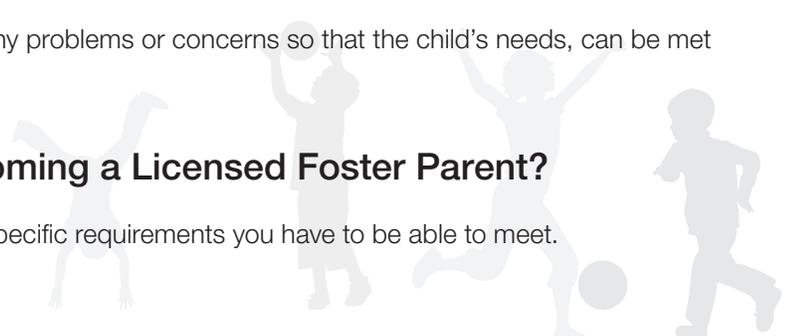
As a foster parent, you are responsible to provide temporary care, giving the child who has been placed out-of-home a safe, stable, and nurturing environment. During this time of disruption and change, you are giving a child a home. The role of the foster parent is to:

- Agree to supervise, support and provide positive family experiences to a foster child.
- Work cooperatively and actively with the assigned worker and the child's parent toward reunification goals as outlined in the case plan and the permanency plan, so the child can return home when appropriate.
- When appropriate, role model experiences for the child's family, and be an active participant in the child's case plan.
- Understand the need for, and goals of, family contacts and help develop such contacts.
- Help the child cope with the separation from his or her home.
- Provide guidance, discipline, a good example, and as many positive experiences as possible.
- Encourage and supervise school attendance, participate in teacher conferences, and keep the child's assigned worker informed about any special educational needs.
- Work with the agency in arranging for the child's regular and/or special medical and dental care.
- Work with the child on creating a Life Book.
- Inform the assigned worker promptly about any problems or concerns so that the child's needs, can be met through available services.

### What are the Requirements for Becoming a Licensed Foster Parent?

To become a licensed foster parent, there are some specific requirements you have to be able to meet.

- **Age:** You must be at least age 21.



- **Health:** The foster family must be physically and emotionally capable of caring for children.
- **Character References:** Regulations require three references at least two of whom are unrelated. The agency will seek statements from these individuals attesting to the applicant’s moral character, mature judgment, and capacity for developing meaningful relationships with children. If two applicants, references must address both applicants or separate references for each applicant.
- **Criminal History Background Check:** All household members age 16 or older must pass a criminal background check and have no barrier crime or condition. A barrier crime or condition variance may be granted.
- **Ability and Motivation:** The agency will explore each applicant’s ability and motivation to be a foster parent. Applicants must demonstrate a willingness to cooperate with the agency in providing services needed and carrying out the foster care plan and case plan.
- **Safety Standards:** The foster home must meet basic fire, safety and sanitation standards.
- **Space:** The foster home must have enough room (and beds) for a foster child to sleep, have privacy, and have a space to keep his or her belongings.
- **Training:** Attend Core Training. Core Training covers information about the child protection system, separation, grief and loss, visitation and birth families, positive parenting, and transitions back to birth parents. Core Training meets the training requirement for the first licensing year. Annual training is required. A one-parent home must complete 10 hours of training annually. A two-parent home must complete 15 hours. This can be split between each parent, however, each parent must receive a minimum of 5 hours.

## What is the Prudent Parent Standard?

Foster parents will support normalcy for children in foster care. The term “reasonable and prudent parent standard” means the standard characterized by careful and sensible parental 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, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the State to participate in extracurricular, enrichment, cultural, and social activities.

- Extracurricular activities (sports, clubs);
- Enrichment activities (attending community events);
- Cultural activities (participation in Native dance group);
- Social activities (sleepover, dances).

Age or developmentally appropriate means: activities or items that are generally accepted as suitable for children of the same chronological age or level of maturity or that are determined to be developmentally appropriate for a child, based on the development of cognitive, emotional, physical, and behavioral capacities that are typical for an age or age group.

## When you Plan to Move Within Your Community

When the planned move is local, ***notify your assigned worker and licensing worker prior to the move***, so a home visit can be scheduled. If you are licensed, a foster care license is not transferable to a new address and a valid license is necessary for reimbursement. Your licensing worker must schedule a home inspection to be sure your new residence meets basic fire and health standards, and provides enough room for the child in care. Once it has been determined that the new home meets the standards, a revised license will be issued.

## When you Plan to Move to Another Community in Alaska

If the planned move is to another community in Alaska, ***notify the assigned worker and licensing worker prior to the move.*** The assigned worker will be involved in any decision for the child to move with you. If it is decided that the child will move with you, you will be required to contact the OCS office in the area.

In most cases, the assigned worker from the office in your new location will be assigned to provide supervision for the child's case. The new assigned worker will visit your home to get to know you and the child.

If you are licensed, you will need to contact the licensing worker and schedule a home inspection to determine if your new residence meets basic fire and safety standards for licensure and to then issue a new license.

The foster home reimbursement rate may also change as it differs from one area of Alaska to another.

## When you Plan to Move Out-of-State

If the planned move is outside Alaska, ***notify the assigned worker and licensing worker prior to the move.*** The child's assigned worker will determine whether it is in the best interest for a child to move out-of-state with you. Additionally, the child's move to the new state must be approved by the Interstate Compact on Placement of Children (ICPC).

If you are licensed and the child in custody moves with you, you will be required to meet all foster care licensing requirements in the new state within 60 days if you wish to continue to receive foster care payments. This may be extended if you provide documentation that you are actively pursuing licensure or finalization of the adoption process.





## 6. CONFIDENTIALITY AND RIGHT TO PRIVACY

As a resource family, and member of a team, you must keep the child's and family's personal information confidential. State regulations protect the privacy rights of parents and children in care.

### Confidentiality

OCS is responsible for maintaining confidentiality of all information concerning the families it serves. This responsibility extends to you in the performance of your duties as a resource family parent. The assigned worker will be sharing necessary information with you about the child that will enable you to care for the child. The standard of sharing information is a "need-to-know" to provide appropriate care and safety for the child and other children in your home.

All personal information about the child, their family and the reason for entering out-of-home care is to be treated in a confidential manner. This helps to assure the child and their family's privacy. This includes making sure that the records of a child in your care are kept in a safe place.

Pertinent information about children in your care should only be shared with the child's parents, treating physicians, therapists, GAL/CASA, attorney, teachers and some of the child's caretakers, as necessary, to meet the needs of the child. This information cannot be disclosed to your relatives, friends or neighbors.

Do not identify a child as a child in care, or a foster child. When speaking about the child in the child's presence, it is important to be sensitive to the child's feelings so he or she is not embarrassed or singled out as being different. It is also important to talk to your own children and other household members about the foster child's privacy and confidentiality.

Particular attention in sharing identifying information about a child and/or family via email with others is very important. When sharing information via electronic mail (e-mail), the following procedures apply:

- Do not use the child's or parent's names in the heading of the email.
- Use initials when communicating about the child or parent.
- Each email about the child should have the following statement in the footer or signature of the email:

*This email, including attachments, is intended for the use of the person or entity to which it is addressed and may contain CONFIDENTIAL or privileged information that is protected by federal and state regulation. If the reader of this email is not the intended recipient or his or her agent, the reader is notified that any dissemination, distribution or copying of this email is prohibited. If you think you have received this email in error, please advise the sender by reply email and delete this email immediately. Thank you!*

- Health information and documents are confidential. Under HIPAA regulations, resource parents will not e-mail medical information about the child in care.

### Personal Property/Privacy

The personal belongings that a child brings to your home may be of special importance. The child's possessions are the child's property. All resource family members should respect these items. In addition, every child should have some private place such as a room, a drawer or a closet. This private space should be respected in the same way the child's possessions are respected.

Privacy is important for a child. Steps you can take to assure a child's privacy include knocking before you enter a room (except when checking on a sleeping child), respecting the privacy of a child's room when the child is not there, and providing an appropriate level of privacy for phone conversations and visits.

When a child leaves your home, the child must be allowed to take items, such as personal items, clothing and

any gifts or possessions purchased or acquired while in your home. A child who leaves your home should have an ample amount of clean clothing that fits and is in good repair. If you buy a large item for a child, such as a desk, stereo or bed, make it clear whether the child can take this with him or if the large items are his to use while at your home.

Making these things clear in the beginning prevents misunderstandings when the child leaves your home.

## Mail

Children in care have the right to send and receive mail. Mail is the private property of the child and you should never open or read a child's mail unless the child is incapable of doing so. In special circumstances, the assigned worker may request that a child's mail be monitored and may ask you to bring mail into the OCS office or appoint a designee, such as a guardian ad litem, to open the mail. If you suspect contents of a mail parcel to be a weapon or other contraband, or if mail arrives that is disturbing to the child, seek the assistance of the assigned worker.

## Telephone/Cell Phone

A child in care has the right to receive or refuse any phone calls during reasonable hours. The child should be allowed to make appropriate phone calls; however, the time, duration, and cost of such calls may be restricted.

Discuss cell phone usage with the assigned worker. If a child in care uses a cell phone, set some guidelines, such as when a cell phone can be used, texting, use of minutes, when it must be turned off, keeping it charged, where to store it, what to do if someone calls too often or leaves a mean message.

Cell phone usage gives a youth almost instant access to their caregiver if something goes wrong or they need help. Likewise, it can give caregivers quick access to children so they can check on them and make sure they are OK.

There may be times when a resource parent and assigned worker may want to discuss phone calls and possibly restrict certain calls, based on the particular case situation.

## Computer

The internet may be a resource for children/youth. They can use it to research school reports, communicate with teachers and other children, and play interactive games. Many youth have a Facebook account.

It's important to be aware of a child's computer activities and educate them about online risks. Getting involved in the child's online activities will help protect the child from internet predators and sexually explicit materials. It is recommended to use parent-control features to block certain material from coming into the computer.

Suggested guidelines for computer use by a child/youth include:

- Create a screen name for a child to protect their real identity.
- Keep the computer in a common area, not in individual bedrooms, where you can watch and monitor its use.
- Bookmark favorite sites for children to easily access.
- Spend time online together to teach your children appropriate online behavior.
- Do not allow a child to enter private chat rooms; block them with safety features provided by your Internet service provider or with special filtering software. Be aware that posting messages to chat rooms reveals a user's email address to others.
- Find out what, if any, online protection is offered by the child's school, after-school center, friends' homes, or any place where the child could use a computer without your supervision.

## Social Media

Resource parents who use social networking sites, including but not limited to Facebook and Twitter must never include the names, or any personal information about children in the custody of the State in information they post.

## 7. TRAINING

All licensed foster parents are required to have ongoing yearly training. One-parent homes are required to have at least 10 hours of training per license year. Two-parent foster homes are required to have 15 hours per license year. This can be split between the two parents. However, each parent is required to have at least 5 hours per year.

Training is required because it helps the foster parent:

- Gain appropriate knowledge and skills to provide for the needs of children in care and thus help children succeed.
- Provide for the special needs of children entering foster care as they are more likely to have developmental, emotional, and physical problems.
- Support the family, promote communication, and service coordination essential to meet a child's needs.
- Obtain an understanding of the foster care licensing and child protection systems.

OCS strongly recommends foster parents complete core training.

- Information about the child protection system,
- Separation,
- Grief and loss,
- Visitation and birth families,
- Positive parenting, and
- Transitions back to birth parents.

Core Training meets the training requirement for the first licensing year. The Alaska Center for Resource Families (ACRF) is a grantee of the Office of Children's Services and provides training, referral services, individual support and information to resource families. Prospective adoptive and guardianship parents are encouraged to participate in trainings offered; however, licensed foster parents are required to attend training.

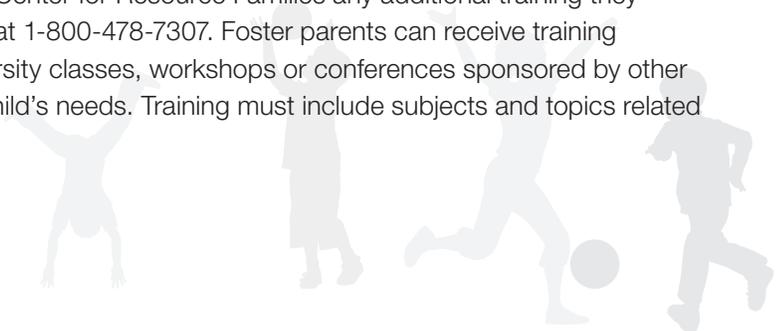
Offices are located in Fairbanks, Anchorage, Mat-Su and Juneau. There are several methods of obtaining training offered, all at no charge to you, including

- On-site,
- Distance education,
- Telephonic,
- Web-based and
- Self-study materials.

Contact the Training Center at 1-800-478-7307 or via the Internet at [www.acrf.org](http://www.acrf.org).

ACRF also works in partnership with other community based and Tribal partners, in order to enhance the training and services available to resource families. This may include cosponsoring trainings, sharing resource materials, assisting with support groups for resource families and participating in mentoring services.

Foster parents are required to register with the Alaska Center for Resource Families any additional training they receive outside of ACRF by calling the Training Center at 1-800-478-7307. Foster parents can receive training credit by attending OCS trainings, community or university classes, workshops or conferences sponsored by other agencies, or specialized training related to a specific child's needs. Training must include subjects and topics related to foster care, adoption or parenting.





## 8. LICENSING

Licensing standards only apply to licensed foster homes. Other resource family homes will have different processes for a home assessment. See Chapter 3, Being a Resource Family, Chapter 4, Relative Care, and Chapter 10, Adoption or Guardianship.

### What Is Licensing?

All children in State custody must be in homes or facilities that are approved by the State of Alaska. Some of these homes or facilities are licensed by the State of Alaska. Licensing is optional for homes that accept placements for children who are relatives.

When you apply to become a licensed foster family, you are required to meet State licensing regulations. The Office of Children's Services is responsible for the licensing of:

- Child foster homes;
- Child foster group homes;
- DJJ foster homes;
- Child placement agencies; and
- All foster homes that are approved for licensure through a child placement agency.

The goal of licensure is to reduce predictable risk to children in out-of-home care by establishing standards for licensure. These standards are the regulations and statutes governing licensed foster homes. On-going review and monitoring of licensed foster care homes by a licensing worker and the child's assigned worker help keep children in care safe.

The foster family must notify the licensing worker of changes in the home throughout the license period and be cooperative with the licensing worker through the processes of licensing and renewals.

### Who must be Licensed?

A foster care license is issued in the names of the heads of a particular household. Thus, all parents in the household must be a part of the licensing process and meet the necessary requirements. For example, in a two-parent household both parents:

- Are required to be listed on the license,
- Are responsible for the care and safety of the children placed in the home, and
- Must meet licensing requirements such as training, and criminal background clearances.

### Types of Licenses

There are two types of licenses a foster home may receive:

**Provisional License:** This is a license that is issued during the first year of licensure OR when a license has been reduced from biennial to provisional status. A provisional license is issued:

- When all licensing requirements are met, or
- Under emergency conditions for a period of time not to exceed 90 days. A license issued under emergency conditions allows a foster home to receive payment prior to the completion of the full licensing assessment. When a license is issued under emergency conditions, it is for specific children only. A full assessment must be completed within the 90 days to bring the license into full provisional status.

**Biennial License:** This license is issued after a licensing worker determines that licensing standards are being met on a continuing basis after the first year of operation. A biennial license is valid for two years unless revoked, suspended or modified because a foster home is non-compliant with the standards of licensure.

## Licensing Requirements

Licensing requirements are defined by law in Alaska statutes and regulations. The licensing worker or representative will review the regulation requirements with you during the scheduled visit to your home as a part of the licensing process. Ask your licensing worker for a copy of the regulations summary for your own reference. See Chapter 28, Resources for the list of applicable statutes and regulations.

## Role of the Licensing Worker

The role of the licensing worker is to:

- Assess applicants,
- Complete an on-site inspection of the prospective foster home,
- Investigate complaints of licensing violations, and
- Take enforcement actions when necessary.

## Variations

There are two types of variations that may be granted for licensing a foster home.

**General Variance:** A general variance allows a licensee to “vary” or change how the licensee will comply with a specific regulation governing licensed foster parents. It is not an exemption from a licensing requirement.

**Barrier Crime or Condition Variance:** A variance for a barrier crime or condition allows a barred individual to have regular contact with a child placed in out-of-home care. Approval may be given by the Commissioner of the Department of Health & Social Services if it is determined that the individual does not pose a risk and the health, safety, and welfare of the children placed in the home is adequately protected.

## Your Foster Care License

When you and your home have met all requirements, as determined by the department, you will receive a **Foster Care License**. The foster care license lists your provider number, your name, address, type of license and any conditions of licensure.

You will also receive a foster parent identification card listing the dates you are licensed. This card identifies you as a foster parent and may be helpful in getting services for children in your care or for obtaining reduced rates in your community. For a list of possible discounts, please see the FosterWear Program website at: <http://dhss.alaska.gov/ocs/Pages/fosterwear/>

## Renewing Your License

Your license will have a beginning and ending date. If, at the end of your provisional license period, you wish to continue to provide foster care, a licensing worker will schedule a visit to your home to inspect and review the licensing standards with you.

If non-compliances are found, you will be required to correct the non-compliances and your provisional license may be extended for up to an additional year. If you are found to be in compliance, your license will be converted to a 2-year biennial license.

The worker will send you a renewal application at least 120 days before your license expires. You are required to submit a new application 90 days before the expiration of your biennial license if you intend to continue foster care. Upon receipt of your application, a licensing worker will schedule a visit to your home to inspect and review the licensing standards with you.

## What is a Plan of Correction?

When the licensing worker inspects and/or investigates your home and finds a violation of regulations, you are required to submit a Plan of Correction to address the violation. As an example, if at inspection the smoke alarm batteries have expired and were non-functional, the foster parent would be required to submit a Plan of Correction for the replacement of the batteries and the date for completion.

In more serious situations, the violation of licensing standards may warrant the Department to issue an enforcement action. In this event, the foster parent may exercise their right to due process and request an appeal of any enforcement action imposed.

## Self-Monitoring Report

At the end of the first year of your biennial license, you will be asked to submit a self monitoring report and a licensing worker may visit your home again. This report is a self-evaluation of your compliance with the standards of licensure.

Your licensing worker will send this self-evaluation form to you to complete and return. Being clear and direct in your responses may assist in obtaining the support necessary for you as a resource family.

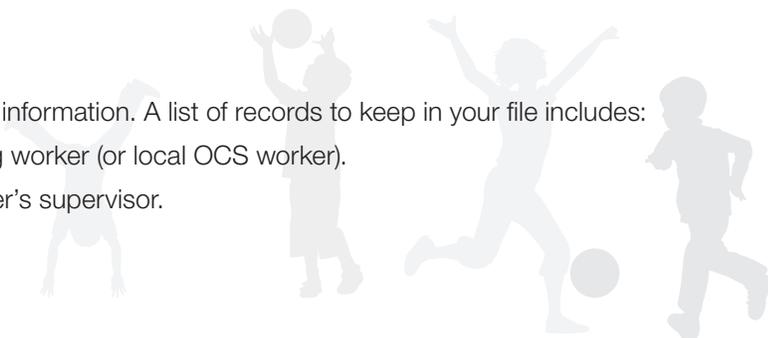
## Foster Family Home Records

The foster family is required to provide documentation of its licensing records to the licensing worker to review for compliance with licensing standards. This includes:

- The emergency evacuation and disaster preparedness plan, documentation of monthly fire drills that log the time it took to evacuate and who participated in the drill.
- A copy of the plan to reduce second hand smoke.
- Plans of correction.
- Handling of firearms where applicable.
- A record of your training hours. This may include certificates, cards or signed letters from the training program you have completed.
- Your license.
- Child records.

You may also wish to keep some records for your own information. A list of records to keep in your file includes:

- The name and phone number of your licensing worker (or local OCS worker).
- The name and number of your assigned worker's supervisor.
- A copy of the regulations for reference.



The Alaska Center for Resource Families is able to electronically record all of your training hours. They can help you get a copy of the training hours you have reported to them. Call ACRF at 1800-478-7307 to find out about your required training hours.

*Regulations require that you retain your records for at least 3 years.* These records should be available to your licensing representative to review. Records must be kept in a secure, confidential place where only the resource family can access. See Section 4, Confidentiality and Right to Privacy.

## Child Placement Records

A child's Placement Packet will accompany the child throughout the child's entire out-of-home placement period. This packet contains:

- Consent for emergency and routine medical care
- Medical summary
- If applicable, a summary of the child's mental health issues that may affect the safety of the child, the caregiver, or the caregiver's family, or that the caregiver needs in order to provide care for the child
- Educational summary
- The child's education reports prepared by or for the department, including reports compiled before the child is placed with the caregiver, and supplements to such plans, orders, and reports
- Child Information Guide
- Family Contact Plan
- Clothing Inventory and Request Form
- Medical, Dental, and Medication Record Form
- ICWA Pamphlet

The foster family is required to keep the child's medical and educational records current. You should update and sign each entry or addition to these records. This includes reports prepared by or for the department, including reports from before the child was placed with you.

Keeping a record for each child ensures that the assigned worker and the child's parents have easy access to important information about how the child is doing, and it provides quick access to critical information in case of an emergency. Clear and accurate records also help keep the assigned worker and family.

- Up-to-date about the child
- Clarify misunderstandings or miscommunications
- Keep track of appointments or services such as:
  - » Counseling, and
  - » Evaluations.

Foster parents may be asked to document any contacts (as outlined in the family contact plan) as a part of the child's case plan.

The child's assigned worker will review the packet during monthly visits to your home. When the child leaves your home, the Placement Packet must be given to the assigned worker.

## Records Kept by OCS

Under Alaska law, certain portions of your licensing file are considered public record and are thus available for public

inspection. However, the following information is considered confidential and generally OCS may not release such information without a court order:

- Application
- Background information forms
- Background checks
- References
- Complaints\*
- Inspections\*
- Investigations\*
- The identity of a complainant
- The identity of children in placement

*\*Inspection and Investigation Reports resulting from a complaint or investigation under AS 47.32.090 would be subject to public record disclosure.*

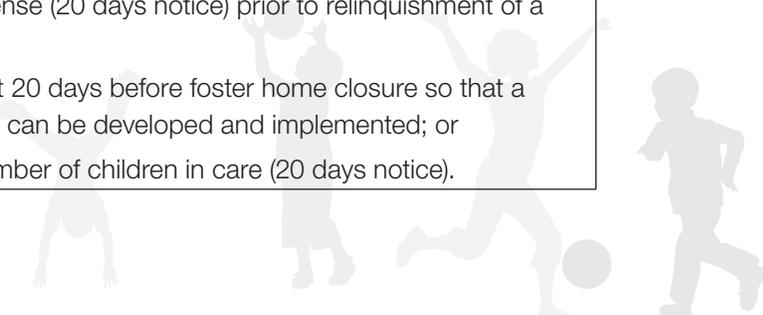
## Changes in Your Foster Home

While licensed, the foster family must notify the licensing worker of changes in the home and cooperate with the licensing worker.

When there is a major change in your home, the change may affect your license or your ability to care for the child in your home. It is important to keep the licensing and assigned worker informed of any major changes. Some changes need prior approval, so please plan ahead.

Some circumstances that require a foster parent to notify their licensing worker are outlined in the list below. If you are uncertain whether a particular change requires reporting, discuss the change with your licensing worker who can assist you.

|  |   |
|--|---|
| <p><b>Notify your OCS licensing worker no later than 30 days before the following changes:</b></p> | <ul style="list-style-type: none"> <li>• Change in name of a foster family licensee;</li> <li>• Change in the composition of the household (births, adoptions, marriage, divorce, deaths);</li> <li>• Addition of any new household members, age 16 or older;</li> <li>• Guests or other individuals who may reside in the licensed premises for 45 days or more within a given year; or</li> <li>• When moving to a new location.</li> </ul>   |
| <p><b>Notify your licensing worker within the period given in the following situations:</b></p>    | <ul style="list-style-type: none"> <li>• Change of mailing address (14 days before date of change);</li> <li>• A foster family member or other household member is charged, convicted or indicted of a serious crime (within 24 hours of knowing about the conviction or indictment);</li> <li>• When wanting to relinquish a license (20 days notice) prior to relinquishment of a license;</li> <li>• If you have a child in care at least 20 days before foster home closure so that a placement transition for the child can be developed and implemented; or</li> <li>• When wanting to change the number of children in care (20 days notice).</li> </ul> |





## 9. FOSTER CARE SPECIALIZATIONS

### Approved Specializations

A foster home cannot represent that it specializes in the types of care listed below without approval of the specialization from the licensing agency. These specializations should appear on your license. If a foster home is to be designated to specialize in any of the following areas, the family may need to meet additional licensing requirements.

### Foster Group Homes

A foster group home may provide care for up to 8 children who are unrelated to the foster parent. A foster home is required to meet foster group home standards if the foster home cares for more than three foster children or has more than six total children in the home. Of the eight children, only two children under 30 months of age are allowed. If more than six children are in care, one foster parent generally must be available in the home.

Foster group homes have specific space requirements for indoor and outdoor recreation space for children. There should be at least one full bathroom for every six children in care. If a foster group home has more than five children in care, a fire safety inspection is needed through the State Fire Marshal's Office.

If a foster group home has only one exterior door, no more than six children can reside in the home. Additional space and safety standards are required for group homes. Contact your licensing worker for further information.

### Emergency Shelter Care

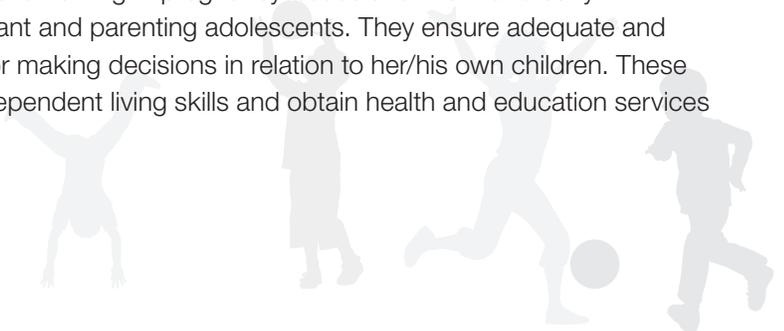
Emergency shelter homes are available to take children on an emergency basis. A foster home or foster group home providing emergency shelter care may accept placement from one agency only and shall have one foster parent generally available in the home. In emergency shelter care, children can be placed without a prior visit, and with less than 24-hour notice. Emergency rates will be paid for the first 10 days of the child's stay.

When a child is placed in an emergency situation, the resource family conducts a brief health review of the child to determine any immediate physical needs and secure medical or dental treatment if necessary, Emergency Shelter Care Health Review Form (06-9372). Children stay in the emergency shelter home until an appropriate placement setting can be found or they are able to return home.

### Pregnant and Parenting Teens

This specialization allows a foster home or foster group home to care for the pregnant adolescent before and/or after the adolescent gives birth and may provide care as needed to mothers and their infants. Infants not in custody are counted in the total number of children allowed in the home.

Foster families with this specialization are required to have training in pregnancy issues and infant and early childhood development. Foster families educate pregnant and parenting adolescents. They ensure adequate and consistent prenatal care and prepare the adolescent for making decisions in relation to her/his own children. These homes help pregnant and parenting teens develop independent living skills and obtain health and education services in the community.



## Supervised Transitional Living

This specialization allows foster families to provide care for teens who are age 16 and older and family reunification is no longer the permanent goal. A foster home with a specialization in supervised transitional living provides training and support, or assists a teen to access services that will help the youth successfully prepare for the transition to adulthood and independent living.

The OCS assigned worker may ask your assistance in providing education and assistance in teaching a youth skills that would allow the youth to live independently as an adult. Resource families can help a youth locate:

- Birth certificate
- Social security card
- Driver's license
- Education record
- Medical records
- Job resume
- Reference letters
- List of known relatives, addresses, phone numbers
- Complete a life skills assessment



## 10. ADOPTION OR GUARDIANSHIP

All children have the right to a permanent and safe family home. The Office of Children's Service's primary goal is to reunify children with their parents as quickly and safely as possible. In some instances, reunification may not be possible. In these instances, other permanency plans such as adoption/guardianship will be considered. Priority for adoptive or guardianship placement is given to relatives, then to non-relative placements. Additionally, for Alaska Native children, OCS will seek approval of the adoptive or guardianship placement with the child's Tribe.

### What is the Difference Between Adoption and Guardianship?

**Adoption:** is the preferred choice in providing a permanent, "forever" family to children who cannot return to their parent's home. Adoption is considered a lifelong commitment to the child. In order for a child to be adopted, the parental rights of the child's parents must be terminated by the court either through parental consent, relinquishment, or termination of parental rights. The OCS assigned worker will work with the Assistant Attorney General to resolve the parents' rights to the child.

**Guardianship:** provides a permanent home to a child until the child turns 18 years of age. Typically, guardianships are an option for permanency for children who are 10 years of age or older. Unlike adoptions, parental rights may not be terminated. Instead, parental rights are suspended by the court regarding the day-to-day care of the child. The parents continue to maintain "residual" rights, which include:

- The right to consent to adoption,
- Military enlistments,
- Marriage, and
- Major medical care, such as surgery.

### Deciding to Adopt, or be a Guardian of a Child in Care

Some resource parents are certain that they want to adopt, or provide guardianship to a child in their care. Others are not so sure. Such an important decision should be made on a rational basis, not on emotions alone. Even if you feel clear about your decision, answering the following questions may help you decide whether you are ready or not:

- Can I accept the child unconditionally?
- Can I accept how the child's past will influence the child now and ongoing?
- Can I/we make a lifetime commitment to the child?
- Have I realistically evaluated the child's needs and problems and how they will fit into my current family structure?
- Do I/we have the abilities, resources, and energy to meet the child's needs and face any problems?
- Are other members of our household or extended family positive about the idea of adopting or becoming a legal guardian?
- What effect will adoption or guardianship have on my/our family?
- Who will care for the child if I/we die or become disabled?
- Does the child have siblings who are also free for adoption or guardianship?
- Does the child have siblings already adopted to another family?
- Are you willing to adopt or become the guardian of the siblings? If not, what plan would you make to allow the child to visit and remain connected to the siblings?
- What will be the child's connection to the birth family after the adoption or guardianship is finalized?

- Should you adopt or guardian a child of a different race or ethnicity and what efforts can you make to assist the child to maintain traditional and cultural connections?

## Starting the Adoption or Guardianship Process

The adoption or guardianship process begins when the child's permanency goal is changed to adoption or guardianship.

## Criminal Background Checks for Adoptive and Guardianship Families

For adoptive and guardian applicants, a fingerprint-based background check is required on all adults and household members age 16 and older. The background checks include criminal record checks, and child and abuse registry checks in each state where the prospective adoptive or guardian parents have lived in the last five years.

## Adoption and Guardianship Home Study

Your family and home will need to be approved by the agency as an adoptive or guardianship home. This process is conducted through a home study. During the home study, you will be asked questions about yourself, your family, and your home, as well as questions about care of the child. The agency uses this information to decide whether adoption or guardianship by the resource parents will be in the child's best interests. An approved home study must be completed prior to adoption approval.

A home study is a comprehensive assessment of the family seeking to adopt, or become the legal guardian, of a child. A home study may be completed by OCS staff or by a grantee of the agency. A home study involves:

- Multiple visits to the home,
- Group and individual interviews with household members, and
- In-depth discussions regarding the past history and current situation of the primary adoptive or guardianship candidates.

This process can be very intensive because the home study writer will be discussing all aspects of personal life with the adoptive candidates.

For more information about the home study process, talk with the assigned worker.

## Information You Should Receive

In most cases, an adoption worker or adoption specialist will be assigned to handle the adoption or guardianship process. You are entitled to full disclosure of information pertinent to the child's special needs and care.

The OCS worker may not release any information regarding the child's parents. Make sure that you have the available medical history of the child before you adopt or become the legal guardian (you should have received this when the child was placed in your home). The history must include:

- Psychological information and medical information about conditions or diseases believed to be hereditary,
- Immunizations,
- Medications,
- Allergies,
- Diagnostic tests and their results, and
- Any follow-up treatment given or still needed by the child.

Be sure to request this information before the adoption or guardianship is finalized.

## Adoption and Guardianship Subsidies

Children in OCS custody may be eligible for the subsidized adoption or guardianship program. The subsidy program may provide monetary assistance, Medicaid coverage, or reimbursement of non-recurring adoption expenses. An adoption or guardianship subsidy is different from foster care stipends. Foster care payments end when the adoption or guardianship is finalized by the court. A subsidy is set up to assist the family in meeting the ongoing special needs of the child. It is not intended to pay for the general cost of living expenses. Subsidies may include any or all of the following services:

- On-going Medicaid for the child to age 18 years.
- Non-recurring reimbursement for adoption expenses up to \$2,000.
- A monthly payment to assist with meeting any special needs not covered by other resources, such as Medicaid.

Under both federal and Alaska statute, adoptions of special needs children may be subsidized, in order to assist the adoptive family in meeting the needs of the child.

Since 1990, Alaska law also allows for subsidy guardianships of children in custody. OCS provides federal and state funded subsidies based on eligibility. Refer to 7 AAC 53.200 – 53.299.

The amount of the payment will be determined through an agreement negotiated between a prospective adoptive parent or guardian and the department, taking into account the circumstances of the prospective adoptive parent or guardian and based on:

- The identified special needs of the child;
- The costs associated with meeting these special needs; and
- The family's existing circumstances and resources, which may assist with meeting the child's special needs.

The amount may be renegotiated periodically to fit the child's changing needs and the circumstances of the adoptive parent or guardian. However, the amount of the payment may not exceed the foster care payment that would have been paid by the department during the same period if the child were in a foster home.

Subsidies are binding contracts that OCS cannot modify unless the family agrees or the terms of the agreement are violated.

All subsidy negotiations begin at a zero dollar amount. Under no circumstances can the amount of the monthly subsidy payment exceed the amount that the child would receive in an OCS foster care payment.

Medicaid health coverage may be offered under a Title IV-E guardianship and state-funded and Title IV-E adoptions. In a state funded guardianship, the guardians can apply for Medicaid on behalf of the child once the guardianship is finalized.

## Adoption or Guardianship Subsidy Agreement

To be able to receive an adoption or guardianship subsidy, the adoptive or guardianship parent must enter into a subsidy agreement with the agency and signed *before the child is adopted or the guardianship is finalized*.

A subsidy may be approved for a child after the adoption or guardianship is final regardless of whether the child is in department custody at the time of the adoption or guardianship, if a first-level review or an evidentiary hearing indicates:

1. Relevant facts regarding the child were known by the department and were not presented to the adoptive parent or guardian before the adoption was finalized;
2. The department's decision was based upon a means test of the adoptive parents' or guardian's income or

other resources, or on a life choice made by the adoptive parent, including a decision to leave a job to stay at home with the child or return to school;

3. Adoptive parent or guardian believes the department's determination that the child is ineligible for Title IV-E adoption assistance was made in error;
4. Department failed to advise the adoptive parent or guardian about the availability of adoption assistance for children in the state's foster care system;
5. A decrease in the amount of adoption or guardianship assistance was made without the adoptive parent's or guardian's concurrence; or
6. Adoptive parent believes the department's denial of a request for a change in payment due to a change in the adoptive parent's or guardian's circumstances was made in error.

## Declining an Adoption or Guardianship Subsidy

Prospective adoptive parents or guardians may elect not to receive a subsidy even though the child may be eligible for one. If the family elects not to receive an adoption or guardianship subsidy, the family is required to sign a notice to this effect. The family will not be able to access a subsidy for the child at a later date.

## Deferred Adoption Subsidies

The OCS may provide a deferred subsidy to a child when the special needs of the child are not yet diagnosed, but are anticipated in the future. A deferred subsidy provides no monetary reimbursement to the family, but will continue Medicaid benefits for the child. Deferred subsidies are generally offered to adoptive families when a child is recognized to be at high risk of physical or mental disease.

## Monetary Subsidy

An adoptive parent or guardian may request a monetary subsidy for a child receiving a deferred subsidy if a condition is later diagnosed. The request for a monetary subsidy must be made in writing and must document the reasons that the child requires a monetary subsidy, including a documented diagnosis from a qualified health professional. The department will negotiate a monetary subsidy with the adoptive parent or guardian if the department approves the request.

If there is a change in the child's special needs, the adoptive parent or guardian should contact the OCS State Office Adoption Unit.

## Adoptive Placement Agreement

The Adoptive Placement Agreement is a form that the adoptive parent(s) and the agency sign after the pre-adoptive parent is approved to adopt a child. By signing the agreement, you agree to take care of the child and meet the child's needs with the intention of adopting, and the agency agrees to carry out its duties concerning the welfare of the child. Before signing any form, review it carefully and discuss it with your assigned worker.

## Finalizing the Guardianship

To finalize the guardianship, you will need to work with the child's case worker and the Regional Permanency Specialist in your region. The AAG or a private attorney hired by the guardianship family will file the guardianship petition in court.

1. A completed home study with fingerprint results must be approved by OCS.
2. A subsidy must be discussed, and if eligible, must be negotiated and approved before the guardianship hearing is held.
3. The legal guardian must submit an annual report form to the court.

## Finalizing the Adoption

To finalize the adoption, you will need to petition the court and ask the judge to issue an order of adoption. The agency and your attorney will help you. Steps to finalization:

1. Hire an attorney.
2. Work with your attorney and OCS worker to insure all information is provided to the court.
3. Keep track of the adoption case.
4. Go to court on finalization day.

## Hiring an Adoption Attorney

You may contact a lawyer to proceed with adoption after the Adoptive Placement Agreement is signed. If the child is legally free for adoption, contact an attorney as soon as possible; it is a good idea to hire an attorney who is familiar with the adoption process. If the child is not yet legally free for adoption or is in the process of being freed, you can contact an attorney and get advice about the adoption process. However, if your attorney works on your case and your child does not become free for adoption, the attorney might still charge a fee for the work that he or she has done. Be aware of the legal costs that are being incurred as you will be responsible for these costs.

The attorney will complete the petition to adopt and file it with the Court, along with the necessary documents.

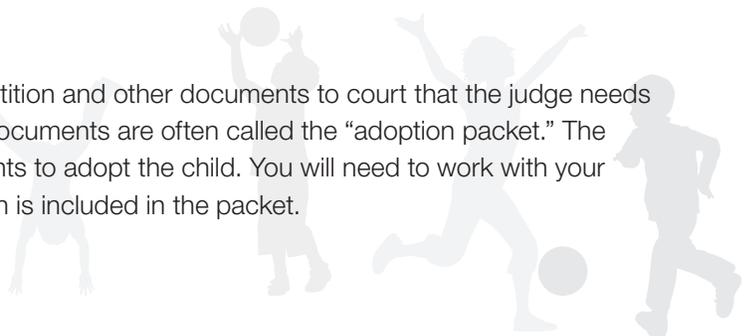
## Reimbursement of Nonrecurring Adoption or Guardianship Expenses

A reimbursement of no more than \$2,000, per child is available to adoptive or guardianship parents after the adoption or guardianship is final. This special reimbursement is for “nonrecurring” adoption or guardianship related expenses, such as attorney fees, court costs, home study fees, costs of pre-placement visitation and travel, and other nonrecurring expenses that are directly related to the adoption or guardianship. Nonrecurring expenses are paid only after the adoption or guardianship is final. Be sure that you;

- sign and date the subsidy agreement before completion of the adoption or guardianship,
- are provided a copy of the adoption decree or guardianship order,
- save all receipts for adoption or guardianship-related expenses, and
- submit the receipts to the agency within one year of the date of the final adoption decree or guardianship order.

## The Adoption Packet

Your adoption attorney will have to submit an adoption petition and other documents to court that the judge needs to finalize the adoption. The adoption petition and other documents are often called the “adoption packet.” The adoption packet has information about the family that wants to adopt the child. You will need to work with your attorney and OCS worker to ensure all needed information is included in the packet.



The packet may have the following type of information:

- General information – name and address, age, religion, occupation, income.
- Marital status.
- Medical reports.
- Criminal history records check.
- Information about the birth parents.
- Adoption home study.

## Keeping Track of the Adoption Case

Remember, you are the petitioner in the case. You begin the court finalization process by having your attorney file the adoption packet in court. You have the right to follow up with your attorney and the agency to make sure everyone is doing his or her part. You can check on the progress of the adoption by contacting your assigned worker or your attorney.

## Going to Court on Finalization Day

The court will schedule an adoption hearing to determine if you can adopt. To help your finalization go smoothly, arrive at court early. It is also helpful to know ahead of time what courtroom to go to and the name of the judge. Your attorney should be able to give you this information.

Children and family members are welcome at adoption hearings, as are balloons, flowers, and cameras to take family pictures of your adoption day



## 11. FINANCIAL MATTERS

### Alaska Temporary Assistance Program (ATAP)/Native Family Assistance Program (NFAP)

Unlicensed relative providers may choose to apply for the Alaska Temporary Assistance Program (ATAP), or a Native Family Assistance Program (NFAP) (if living within an area served by a Native Family Assistance Program) for cash assistance. These payments can help with food, housing, clothing and school costs for a relative child in care.

### Foster Care Reimbursement

Reimbursements are financial benefits to offset the costs associated with caring for a child so that the cost of care does not burden the foster family. The reimbursements are not intended to be a wage or salary to the foster family. Your family should have a stable income other than the reimbursement and not depend on reimbursements to pay rent or time-sensitive necessities.

Licensed foster care providers will receive monthly reimbursements for providing care to a child in state's custody, based on the child's assigned worker's electronic verification of the number of days a child resided in your home.

DHSS determines the "base rate" for foster care based upon the Federal Poverty Guidelines (FPG) for Alaska for a household unit of one divided by the number of days in the current year.

The base rate is adjusted depending on the age of the children in your care, January 1, 2016 base rate are:

- For children birth to 5 years — \$24.62.
- For children age 6 through 11 years — \$27.93.
- For children aged 12 years to 20 years — \$30.23.

A geographical cost of living differential is applied based on where you live, in order to establish your daily foster care rate. You can access current rate information at: <http://dhss.alaska.gov/ocs/Documents/FosterCare/pdf/fostercarerates.pdf>

Foster care payments are issued on Friday in the first full week of the new month. Reimbursement rates are established by the Department of Health and Social Services.

Reimbursement rates include:

- Base/standard rates,
- Emergency shelter rates, and
- Augmented rates.

The foster care reimbursement is calculated on a daily basis for the time a child resides in your home. Reimbursement includes the day the child is placed with you in your home, but not the day the child leaves. This reimbursement is intended for services rendered which means you receive an established daily rate for the number of days a child has been placed in your home.

If the reimbursement is not received by the 15th of the month, contact your licensing worker or assigned worker.

Providers have the option of receiving their reimbursements via mail or electronically. The electronic payment agreements are listed at [http://doa.alaska.gov/dof/forms/resource/EDI\\_agreement.pdf](http://doa.alaska.gov/dof/forms/resource/EDI_agreement.pdf). With either reimbursement method, it is important to review the details of your payment to ensure its accuracy and prevent overpayment or underpayment for your services.

## Standard Foster Care Rates

Standard rates for foster care include reimbursement for the following items for the child:

- Food, including meals and snacks; (35%)
- Clothing replacement as needed by child; (10%)
- Shelter, including utilities and use of household furnishings and equipment; daily supervision, including those activities that a parent would normally carry out to assure protection, emotional support, and care of the child; (14%)
- Personal and grooming items for the foster child, such as toothbrushes, replacement formula, bottles and nipples, diapers, haircuts, and other essentials; (2%)
- School supplies and regular school activities; (5%)
- Games, toys, books, and equipment costing less than \$100 per item appropriate to the ages of children in care in sufficient quantity to promote normal growth and development; (5%)
- General recreation such as picnics, recreational activities and equipment, and other items costing less than \$100 per item that are appropriate to the ages of the children in care and sufficient in quantity to promote normal growth and development, community sports and movies; (12%)
- Usual transportation expenses on behalf of the foster child (including the purchase of bus passes and reasonable local travel to the child's primary home for visitation). This includes transportation to treatment, medical and after school activities visits; (6%)
- Other/miscellaneous items such as first aid supplies, bandages, aspirin and cough syrup and other items considered usual in the care and supervision of a child; (5%)
- Allowance for the foster child appropriate to the child's age; (2%) and
- Baby-sitting and child care (4%).

**Note:** *The percentages listed above are estimates and vary from month to month.*

## Emergency Shelter Rates

Emergency shelter rates apply when a child is placed in a foster home with less than 24-hours notice. Emergency shelter rates are paid to a licensed foster family for a maximum of ten days for any one placement. If the child continues to stay in your home for more than ten days, the reimbursement rate then would revert to standard reimbursement level, after the ten days of emergency shelter care is completed.

## Augmented Rates

Augmented rates may be paid for children placed by the Department if the level of care a child required has been assessed and determined by the Department to exceed the basic (standard) level of care. When the standard rate is augmented, additional funds are added to the daily foster care rate for a specified period of time. The assessment needed to document an augmented rate is completed by the child's assigned worker.

A re-determination of the augmented rates must be made every six months or when the child changes placement. Augmented rates may be reduced if the six-month assessment indicates that the child is no longer eligible for the higher rate of care. Each request for augmented rates is assessed and reviewed on a case-by-case basis by OCS and based on available funding. Augmented rates for the following situations may be approved.

**Specialized Care:** Children who qualify for the specialized care rate have identified special needs that require more intensive care and supervision from the foster parent.

**Structured Care:** Children who qualify for the structured care rate have identified severe problems that require specialized training by the care provider and a structured environment and their needs are more than can be provided through basic or specialized care, but residential care placements are not required to meet their needs.

**Teen Parent/Baby:** If a teen parent, who is in custody, and baby, who is not in custody, is placed in the same foster home, an augmented rate may be paid for the teen parent. If the baby is subsequently taken into custody but placed in the same home, the standard foster care rate will replace the augmentation.

**Medically – Fragile Children:** Augmented rates may be approved for children who have been placed on a Division of Senior and Disability Services (DSDS) waiver wait list. Medically fragile augmented care may only include reimbursement to the foster parent for the additional intensive care, supervision, and management skills that they provide in maintaining a medically fragile child in a home environment. Requests for augmented rates for medically fragile children are exceptional and are based on the child's specific medical needs and supervision. Augmented rates for medically fragile children are reviewed on a case-by-case basis.

Contact the child's assigned worker for any additional information regarding augmented rates.

## Clothing Allowance

Foster parents should review the child's initial clothing needs with the child's assigned worker and the child, if old enough, to determine an adequate basic wardrobe that is clean and fits well. If the amount and quality of the child's clothing does not meet a minimum standard, a one-time clothing allowance may be approved. The clothing allowance does not apply when the child moves from foster home to another foster home.

A clothing allowance is used only when the child comes into custody and does not have basic items such as pants, shirts, shoes, snowsuit or boots. Make sure to complete a clothing inventory when the child comes into your home. When listing a child's clothes on the inventory, list only clothing that is wearable and fits the child. After placement, the monthly reimbursement is to be used for the costs of maintaining and routine replacement of items as the need arises. As with your own children, foster children should be encouraged to be proud of themselves and the way they dress.

Involve the child in selecting clothes that the child will like and feel good wearing. Any clothing purchased for the child is to go with the child at the time of a placement change. It is expected that the child will leave your home with sufficient, clean clothes in good condition.

## Extraordinary Clothing Needs

To request approval, consult with the assigned worker.

## FosterWear Program

The FosterWear program is available to help Alaska Foster youth obtain quality clothing. Under the program's plan, licensed foster families will be offered discount clothing at local participating stores. Participating business can be found at <http://dhss.alaska.gov/ocs/Pages/fosterwear/>.

## Childcare Assistance and Expenses

In some pre-approved situations, a child in foster care may be placed in licensed child care for a regular part of the day. Child care may be partially paid for by OCS to ensure the continuity of care due to the employment of the resource parent(s). Approval for assistance with child care payments is reviewed by your caseworker and their

supervisor on a case-by-case basis. Contact your caseworker for the process for obtaining approval for potential OCS payment for child care, or the OCS Child Care Unit at 1-844-465-5648 or ocschildcare@alaska.gov.

Here are some things to keep in mind if you will be requesting assistance with child care.

- Choose a child care provider meeting the child's and resource family's needs.
- Contact your caseworker or your local child care referral agency to ensure child care provider is licensed. In some communities where there are few licensed child care options an OCS approved unlicensed child care provider may be used.
- Provide your caseworker with all pertinent information on the provider: contact person, address, telephone number, etc.
- Resource families should contact the OCS Child Care Unit with any questions. Invoices from child care provider should be faxed or emailed immediately upon the last day of the billing period.
- Resource parents should never name themselves as guarantor.
- The assistance goes for child care services. OCS does not pay day-care late fees, additional charges for early/late drop-off or pick-up, or for transportation to and/or from child care.

## Damages and Loss

Costs related to modest damages and losses are normal in the care of children and are included in the standard rate. Under certain circumstances, a foster family may be reimbursed up to \$6,000 for damages and loss. These may include financial losses resulting from physical injury inflicted by a foster child to a member of the foster family household or to property of the household not covered by other insurance policies. These losses must be documented by the foster family (including filing a report with law enforcement agency as required and corroborated by OCS or DJJ). The following circumstances must exist:

- The damage or loss is a result of a deliberate act with malicious intent or with gross negligence on the part of the child.
- The foster parents or unlicensed relative provided adequate supervision and exercised appropriate precautions considering the child's maturity and behavioral history.
- Damage or loss claimed does not include rental or other payment for lost time or lost use of the damaged or lost items.
- The damage or loss exceeds \$150 for a single event or \$200 cumulative each month, however reimbursement is limited to \$6,000.

You must submit a completed Foster Parent Report of Stolen/Damaged Property or Personal Injury (06-9440) form within 72 hours from the time of the loss or physical injury. You can get this report form from your local or regional office. A resource family home is expected to own basic home insurance, if purchasing their home. Renters may be able to purchase renter's insurance. The \$6000 is intended to cover the deductible in case of fire or other major damage if all the above conditions are met.

## Medical Expenses

Medical expenses are typically covered through the Medicaid program or through the parent's medical insurance for the child. Non-emergency medical services must be pre-approved through the child's assigned worker. Note: If services are not pre-approved through the child's assigned worker, the expense may not be covered. See Chapter 17, Health and Medical Care — Medicaid Eligibility.

## Mileage Reimbursement

The Department may reimburse the costs of transportation that exceed 50 miles a week per child to frequent, scheduled home visits, or medical or therapeutic appointments such as physical therapy or psychiatric counseling. Mileage reimbursement must be pre-approved by the child's assigned worker. This rate is the same as for a state employee reimbursement for transportation at: [http://doa.alaska.gov/dof/travel/resource/POV\\_Rate\\_Table.pdf](http://doa.alaska.gov/dof/travel/resource/POV_Rate_Table.pdf)

## One-Time Costs

One-time items are goods or services that are not included in the reimbursement because they are one-time or short-term costs that exceed \$100. Necessary one-time or on-going direct costs may be authorized if those costs are in addition to those covered by the monthly foster care reimbursement.

You may request one-time funds for a foster child when there are no other resources for payment. Make a request in writing to the child's assigned worker. You should receive written approval of reimbursement for the expenditure prior to purchasing the goods or service. For one-time costs, you need to go through the assigned worker who will evaluate the request and if in agreement, submit a Request for Funds form through the appropriate channels.

Examples of one-time costs that may be approved include:

- Special cribs, beds, mattresses, prosthetic devices, orthopedic shoes or appliances and aids for children with disabilities.
- Special event costs such as summer camps, participation in athletic opportunities, graduation costs or other special events if the child is placed less than 90 days before the event.

## OTHER SITUATIONS THAT MAY APPLY ...

### Runaways

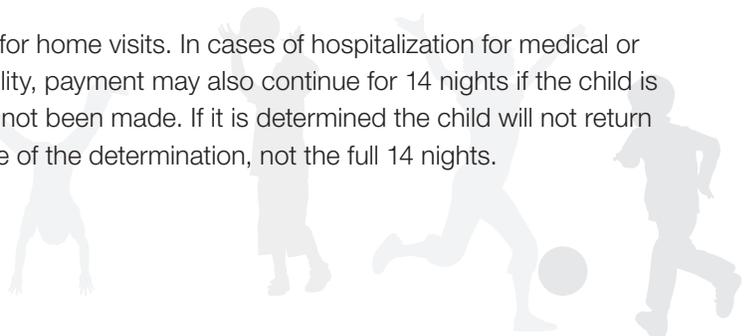
If a child is away from your home due to an unapproved absence, such as running away, foster care payments may be authorized to continue for a maximum of five nights if authorized by the assigned worker. The five day payment may be made only if the foster family immediately notifies the assigned worker of the unapproved absence of 10 hours or more. If the child does not return within the five day period, that space becomes available on the sixth day unless other arrangements are made with the assigned worker.

If the assigned worker determines within the first five days that the child will not be returned to your home, payment will continue through the date of the determination, not the full five days.

If the child's absence from a foster home extends beyond five nights, payment will resume when the child returns to the foster home and the assigned worker authorizes payment.

### Hospitalization, Home Visits, Detention

Payment to the provider may continue for up to 14 nights for home visits. In cases of hospitalization for medical or psychiatric care, or if the child is placed in a detention facility, payment may also continue for 14 nights if the child is expected to return to your home or if a determination has not been made. If it is determined the child will not return to your home, payment will be made only through the date of the determination, not the full 14 nights.



## Independent Living Individual Funds

Independent Living Funds are available to youth in state foster care and to young people no longer in custody who reach or have reached the age of 16 or older while in state or Tribal foster care and have not yet reached the age of 21.

Independent Living Funds can be used to help youth gain the skills, experience, and materials they will need to become self-sufficient adults.

## Education and Training Voucher (ETV) Funds

The Independent Living program provides financial assistance for youth to attend a state university or college. Youth may access funds up to age 23 if they started their post-secondary education by age 21 and have been continuously enrolled.

For more information, see the Independent Living Program website at <http://dhss.alaska.gov/ocs/Pages/IndependentLiving/> or contact the youth's independent living specialist.

## Overpayments

Although every effort is made to ensure your monthly foster care reimbursement is accurate, human error does happen. It is important to review your monthly reimbursements and report any discrepancies to the child's assigned worker or the Provider Payment Unit. Alaska law allows reimbursement only for the days a child is in your home or as described above. Any overpayments made in error must be recovered.

## OTHER FINANCIAL CONSIDERATIONS...

### Income Taxes

The payment you receive for providing foster care is considered reimbursement for expenses incurred in providing care for the children in your home. As such, reimbursements are not considered taxable income by the Internal Revenue Service (IRS) or a certified public accountant for more information on what care you provide may be deductible. Refer to **IRS Publication 17, chapter 3, "Dependents"** for more information.

### Tax Credits for Adoptive Families

Adoptive parents may be potentially eligible for a federal tax credit under section 23 of the Internal Revenue Code of 1986. To learn more about the adoption tax credit, what qualifies as an adoption expense, and what defines an eligible child please see the IRS website at: <https://www.irs.gov/taxtopics/tc607.html>

### Alaska Permanent Fund Dividend

The OCS assigned worker is responsible for applying for the Alaska Permanent Fund Dividend (PFD) check for every year the child is in care. The money will be held in trust for the child until the child is returned to his or her parents or the child reaches the age of 18, or is adopted.

For children who are adopted, PFDs are held in trust for one year after the finalization of the adoption; at which time, the PFDs held in trust are released to the adoptive parents. For children who are in a legal guardianship, the PFDs

are held in trust by OCS until the child reaches his or her 18th birthday; at which time, the PFD trust is then released directly to the child.

For additional information, contact the assigned worker or call the OCS PFD Section at 907-465-3797.

## Child Support Services

When a child comes into care of the state, whether through relative care that is funded through the Division of Public Assistance or through licensed, foster care funding, the State placement agency is required to contact the State of Alaska Child Support Services Division (CSSD). CSSD will open a file and contact the parents, or the legal guardian to provide child support for the care of a child while the child is in care. If child support is paid by the parents of a child in care, the money goes to the state to help cover the costs during the time the child is in out-of-home care.

## Child Support Services and Legal Guardianships

When a child enters into a legal guardianship, and the biological parents rights have not been terminated, CSSD may continue to charge and collect support payments. Relinquishments of Parental Rights, Guardianships, Consents to Adopt, and negative paternity results do not terminate the support obligation for the biological parent. The only document that stops the support obligation is the signed Termination of Parental Rights order. However, the parent may have accumulated arrearages, which they are still obligated to pay.

The legal guardian may contact CSSD to apply for services as long as they are not receiving a subsidy. A third party, non-parent application for services can be found on our website: <http://www.childsupport.alaska.gov/>.

If the guardian is receiving a subsidy, then CSSD will continue to charge the monthly support amount to the bio-parents and any funds received are directed to OCS





## 12. PREPARING FOR A CHILD'S PLACEMENT IN YOUR HOME

### The Children Who Come Into Out-of-Home Care

Children enter out-of-home care through OCS for child protection reasons, meaning a child has been abused, neglected or abandoned by her/his parent(s) or caretaker(s). When OCS assumes legal and physical custody of a child for child protective reasons, OCS is granted the authority to make placement decisions for the best interest of the child, until the child can safely return home.

Abuse and neglect can cause trauma and deep emotional and behavioral scars in children. Children need a family that understands the impacts of this trauma. When children and youth in care are separated from their families and familiar surroundings, they will need extra support from the resource family in adjusting to a new home. Children also need to know that you respect their love for their parent(s) and other family members, and that the resource family will support their continued visits and involvement with their parents and extended family members.

Some children come into care through DJJ for community protection reasons. These are juveniles involved in the court system for breaking the law. Their parents may not be able to supervise them or a child may be transitioning from a youth correctional facility into a community and needs to be in a state-supervised home while this transition occurs.

While rare, other children are in care because of a voluntary placement by their parents. Parents may be unable to care for their children because of

- parental illness,
- medical or mental health needs of the child,
- family emergencies, or
- planned, parental absence from the home.

### Matching the Child and the Resource Family

A successful match between the child and the resource family will make all the difference in a child's life. It may be helpful for the resource family to understand what is considered when a child is placed in a specific foster home.

**Relatives:** Relatives are considered as the first placement option for a child. Children do best when in surroundings that are familiar to them. Relative caregivers provide the best opportunity for children to remain with their family in familiar surroundings and routines. When relative caregivers are not available to care for a child, a child will be placed with non-relative care providers.

**Placing Siblings Together:** One of the most important and lasting bonds for children is the bond with their siblings. This bond is considered second only to their bond with their parents. Placing siblings together lessens separation trauma, eases the stress on their parents, and reinforces the importance of family relationships. When considering placements for siblings, priority is given to families who will take all of the children in the sibling group. Determination for placing siblings in separate foster homes is made by the child's assigned worker, and is based on what is best for the children. Resource parents are not able to select one child in a sibling group over another.

**Cultural Background:** When a child cannot reside with a relative, a foster home is asked to assist the child in maintaining connections to the child's culture. Approximately 60% of the children that reside in out-of-home care are of Alaska Native heritage. The child's Tribe is notified when a Native American child is placed in out-of-home care.

All of a child's experiences and what he or she has learned from his or her own culture will affect how that child adjusts to the foster home. Resource parents need to be able to respect and accommodate the child's culture. Resource families should seek services and resources within their community to keep children connected to their cultural heritage while in out-of-home care.

Extended family members can often be great sources of information and support for the child and to a foster family while the child resides in out-of-home care. The child's Tribe may assist with identifying resources for resource families to assist with maintaining cultural connections.

## Questions to ask When Contacted About a Placement

When you are contacted about taking a child into your home, ask some basic questions to help you decide if this child will be a good match in your home. The child's assigned worker may not initially have all of the information but may be able to get it after the placement. For example, a contact plan may not be established for several days into the placement, or the full extent of a child's medical needs may not be known at the time of placement.

The assigned worker is responsible to provide you with information necessary for you to provide appropriate care for the child. This includes any medical or behavioral history that is known about the child. The information you receive will assist you in making an informed decision regarding the placement of the child in your home.

You have the choice not to take a child if you feel the child would not be compatible with your family. You should not accept a child into your home if this would cause your home to exceed the age range or number of children allowed on your foster care license. If you are asked to take more children than your license allows, contact your licensing worker.

The answers to the following questions will help you decide if a child will be a good match in your home and if you are able to meet the child's needs.

### Questions To Ask:

- What is known about the child? Age? Gender? Ethnicity?
- What activities, sports, or hobbies does the child/youth enjoy?
- What school does the child attend?
- What grade is the child in at school?
- What kind of maltreatment has the child experienced? Physical or sexual abuse? Emotional abuse? Neglect?
- What should be said to the child when the child asks about his/her parent.
- If the child is of another ethnicity than yours, does he/she speak your language?
- What medical information is known about the child?
- Is the child on medication? If so, what is the medication and where is it?
- Does the child have any scheduled appointments?
- What is the child's diet?
- Does the child have any allergies? If so, what are his/her reactions?
- How does the child treat/react to animals?
- Are there any known behaviors that pose a risk to other children or pets in the home?
- Is there anyone the child is not allowed contact with?
- Is the child coming with any clothes, toys or other belongings? Are any of these items of special significance to the child?
- If the child is a DJJ child, you should know about the conditions of probation, why the child is on probation, any behaviors that might pose risk to him/her or others and other conditions you should be aware of about the child.

- Is there any reason to suspect that this child might have had prenatal exposure to alcohol or drugs? Is there any reason to assume that he or she has not had such exposure?

## Basic Items to Have on Hand

- Babysitting plan
- Basic toiletries for teens
- Bath towels, etc.
- Bedding
- Daily Journal
- Hairbrush
- Night light
- Simple household rules/routine
- Toothbrush
- Toys
- T-shirt (oversized for sleeping)





## 13. WHEN A CHILD/YOUTH ARRIVES

### Working with the Assigned Worker

The assigned worker is responsible for developing the case plan and family contact plan. The assigned worker is responsible in insuring that the child, the child's parents, resource families and service providers are working to achieve the goals of the case plan. Additionally, the assigned worker is responsible for insuring that all parties are following the family contact plan and that visits are occurring as scheduled.

Activities needed to achieve the goals in the case plan are clearly outlined. If you have questions about the child's case plan, contact your assigned worker.

Assigned workers meet with the child every month, and more frequently, if needed, to help meet the child's needs. As a primary care provider, you see the child every day and have important information about the child's behavior, parental contacts, school progress and current health information.

It is important that you and your assigned worker have regular contact with each other through:

- visits,
- phone calls,
- confidential e-mails, or
- written reports.

Contact the assigned worker when drastic changes in the child's behavior occur, when you need help in getting services, or if you have questions about the child's family. If you are unable to reach the child's assigned worker, contact the assigned worker's supervisor.

### The Placement Packet

At the time of placement, or within five business days of placement in the foster home, you should receive the following documents in the Placement Packet:

- Consent for Emergency and Routine Medical Care (06-9716);
- Medical summary;
- If applicable, a summary of the child's mental health issues that may affect the safety of the child, the caregiver, or the caregiver's family; or that the caregiver needs in order to provide care for the child;
- Educational summary;
- The child's education reports prepared by or for the department, including reports compiled before the child is placed with the caregiver, and supplements to such plans, orders, and reports;
- Child Information Guide (06-9723);
- Family Contact Plan;
- ICWA Pamphlet
- Clothing Inventory and Request Form (06-9741); and
- Medical, Dental, and Medication Record Form (06-9180).

The purpose of the Placement Packet is to provide a packet of data on the child (medical, social, educational, behavioral, etc.) which will accompany the child throughout out-of-home care. The packet helps workers and out-of-home caregivers in the placement and documentation/record-keeping process.

The Placement Packet begins when a child is initially placed in out-of-home care and then follows the child at every change of placement thereafter. With every move, the caregiver and worker have the responsibilities to replace

needed forms and update information about the child. When the child leaves the caregiver's home, the Placement Packet is to be given to the child's worker.

If you do not get this packet, ask for it. It is in a red folder and should be used statewide by assigned workers.

- The worker will discuss the contents of the Placement Packet with the caregivers and the child (if applicable), to address;
- the reason for placement;
- the goals for placement;
- the expected dates or duration of placement;
- medical and mental health information;
- educational information;
- upcoming appointments, or court dates;
- support services to the caregiver(s), including training that the caregiver needs in order to care for the child; and
- other information that the caregiver needs in order to provide appropriate care for the child, to protect the safety of the child, and to protect the safety and property of family members and visitors of the caregiver.

## Welcoming a Child/Youth into Your Home

When a child first comes to your home, the child may be fearful and confused. It is hard for children to leave their homes and find themselves in strange new surroundings. The child needs your understanding, patience, and support when settling into your home.

Here are some ways to welcome a new child into your home:

- Give a young child a soft toy or blanket to hold.
- Welcome the child with some kind of activity, if appropriate.
- Ask the child if he or she wants something to eat.
- Show the child where everything is in the house, including the bathroom.
- Show the child the bedroom they will be sleeping in, and where to put his or her belongings.
- Let the child unpack in their own time. Offer to help or just let them know where to put their things whenever they are ready to unpack.
- Give permission for the child to put a picture of their mom, dad, brothers, sisters, or others up in their bedroom.
- Discuss your family's daily routine and house expectations and rules.
- Ask the child if there are any special events (i.e., birthday, school events, etc.) coming up.
- Take time to help a child feel comfortable in your home. Make yourself available to talk with or reassure the child.
- Respect the child's right to privacy. Never talk about them when they are present, unless it is appropriate to include them in the conversation.
- Be respectful of the child's relationship with their parents and extended family members.

## The Child's/Youth's Feelings

A child in care may have many different feelings about their family. The child may feel sad, angry, embarrassed or confused. A resource family can help a child with their feelings by keeping a nonjudgmental attitude about the child's

family, and the situation that brought them into care. If a child wants to talk about their feelings, listen and do not make assumptions, judgments or offer opinions.

A child's family should be respected. If you have any negative feelings about a child's family, do not relay these feelings to the child. Encourage the child to send birthday cards or take pictures or class work to show a parent at visitations. This keeps a good connection between a child and his family, and will assist in the goal of reunification.

## Helping Children Deal with Separation and Loss

A child's reaction to separation and loss varies from one child to another. Their emotional development is interrupted. They may feel abandoned, insecure, or responsible for the family's breakup or getting the parents in trouble. Children/youth may or may not react strongly to separation. Children may show signs of stress, depression, or anger. This may be expressed in:

- tantrums,
- crying,
- eating disorders,
- sleeping problems,
- anxiousness,
- bedwetting,
- illness, or
- running away.

If a child has to move from one foster home to another, the child again has to leave another family and attachment. If a child is showing signs of being depressed or is having difficulties adjusting to your home, contact your assigned worker about getting additional help or services for the child.

## Helping the Child Understand Your Family Routine and Expectations

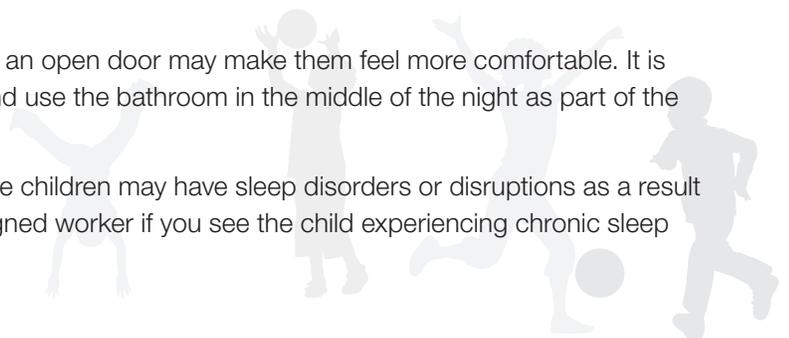
Children do best when they have predictability and routine and know what to expect in a typical day. Have regular meal times, bedtimes, chores, and expectations. This gives children a sense of security and helps your home operate more smoothly. Most children will need some time to watch, and become comfortable with, the family's routine, and their space. Remember to have patience and understanding.

Bedtime and morning routines may be difficult times for a child placed in out-of-home care. Having a consistent routine for morning and bedtimes will assist children through these difficult transitions. You can help a child get to sleep by having a regular time for bed and a consistent routine such as:

- pajamas,
- snack,
- brushing teeth,
- a story, and then to bed.

For many children, a nightlight, soft stuffed animal and an open door may make them feel more comfortable. It is also important to give children permission to get up and use the bathroom in the middle of the night as part of the routines.

Sleep problems are common for children in care. Some children may have sleep disorders or disruptions as a result of trauma or separation from parents. Notify your assigned worker if you see the child experiencing chronic sleep difficulties.



## House Rules

Children who have experienced abuse or neglect and are placed in out-of-home care need limits and boundaries, just as all children do. A child in your care will need to know the rules in your home are consistent and predictable. Over time, knowing the rules and routines helps children feel more secure. They will come to trust you and other family members.

Children in care may come from a home with very different rules than those in your home. House rules that are simple and openly discussed as a family will greatly help your relationship with the foster child. There may be a fine line between routines and rules, especially some of the routines that set the pattern for informal rules. Informal rules may be things such as who sits where at the dinner table, not wearing shoes in the house, telling mom or dad if you use the last of something (i.e., toilet paper, toothpaste, etc.).

### When making rules, remember to:

- Make the rule clear and repeat it often. Rules can be simply stated: “We knock before entering a room”.
- Base rules upon what can be reasonably expected from the child’s age and emotional development.
- Be consistent.
- Stay calm.

To learn more about what the regulations say, safe parenting guidelines, and positive parenting skills/tools contact the Alaska Center for Resource Families.

## Creating a Life Book

Children who are placed in care often have little continuity with their personal history and experiences. Usual family mementos such as photographs, cards, letters and other documents of personal memories can be lost to the child. In an effort to help a child build their history and document their memories, life books are developed so that the child has a meaningful history of life experiences.

A life book is a notebook or scrapbook that helps a child write and read about their life experiences.

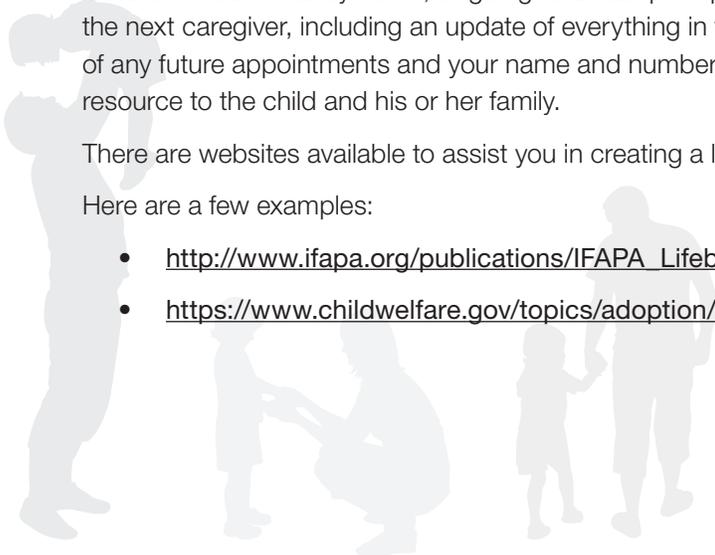
Resource parents are encouraged to help the child/youth develop or maintain a “Life Book.” The best time to begin a Life Book is when a child is first placed in care.

The life book is considered to be a useful tool for the transition, whether the child is returning home, moving to another resource family home, or going to an adoptive placement. Be sure you also provide essential information for the next caregiver, including an update of everything in the packet, child information guide and the life book, a list of any future appointments and your name and number if you are willing to be contacted. You can be an ongoing resource to the child and his or her family.

There are websites available to assist you in creating a life book from both the adoption and foster care perspective.

Here are a few examples:

- [http://www.ifapa.org/publications/IFAPA\\_Lifebook\\_Pages.asp](http://www.ifapa.org/publications/IFAPA_Lifebook_Pages.asp)
- <https://www.childwelfare.gov/topics/adoption/postplacement/lifebooks/>



**Items to put in a Life Book may include:**

|  |   |
|--|---|
| <p><b>Birth Information</b></p>          | <ul style="list-style-type: none"> <li>• Birth certificate</li> <li>• Weight, height, special medical information</li> <li>• Picture of the hospital</li> </ul>   |
| <p><b>Child's Family Information</b></p> | <ul style="list-style-type: none"> <li>• Pictures of child's family, friends, and pets</li> <li>• Names, birth dates of parents</li> <li>• Genogram (a visual map displaying family history and patterns)</li> <li>• Names, birth dates of siblings, and where they are</li> <li>• Physical description of parents, especially pictures of parents and siblings</li> <li>• Occupational/educational information about parents</li> <li>• Any information about extended family members</li> </ul> |
| <p><b>Placement Information</b></p>      | <ul style="list-style-type: none"> <li>• Pictures of foster family or families</li> <li>• List of foster homes (name, location and contact numbers)</li> <li>• Names of other children in foster homes to whom child was especially close</li> <li>• Names of assigned workers</li> <li>• Pictures of workers to whom child was especially close</li> </ul>   |
| <p><b>Medical Information</b></p>        | <ul style="list-style-type: none"> <li>• List of clinics, doctors, hospitals, etc., where health care was obtained for the child.</li> <li>• Immunization record</li> <li>• Any medical information that might be needed by the child when growing up, or as an adult</li> <li>• Height/weight changes</li> <li>• Loss of teeth</li> <li>• When walked, talked, etc.</li> </ul>   |
| <p><b>School Information</b></p>         | <ul style="list-style-type: none"> <li>• Names of schools attended and transcripts, if applicable</li> <li>• Pictures of schools, friends, and teachers</li> <li>• Report cards, school activities</li> </ul>   |
| <p><b>Cultural Information</b></p>       | <ul style="list-style-type: none"> <li>• Tribal affiliation</li> <li>• Tribal enrollment documentation</li> <li>• Cultural events</li> <li>• Pictures of cultural activities</li> </ul>   |
| <p><b>Religious Information</b></p>      | <ul style="list-style-type: none"> <li>• Places of worship child attended</li> <li>• Confirmation, baptism, and other similar records</li> <li>• Papers and other material from Sunday School</li> </ul>  |
| <p><b>Other Information</b></p>          | <ul style="list-style-type: none"> <li>• Pictures of child at different ages of development</li> <li>• Drawings by the child</li> <li>• Letters and birthday cards</li> <li>• Stories about the child from parents, foster parents, and assigned workers</li> <li>• Accomplishments, awards, special skills, likes and dislikes</li> <li>• Social Security Number</li> <li>• ID card/Drivers License</li> <li>• Jobs held</li> <li>• Savings account</li> <li>• High School Diploma</li> </ul>    |





## 14. DAILY LIVING

### Communication with the Child’s Assigned Worker

Often a resource family will see problems before an assigned worker will. It is important that you notify the assigned worker when you see any concerns, or unusual behaviors. This is especially important if you are seeing behaviors such as:

- sexual acting out,
- physical aggressiveness,
- mental health concerns such as depression,
- suicidal threats or gestures, or
- other extreme behaviors.

Keep the child’s assigned worker informed through telephone calls, confidential email, voice mail messages or written documentation. If you need to talk to your assigned worker immediately, or have not received communication back within 48 hours, contact the assigned worker’s supervisor or your licensing worker for assistance.

OCS policy requires the assigned worker to contact resource families for children in custody at least once a month. In two-parent homes, efforts will be made to visit both caregivers whenever possible. The majority of the visits will be in the resource family’s home and face-to-face. These monthly meetings are an opportunity for you to discuss with the assigned worker any concerns, needs or information regarding the child.

### Communications and Contact with the Child’s Parents

Good communication with the child’s parent(s) benefits a child in care. Any connections you make with the child’s parents can be positive role modeling for children in care. Include the child’s parent whenever possible to keep their connection to their child (e.g. haircuts, birthdays, holidays, celebrations, school events, etc.). For additional information, see Chapter 19, Family Contacts.

### Parental Consent

Birth parents have inherent “residual rights” that ensure they must be consulted in regards to some areas of a child’s life. The placement agency must obtain the permission of the child’s parents for the following situations:

- Administering of psychotropic medications to the child.
- Any dosage changes of psychotropic medications.
- Major medical treatment (except in emergencies).
- Marriage.
- Military Enlistment.

Other situations require permission from the assigned worker, such as:

- Non-emergency surgery or medical care.
- An Individual Educational Plan (IEP).
- Publication of the child’s photograph.
- Vacations (when they interfere with family contact).
- Permission to take the GED test.



- Permission to drive.
- High-risk activities such as all-terrain vehicles, boating without a personal floatation device, or participating in an airborne activity such as hang gliding.

If in doubt, contact your assigned worker before allowing the activity.

When the parents are deceased or their rights have been terminated, the placement agency has the authority to consent to some of the above situations; others need to be approved through the courts. Since there are specific procedures for each of the above situations, always contact the assigned worker to find out what is required.

## Daily Care

When a child is in your home, you are responsible for the daily care of the child. The child should be treated as you would treat your own children. That means you should expect the same level of chores and give them the same things you give your own children, if developmentally appropriate. Some children in care have special physical or emotional needs and may require additional care and supports. Use the following information only as a general guide in your daily care of a child. If you have specific concerns about the care of the child in your home contact your assigned worker.

## Babysitters for Foster Children

A foster parent may hire a babysitter not to exceed six hours at a time. The babysitter must be at least age 14 and mature enough to handle common emergencies.

## Substitute Caregiver

Notify your assigned worker when you plan to leave a child with another adult caregiver for 72 hours (three days) or more. When a substitute caregiver provides care in your home, you must notify your licensing worker. As a licensed foster parent, your substitute caregiver should be the same person listed on the Plan for Care of supervision that you submitted with your license application, or that you have discussed with the child's assigned worker. If it is not the same person, you must submit a revised Plan for Care of supervision to your licensing worker for approval.

Relative caregivers are expected to contact the assigned worker to ensure that your alternate caregiver is approved.

## Changes to Personal Appearance

Any major change in a child's appearance such as cutting a child's hair, coloring hair, tattooing, body/ear piercing or other altering methods need the permission of the child's parents or the assigned worker. Regular haircuts that keep a child's basic style are left to the resource family's discretion.

## Food

Food and nutrition are important in the daily care of children. Provide regular, balanced meals and snacks. Find out about any existing food allergies or dietary needs of the child and plan meals accordingly. Tell the worker if your household has a strong food preference.

Some children may be eligible for Women's, Infants and Children (WIC) assistance. Contact your local WIC office for further information or view the criteria on line at <http://dhss.alaska.gov/dpa/Pages/nutri/WIC/>.

Provide food reflecting the ethnic or cultural background of children in care, including foods provided by the child's own family. This shows respect for the child and their family. If you do not know how to prepare these foods, ask:

- The child,
- The child's family,
- Another resource family,
- The child's Tribe, or
- Seek help from your local Cooperative Extension, or online at <http://www.uaf.edu/ces/ah/>

Some children may have behaviors related to food or mealtime, such as:

- Hoarding food,
- Refusing to eat the food you serve, or
- Eating too much without stopping.

Some of these issues may be based on physical or psychological causes. Consult the child's assigned worker, counselor, or health provider if a child in your home shows any of these behaviors.

Except when directed by a physician for medical reasons, you may not deny a meal to a child in care. You cannot force-feed a child or coerce a child to eat. Mealtimes should not turn into a battle over food. Do not use food to control or punish the child in care. Also, do not make drastic changes in the child's diet, such as from eating meat to that of a vegetarian.

## School Lunches

Free or reduced-price meals are offered to many students in public schools and nonprofit, private schools through a program administered by the U.S. Department of Agriculture. All children in state custody placed in out-of-home care are categorically eligible for free meals at school without application, regardless of your income.

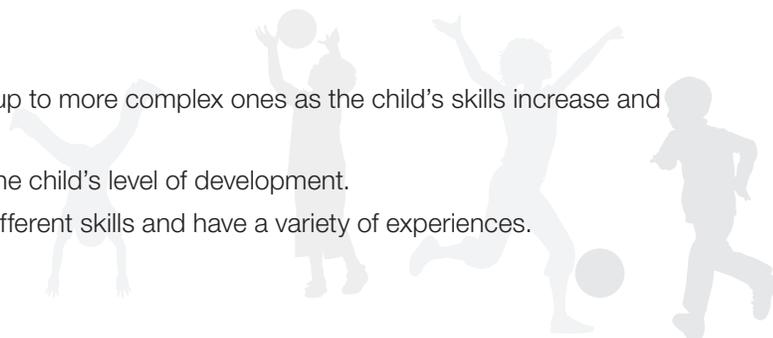
Contact your child's school for more information on the School Lunch Program. Schools should not engage in practices that may cause students to feel embarrassed or stigmatized. Contact the school if you are concerned about the handling of its lunch program. Remember that special care should be taken not to make the child feel awkward about receiving a free lunch.

## Household Duties

Doing chores will help children feel useful and included in your family, as well as teach them responsibility. A child in care can be expected to share equally in the chores expected of other family members of the same age. Chores should be appropriate for a child's age, health and abilities. Household chores should be shared by all family members and should not interfere with school, health and necessary recreation of the child in care. A child should not be expected to perform chores that are your responsibility, or that are chores that should be shared among several individuals (for example, the entire family's laundry).

Guidelines include:

- Teach the child how to do the chore.
- Start with simple chores and tasks and work up to more complex ones as the child's skills increase and ability to persevere becomes stronger.
- The chore or activity should be according to the child's level of development.
- Rotate chores so that the child can develop different skills and have a variety of experiences.



- Chores or work should not be associated with discipline or punishment. Rather, they should be seen as part of the child's participation in family life.
- The time that chores are to be performed should not interfere with family activities, school, regular play time, visits to the child's family, or the child's normal contacts.
- Chores should not affect the child's ability to attend school without stress.
- Be sensitive to the needs of the child for help and support in carrying out chores.
- Encourage children to take care of their own personal belongings, make their bed, and keep their closet, drawers, toys, and other items in order.
- Praise the child for a job well done.

## Social Activities

It is important for a child and youth to participate in recreational, school, religious, and community activities. Participating in activities can help children and youth develop skills, build self-esteem, and gain a sense of achievement. Some children will come to your home with existing social activities. These activities should continue for the child while in your home.

You are encouraged to give the child in care opportunities to participate in groups such as scouts, 4-H, little league, church, Tribal events, and to take lessons in their areas of interest (music, dance, art, swimming, etc.). Children should be encouraged to participate in activities that are appropriate and safe for them. If you have questions or concerns about participation, please contact the assigned worker.

It is essential that a child's activities take place within a safe environment. This requires common sense and good judgment on your part plus a full appreciation of your responsibility, a concern for the protection of children in your care, and commitment to maintaining high standards of safety.

Resource parents should be positive role models and teach good safety habits by example. The following guidelines should help you ensure a safe environment for children:

- Know your children, who they are, who they are with, and what they are doing.
- Know what equipment is being used, if it is safe for use by children – and in particular the child or children in your home, and whether it is in safe operating condition.
- Know the nature of the activity and the setting where the activity is taking place.
- Know whether a responsible adult (age 21 or older) is supervising the activity.
- Be sure the child is dressed properly for the activity and the climate.
- Plan ahead by anticipating situations and behaviors, thereby reducing risks and hazards.
- Plan ahead so that the child does not become over-tired.

Resource families may sign permission slips for routine activities such as school trips, scout events, or sports activities if the child's absence from the home is less than 72 hours, or inside a 50-mile radius of the community.

## Library Cards

Resource families are encouraged to assist children in care in obtaining library cards. Libraries in Alaska are individually overseen by the local government and vary in their policies in allowing underage youth to obtain a card in their own name. Check with your local library about your responsibilities for and with the child's library card.

## Transportation

Routine transportation of a child in care is the responsibility of the resource family. This includes transportation to family visits, medical facilities, school events, social and sport activities, religious activities, shopping, and counseling appointments.

A vehicle used for the transportation of children should be licensed in accordance with state and local law. Resource families must have current liability insurance for the transporting vehicle in effect and comply with having appropriate child passenger restraint systems. See Section 15, Safety.

## Allowances

Decisions about allowances depend upon the age and maturity of the child and how your family handles allowances. Amounts should depend upon a child's recreational activities, school needs, religious contributions, and personal grooming needs. The amount should conform to family and community patterns of providing allowances. Be sure the child understands how much the child is to receive and what expenses it is expected to cover. For licensed foster parents, allowances should be paid out of the regular monthly foster care payment.

## Religion

It is important to recognize the religious beliefs of a child's family and respect the religious preference expressed by the child's parents. You also need to respect the religious preference of a child nine years of age or older. This means locating a resource and enabling (including providing transportation) for the child to attend services of the child's religion.

You may take a child to your own place of worship if the child is under 9 years of age and the parents do not object. You cannot require that the child attend church; nor can you prevent church attendance as a consequence or a punishment for a child's behavior.

## School

Children in care are required to attend school. Enrolling a child in school is generally the responsibility of the resource family in which the child is placed. Your assigned worker will tell you what is known of the child's previous school experience including the child's strengths, special needs, or problem behaviors (truancy, fighting or special class placement).

It is important that you involve yourself in the child's school progress and activities; this shows the child that you are interested and that you care. Your relationship with school should be like any other parent/school relationship. Attend all parent-teacher conferences concerning the child and keep the assigned worker informed of the child's progress or problems in school. If you detect problems that require special help, tell your assigned worker so you both can advocate with the school. Keep copies of report cards and progress reports and share with the child's parents and assigned worker. Most importantly, you should involve the child's parents in all aspects of the child's schooling and school activities, such as inviting the parent to parent-teacher conferences, school concerts, or sports activities.

As a resource family, you have the responsibility for the child's daily school activities and for consenting to routine activities regarding education matters. You have the authority and responsibility to

- register the child in school,
- consent to the child's participating in an elective course of study,
- school activities,

- one-day field trips, and
- organized sports (with the assigned worker obtaining the child's parents' permission).

You may sign report cards and permission slips for routine educational activities. The child's parents, however, must consent to class trips that will interfere with court-ordered, parental visits.

When a child requires an Individual Education Plan (IEP), the school district will designate a person to oversee the child's IEP. Generally, the child's parent must sign the IEP, but if the parent is unable, the school appoints a surrogate parent. Children in care should attend school through the local school district. A child may be enrolled in a private school only when:

- The child's parents (if appropriate) and the child agree to a private school;
- The child had been attending a private school at the time that custody was initiated and the school provides continued educational continuity for the child;
- The school meets the standards of the Alaska Department of Education.
- No cost to OCS will be incurred.

If you want to consider a private school or homeschooling for the child in your care, discuss the matter with the child's assigned worker.

When a child in custody is moved from one placement to another that requires enrollment in another school district, the OCS assigned worker will ensure that enrollment for the child in the new school is done and all paperwork transferred. You will need to work with the assigned worker, and the child's parents, to update all necessary documents.

## Sleep

Your home must provide a bed, crib or sleeping space appropriate for the age of the child in care. The sleeping space for the child should be similar to the sleeping space of other household members. A child is not allowed to share a bed or a bedroom with an adult. Babies less than 1 year old must sleep alone in a safety-approved crib, nothing in the crib with the baby, and on their back. If you have questions, talk with your licensing worker.

## Use of Child's Legal Name

For legal purposes and for the child's sense of identity, a child in care should use their own name. Resource families will use the child's legal name and not give the child a different name. However, a child may have a nickname they prefer to be called. A child in care should not assume the name of the resource family.

## Vacations

Notify your assigned worker if the vacation will take the child away from home for longer than 72 hours, or if the vacation will take place out of state. OCS must approve all out-of-state travel of a child in care. Contact the assigned worker to obtain the Authorization for Transport form.

Planned in state trips lasting less than 72 hours can be approved by the foster parent who is demonstrating reasonable and prudent parent standard in their decision making. However, air flights or ferry travel may require an Authority to Transport a Minor form, contact your OCS PS Specialist.

# SPECIAL CONSIDERATIONS FOR YOUTH

## Dating

Dating is a normal part of adolescence that is important for individual development and social adjustment. As the resource parent, you can help guide the teen in your care for safe dating practices. Be clear that you are responsible for setting the rules and boundaries for dating, including curfews.

## Driving

A youth in care who wishes to drive must have a driver's license or instructional driving permit to operate a motor vehicle. A youth in state custody may drive a vehicle only with Department approval by the Children's Services Manager, a Chief Juvenile Probation Officer, or the Juvenile Justice Deputy Director. The following will need to be supplied to the Department before approval will be considered:

1. Signature of authorized adult (either the youth's parent, or the court-appointed, legal guardian),
2. Certified proof of insurance. The Department must be informed if the policy lapses or is canceled. The youth's approval to drive will be suspended until insurance coverage is again effective. A responsible adult who consents to accept responsibility for auto insurance coverage that includes the minor (resource parents, or relatives). **Note:** *Current State law indicates that as long as a youth is covered by insurance, the person signing the consent form is not liable for any negligence or willful misconduct of a minor under the age of 18 when driving a motor vehicle.*
3. A letter of support from the authorized adult, which should include the following information:
  - Indicate that the purpose of the youth's driving is appropriate, considering the youth's age;
  - that all vehicles the youth will drive are identified and are in safe condition;
  - the youth does not have a problem with the use of alcohol or drugs;
  - that the youth will maintain a safe driving record.
4. If the youth is in DJJ custody, permission will be sought from the DJJ Chief Probation Officer or Deputy Director. A juvenile in Department custody in an out-of-home placement may only apply for a learner's permit or driver's license with the written consent of the Chief Probation Officer or a Division Deputy Director.
  - a. The juvenile must:
    - Be at least 16 years of age;
    - Be eligible to have a learner's permit under regulations set by the Division of Motor Vehicles.
    - Have demonstrated significant progress while on probation and had no incident of alcohol or other controlled substance use within the past 120 days.
  - b. The juvenile or parent must:
    - Present proof of liability insurance;
    - The parents of the juvenile, legal guardian, or legally responsible adult must agree in writing to assume full financial liability for the actions of the juvenile, and
    - Agree to sign the application for the learner's permit;
  - c. Permission to drive may only be granted to the juvenile if:
    - The juvenile has a current and valid driver's license;
    - The care provider wishes the juvenile to have permission to drive while in out-of-home care and is willing

- to supervise the juvenile if approval is granted;
- The juvenile will be fully covered by liability insurance;
- The purpose of the juvenile's driving is appropriate;
- All vehicles the juvenile would be driving are identified and in safe condition;
- The juvenile has demonstrated significant progress while on probation;
- Has no incident of alcohol or other controlled substance use within the past 120 days;
- Is otherwise in full compliance with conditions of probation; and
- The juvenile maintains a safe driving record with no points assessed for moving violations.

d. The juvenile is prohibited from transporting passengers in the vehicle without the specific prior approval of the Juvenile Probation Officer. **At no time** may the juvenile transport other juveniles who are also in the custody of the Department.

## Smoking

It is illegal in Alaska for a person under the age of 19 to purchase or smoke cigarettes or chew tobacco. Resource parents are expected to restrict children from smoking and/or chewing tobacco. It is also against the law to purchase cigarettes and/or chewing tobacco for a person who is under the age of 19.

## Employment

If a youth in care wants to work, the decision should be made jointly between the youth, the child's parent, the resource family, GAL, and the child's assigned worker. Employment must be appropriate for the teen's level of maturity and should not interfere with school attendance or homework. If it is decided that employment is appropriate for the youth, it will be your responsibility to watch for any change in attitude and behavior. Employment should be a positive experience and teach necessary independent living skills. Bring any concerns or worries to the attention of the assigned worker. The resource family should help the child file the appropriate income tax returns, if necessary.

If a youth in care is employed at a business owned or managed by the resource family, the youth must be paid the same rate as other employees performing the same job duties. Please talk with the assigned worker if you are considering employing the foster youth in your family business.

## Savings Accounts

A savings account is an appropriate way for a youth to gain skill in both banking and money management. Money earned by a child in care (including gifts and allowances) is a child's personal property. If a child has over \$200, help the child establish a personal bank account.

The account belongs to the child; however, if a child's spending habits need to be limited, consider a savings account that requires both the child's and the resource family parent's signature for withdrawal. No member of a resource family may borrow or spend money acquired by the child in care. You may need to restrict the amount of spending money a child has access to if in the child's best interest. When a child receives a substantial amount of money, such as earnings or gifts, report this to the assigned worker.

## Educational/Vocational Needs

Foster youth must establish goals aimed at assuming and maintaining self-sufficiency as young adults, and increasing their education, vocational and housing opportunities. The child's worker and the foster parents should

discuss the available alternatives with the youth and help him/her set realistic goals.

Some youth may be interested in pursuing vocational training. This includes apprenticeship programs, vocational or trade schools, armed services and Job Corps. OCS helps the youth achieve self-support by arranging for his/her care and support while securing job training.

## Independent Youth Services

Youth age 16 and older who are placed out-of-home are required to complete the Casey Life Skills Assessment (ACLSA), annually until release of custody. The ACLSA can be accessed via the internet at <http://lifeskills.casey.org/>. The scores and responses in the ACLSA reflect a youth's strengths as well as areas for growth. This information will be used by the Independent Living Specialist in transition planning with the youth to assist them in developing skills needed to live independently. Foster parents are often asked to assist the youth with the completion of the ACLSA.

The Alaska Center for Resource Families (ACRF) can provide resource materials for improving life skills. Areas in which youth should receive independent living education include:

- money management,
- obtaining housing,
- sex education,
- vocational or employment training, and
- legal services.

## Continuation in Foster Care Past Age 18

The Alaska foster care program allows extensions for youth to continue state custody up to their 21st birthday. A court may grant in a hearing a resumption of state custody that does not extend beyond a person's 21st birthday if the person:

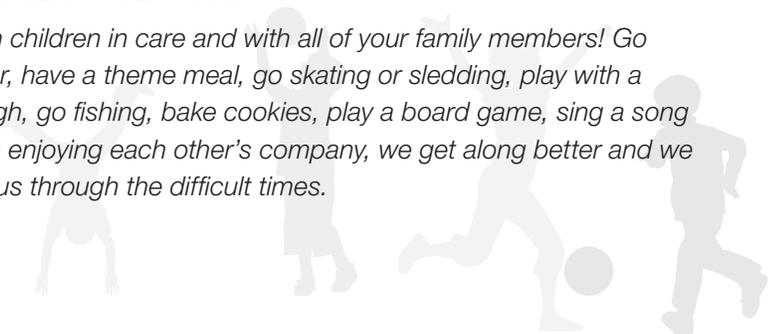
1. consents to it;
2. was in out-of-home care with the department immediately before being released to their own custody;
3. is in need of out-of-home care to avoid personal harm or homelessness, or to continue the person's education or training or otherwise improve the person's successful transition to independent living; and
4. if requested by the department, agrees to reasonable terms for resuming state custody. Terms of the agreement may include matters relating to the person's education, attainment of a job or life skills, or other terms found by the court to be reasonable and in the person's best interest.

To continue in foster care, the youth must sign on his/her own behalf.

If you have questions, contact the Independent Living Specialist

## DON'T FORGET THE FUN!

*An important part of daily living includes having fun with children in care and with all of your family members! Go to a park, take a walk, pick berries, read stories together, have a theme meal, go skating or sledding, play with a dog, teach a skill, tell a joke, try to make each other laugh, go fishing, bake cookies, play a board game, sing a song together, or listen to each other around the table. When enjoying each other's company, we get along better and we have some good times in our "emotional bank" to help us through the difficult times.*





## 15. POSITIVE PARENTING

### Being a Positive Parent to the Child in Your Care

As a resource family, you are responsible for guiding and protecting a child in care, while the child resides in your home. This means caring for the child's physical needs, and providing guidance and support for the child's emotional and social needs. Resource families should develop skills to help children grow up to be responsible and capable.

### Positive Ways to Manage Behavior

Besides establishing simple rules for your home, plan other positive ways to parent the children in your care. Here are a few examples:

- **Model desired behavior:** Remember, children imitate the adults around them. Set an example by the way you act.
- **Good communication:** Be direct and clear in letting a child know what is expected of him or her. Do not assume that children know what you expect. Talk to children about their behavior. Remind them of rules and talk calmly about concerns.
- **Praise, acknowledge, and appreciate a child's desirable behavior:** Give praise and let children know how you feel when they do well. This encourages and reinforces the behavior.
- **Practice! Practice! Practice!** Don't just tell—show! Teach a child how to do a chore or complete a task by showing him how to do it. Role-play situations and have the child practice using words to deal with her/his feeling.
- **Make a list or chart of what you want children to do:** This is a good way to encourage self-care habits such as routines for getting up in the morning or going to bed at night. Providing stickers for young children or a point system to earn a special privilege for older children provides extra incentive for learning new behaviors.
- **Reward good behavior:** Rewards provide motivation to help children improve behavior. For example: watch a late TV show, play extra games together, read an extra story, or have special treats.
- **Prepare children for changes and transitions:** Children will cooperate and feel better about themselves if they have time to adjust. For example, "In 10 minutes we'll be leaving for the store. Let's put these toys away and get ready." "This weekend you will be going to visit your parents, so let's think about what you will need to take along."
- **Consequences:** Help children learn to take responsibility for what they do. Consequences teach children that they need to accept how their actions affect others.
  - » **Natural consequences are great teachers.** For example: If a child doesn't bring his toys inside after playing with them in the yard, they might be stolen.
  - » **Logical consequences are tied directly to the misbehavior or action.** For example: If a youth fails to get up for school in the morning, the youth may receive a detention, suspension, or other consequences from the school. If a child does not take care of their bike or toys, the child will lose the privilege to play with them.
- **Pick consequences carefully.** Remember, you need to live with it too!
- **Redirect:** Redirect the child to an activity that is acceptable without making an issue of the negative behavior. If a child is being destructive with a certain toy, it can be suggested that he play outside for a while or come help you. Refocusing the child's interest and energy to an activity or behavior that is acceptable can be a simple, yet, effective way to stop what might otherwise develop into a major outburst or destructive

action. By decreasing the frequency and intensity of the undesirable behavior, new patterns of behaviors and habits are formed.

- **Call a time-out:** Time-outs help children (and parents) get back in control. Time-outs are intended to give either the child or parent a chance to calm down, relax, and think about some alternative behaviors. Put the child in a time-out chair where you can see the child as you go about your business. Keep time-outs brief. Generally, a time-out should last one minute for each year of the child's age. Once the time-out ends and the child is quiet, talk with the child about what happened and how to deal with the situation next time.
- **Contracting:** A useful strategy to use with youth over 8 years of age is contracting. This strategy involves writing up a contract between you and the youth in care. The agreement states what rewards will occur if the youth performs specific appropriate behaviors. If the youth does not perform the behaviors in the contract, then do not give the reward.

## Supervision

Supervise the children in your home according to their age and needs. If the child in your care has special needs or requires individualized care, you may need to limit the number of children in your home to provide an adequate level of care and supervision. If a child is emotionally delayed, immature or aggressive, you may need to provide closer supervision regardless of the child's age.

Set clear limits about expectations and avoid leaving children unsupervised for long periods. For older children, ask the child to call you when they arrive or leave events. This may be stricter supervision than you are used to giving to your own children. If you have questions about supervision, talk with your assigned worker.

Your supervision plan needs to include a designated adult who is available to help in case of sickness, accident, or other emergencies. Notify your licensing worker if your emergency caregiver changes.

Plan to spend time with the children in your care. You may need to stay close to and watch a child with difficult behaviors, and offer support. Children need to feel the support of the adults around them.

Visual and/or audio monitors may only be used when a child in care has extraordinary medical needs or for a newborn child. Discuss with the assigned worker when there is a need to use a monitor for an older child.

## Types of Discipline Not Allowed for Children in Care

Alaska state regulations 7 AAC 50.435 direct what types of discipline are not allowed for a child in care. These restrictions are designed to keep the resource family home a safe and positive place for children. When you agree to be a resource family for a child in care, you are agreeing to follow these laws.

No spanking or corporal punishment may be used on a child in care. That means no hitting, slapping, pinching, hair pulling, hand slapping, ear pulling or other physical actions that cause pain or discomfort to a child. Failure to follow this law may result in a suspension or revocation of your foster care license and/or criminal charges against a resource family.

### **Additionally, a child in care may not be:**

- removed from the other children for more than 10 minutes for a young child;
- deprived of food or sleep;
- punished for bedwetting or actions concerning toileting or toilet training;
- subjected to discipline administered by another child;
- deprived of family contacts, mail, clothing, medical care, therapeutic activities designated in the child's plan of care, or contact with the child's assigned worker or legal representative;

- subjected to verbal abuse, derogatory remarks about the child or members of the child's family, or threats to expel the child from the foster home;
- placed in a locked room;
- physically restrained, except when necessary to protect a young child from accident, protect persons on the premises from physical injury, or protect property from serious damage and then only passive physical restraint may be used;
- mechanical restraints, except for protection such as seat belts, or
- other forms of restraints.

## CHILD DEVELOPMENT

### Early Childhood Development

Many children who enter out-of-home care have developmental delays, and research shows that many children actually fall behind in development while in care. Look for delays! If you feel a baby or a young child is delayed in development, mention your concerns to the assigned worker and to your health provider. Because you observe the children each day, you may be the first to detect delays or potential problems.

The Infant Learning Program (ILP) is a great resource for developmental assessments, activities and ideas to promote growth in children birth to three years old. Contact your OCS caseworker or licensing worker for information about the Infant Learning Program. If you are concerned about a child over age three, the local school district can be a resource.

A good resource family home provides an environment that will help a child grow and develop. This means providing opportunities for quiet and active play, indoor and outdoor play, and play with other children. Your home should have toys and materials appropriate to the child's age and developmental level. Talk to the child in your care often, even if the child is still a baby. Touching, rocking, singing, exchanging smiles, and looking into a child's eyes are all ways to stimulate development in a young child.

Do not routinely leave a child awake in a crib for more than 15 minutes without adult contact. Talk to the baby, pick him up, rub his back or tummy for a few minutes, play with the baby, change the toys in the crib or put on some music. If a child regularly uses a playpen, high chair, or other restraining device, be sure the child has frequent periods of play outside of the device.

As children grow, their developmental needs will change. You should become aware of developmental milestones that your child is experiencing and adjust your family activities and routines accordingly.

### Head Start

Head Start is a national program that promotes school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional, social and other services to enrolled children. The program engages parents in their children's learning and helps them in making progress towards their educational, literacy and employment goals. Significant emphasis is placed on the involvement of parents in the administration of local Head Start programs. Over forty years of experience in delivering high quality early childhood services makes Head Start stand out as one of the most successful demonstration programs in the nation.

The Head Start program provides comprehensive child development services to economically disadvantaged children and families, with special focus on helping preschoolers develop the early reading and math skills they need to be successful in school.

More information the Head Start programs in Alaska is available online at <http://www.akheadstart.org/programs/>

## Parenting Children with Challenging Behaviors

Some children in care have challenging or difficult behaviors. Children in care will react to the separation and grief of being away from their family and living in a new and strange place. Some children have a history of abuse and neglect and may be showing the impact of maltreatment. Some children have emotional disturbances, or are suffering from mental health problems. Sometimes, children have a health condition such as Attention Deficit Disorder (ADD) or Fetal Alcohol Spectrum Disorders (FASD) that may cause difficult behaviors that may be challenging to a resource family.

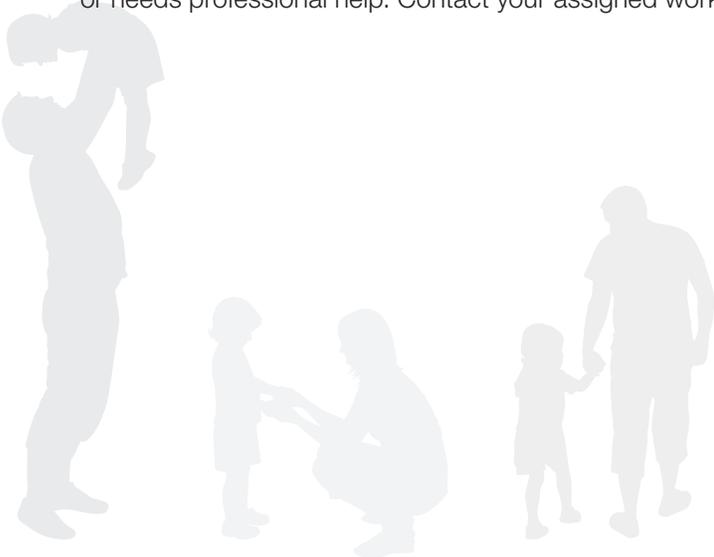
If you are caring for a child with a particularly difficult behavior, talk with your assigned worker about receiving support in dealing with these behaviors. A therapist who works with your child is an excellent resource for helping you put together a program that helps the child learn control at home. Having a plan or a regular method you use with a child will help you consistently deal with problems. It will also help you work with a child instead of punishing the child for things that may be beyond the child's control or ability to learn due to their physical or mental conditions, as well as help the child to be successful.

## When Nothing Works

- Get help! Sometimes you have tried everything and could use some help!
- Contact the Alaska Center for Resource Families for training and support.
- The child's assigned worker or licensing worker may also have insight into an issue.
- If the child is in therapy, the child's counselor may be helpful.
- Keep a log of the child's behavior or patterns to help plan a strategy to address problem areas.
- Find resources in your community to assist you, such as support groups, parenting classes, workshops or help lines.
- Involve other family members.
- The child's parent may be a resource for you and they may be able to provide insight into an issue.
- Find resources in your community to assist you, such as support groups, parenting classes, workshops or help lines.

## Behaviors to Watch

In the day-to-day care of a child, resource families are often the first to see signs that a child is having a difficult time or needs professional help. Contact your assigned worker if you see any of the following symptoms



**Physical Signs:**

- Compulsive overeating
- Chronic loss of appetite
- Excessive sleep, sleeplessness
- Constant colds, stomach aches or other illnesses
- Frequent accidents

**Extreme Fearfulness:**

- Frequently recurring severe nightmares
- Fear of people
- Extreme unrealistic fear of animals
- Persistent fear of going to school

**Extreme Withdrawal:**

- Refusing to be touched
- Refusing to talk
- Withdrawing to a room or corner by self
- No eye contact

**Extreme Cruelty to Animals or Children:**

- Wanting to hurt others
- Killing small animals or attempting to torture them

**Self Destructive Behaviors:**

- Injuring self
- Pulling out his/her own hair, leaving bald spots
- Banging head against walls or other objects

**Other Danger Signals:**

- Criminal behaviors
- Setting fires
- Running away
- Sexual acting out
- Suicide attempts or threat of suicide
- Drug or alcohol abuse
- Stealing
- Depression
- Sudden or significant changes in behavior





## 16. SAFETY

Licensed foster parents are required to follow all safety requirements outlined in regulations at 7 AAC 10 Article 4, Environmental Health and Safety. Resource families are also encouraged to follow all safety requirements.

### Baby Walkers

Baby walkers are not allowed for children in care. Baby walkers have a high accident rate and research suggests that walkers and other restraining devices may also cause delays in a child's development.

### Car Seats, Seat Belts and Child Booster Seats.

In Alaska, it is a primary offense to allow children under the age of 16 to travel without an appropriate safety device or seat belt.

Children less than one year of age or a child one year of age or older who weigh less than 20 pounds must be properly secured in a federally approved rear-facing child safety seat.

Children one or more years of age but less than five years of age who weigh 20 pounds or more must be properly secured in a federally approved child restraint device.

Children over four years of age but less than eight years of age who are less than 57 inches in height and weigh 20 or more pounds but less than 65 pounds must be properly secured in a booster seat that is secured by a seat belt system or by another federally-approved child passenger restraint system.

Children over four years of age who exceed the height or weight requirements for a booster seat must be properly secured in a seat belt.

Children eight years of age but less than 16 years of age who do not exceed the height and weight requirements for a booster seat must be properly secured in a federally-approved, child safety device approved for a child of that size or in a safety belt, whichever is appropriate for the particular child.

Do not place a child under 80 pounds in the front seat of a car if there is an airbag, even if the child is in a car seat. Airbags have been associated with a high rate of injury to children when children are seated in the front seat. Children under 13 years old should ride in the back seat. Children should never be allowed to ride in the back of a truck. <http://www.carseatsak.org/Links/index.cfm?fuseaction=AlaskaLaw>

| AS 19.10.095                   |   |                                      |   |
|--------------------------------|---|--------------------------------------|---|
| Vehicle Restraint Requirements |   |                                      |   |
|                                | Infants                                   | Toddlers                             | Youngsters                              |
| <b>Weight</b>                  | Up to 20-35 lbs                           | At least 1 yr <b>and</b> 20 lbs      | Over 40 lbs                             |
| <b>Type</b>                    | Infant only or rear-facing convertible    | Forward-facing/or convertible        | Booster seat or higher weight car seat  |
| <b>Direction</b>               | Rear-facing only                          | Forward-facing                       | Forward-facing                          |
| <b>Notes</b>                   | Harness straps at or below shoulder level | Harness straps at or above shoulders | Booster used with lap and shoulder belt |

## Childproofing

Childproof your home so that children are safe and potential safety problems are minimized. This is especially important with everyday safety hazards, such as kitchen appliances, electrical outlets, heating appliances, cleaners, medicines or other harmful substances.

The foster care licensing regulations at 7 AAC 10 requires childproofing as follows:

- For infants or toddlers in care, install and use safety gates to prevent access to stairs.
- For children under 5 years, install childproof cover caps in electrical outlets not in use, but accessible to children.
- Keep hot water temperature reasonable and comfortable, but no more than 120 degrees Fahrenheit. You may need to install a control if your hot water heater does not have one. Hot water tanks are generally set to this temperature at the factory. Remember, burns are some of the most common injuries to children.
- All cleaners, medicines, matches, lighters and harmful substances must be stored in a place that is inaccessible to children. Childproof locks on cabinets that store these items are advised. Do not keep your cleaners underneath the sink.
- Keeping medicines out of reach of children is required and it is advised that these also be locked.
- Lock and put out of reach all sharp tools such as knives, utensils, scissors, screwdrivers, nails, etc.
- Have a barrier around wood stove, fireplace, and heating sources for children under 6 years old.

## Life and Fire Safety

Foster homes must meet basic life and fire safety standards according to 7 AAC 10.1010. A licensing worker will inspect your home to determine if these standards have been met. Resource family homes need to have a plan for getting children out of the house during a fire. **Fire moves fast!** Think ahead about what you would do in a fire and practice your plan with the children.

1. **Practice fire drills once a month.** If the children in care are 12 years or older and have practiced the fire drill at least three times in your home fire drills can be practiced once every three months. Agree on a meeting place outside the house. If you care for a child younger than 30 months old or with special needs (such as deafness or in a wheelchair or crib bound), you need to specify a way to evacuate that child in your fire plan and practice your plan.
2. **Document your fire drills.** Regulations at 7 AAC 10.1010(e) require that your fire escape plan can evacuate your home in less than 150 seconds. Include the date, time, participants and evacuation time.
3. **At least one working AC primary-powered, smoke detector with battery backup**, or at least one monitored battery-powered, smoke detector is located in each bedroom; in addition, for multi-level homes, at least one working smoke detector and a fully charged fire extinguisher (2A:10BC) are required on each level of the house.
4. For homes that use oil, wood, natural gas, or propane as a heating or cooking fuel, **a working carbon monoxide detector** is required within each sleeping area, or no more than three feet from the entrance to that area; in addition, for multi-level homes, at least one working carbon monoxide detector must be installed on each level.
5. **Check your home for safety.** Store flammable or combustible liquids in containers with tight fitting lids and out of the reach of children. Be careful with heating appliances. Do not locate heating appliances in exit ways, hallways, and sleeping areas (unless your home does not have separate sleeping rooms).

During the winter months, it is important to check your escape windows often to assure that they are not frozen shut.

If your home uses a wood stove, be sure it is properly installed and used correctly. Clean the stack frequently. Take special precautions to supervise children around a wood stove and teach them safety rules to prevent injury.

## Firearms and Ammunition

Licensing regulations at 7 AAC 10.1080(c) require that a foster home must inform the child's assigned worker if firearms are present in the home. If you have firearms in your home, the foster care regulations specify that firearms need to be stored unloaded in a locked gun safe or other locked place that is not visible or accessible to children in care. Ammunition is to be stored separately from the guns and in a place that children cannot access.

Children in the custody of the state are not allowed to use firearms without advance permission from the child's assigned worker. The assigned worker must obtain advance permission from the child's parent to handle a firearm. If a youth in care is allowed to handle a gun, the resource family must submit a firearm safety plan acceptable by the department that addresses the firearms safety instruction approach the home will use. You need to put in writing how you are going to teach the child to use the gun safely. If your community has a gun safety course it is highly advised that the age-appropriate child in care complete the gun safety course, in advance of handling a firearm.

## Household Plants

Many common household plants are poisonous. A poisonous plant is a plant, tree, or shrub that can cause injury or death, if a portion of that plant, tree, or shrub is ingested or touched.

The following household plants are considered poisonous, but may be allowed in a foster home as long as the children are protected.

This includes but is not limited to:

- Dieffenbachia
- English Ivy
- Mother-in-law
- Oleander
- Philodendron

The foster home must submit a written list of all poisonous plants maintained inside and outside of the home, and a description of how the provider will protect children from harmful plants. A listing of poisonous plants is available at <http://www.poison.org/articles/plant>

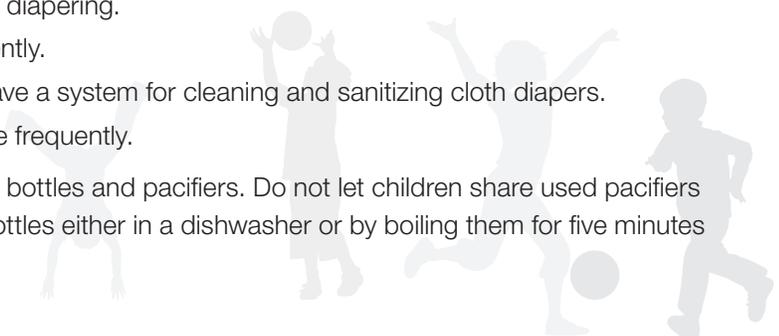
If you have a plant around your home that is not on the list, call the Poison Center at 1-800-222-1222 to find out how poisonous it may be.

## Hygiene

If you have babies or toddlers, use good hygiene when diapering.

- Wash your hands and the child's hands frequently.
- Dispose of diapers in containers with lids or have a system for cleaning and sanitizing cloth diapers.
- Clean and sanitize the diaper-changing surface frequently.

If two or more young children are being cared for, label bottles and pacifiers. Do not let children share used pacifiers or bottles. When reusing bottles, clean and disinfect bottles either in a dishwasher or by boiling them for five minutes before use.



## Pets and Animals

Pets can be a therapeutic experience for most children in care. Please inform the child's worker of all pets or animals in your home, and discuss whether the child has any allergies related to these animals. If children are unfamiliar or frightened by a pet, introduce them gradually and teach children proper pet handling and care.

Keep cages and pets clean and free of communicable disease. Animal waste should be removed daily, or at a frequency to prevent odor or contact with children in care. Teach children to wash hands after handling pets.

Resource family homes should avoid dangerous animals. A home may have ducklings, chicks, amphibians, ferrets, or reptiles, if approved by the agency. Please discuss any pets with your licensing and assigned workers.

Any animal kept in the home or on the premises must:

- Have no communicable disease,
- Have the required immunizations, and
- Be free of internal and external parasites.

Proof of the animal's health may be requested.

You must notify the worker if any animal in your home has been the subject of a past contact with an animal control official because of aggressive behavior or biting or has a history of aggressive behavior or biting, regardless of whether the animal has been the subject of past contact with an animal control official.

You must notify the worker within 24-hours of any occurrence of aggressive behavior or biting by an animal in the home, including whether the occurrence resulted in a contact with an animal control official. Additional steps to take may include:

- Immediately remove the animal from contact with children in care.
- Permanently remove the animal from the foster home for an animal that was aggressive or biting, if the department determines that the animal is a threat to life or safety of children in care.

## Participating In High-Risk Activities

High-risk activities and hazards are prohibited by licensing regulations at 7 AAC 50.400. Examples of high risk activities include:

- Use of an infant walker
- A young child walking along a river edge
- A child age eight or younger riding an all-terrain vehicle or snowmobile;
- A child of any age riding an all-terrain vehicle with only three wheels;
- Boating without a personal flotation device or in dangerous water conditions;
- Participating in an airborne activity such as hang gliding;

Other activities may be considered high-risk. Please discuss other activities with the assigned worker. If you want a child in your care to participate in a high-risk activity, you must obtain advance permission of the assigned worker and the child's parent before allowing the child to participate.

Participation in organized and supervised sports that may be considered risky or other potentially risky activities that are usual in the community in which the child resides is normal and appropriate for a child in care. For example, ice fishing would be usual in some communities, but not others. A young child should not be exposed to a risky activity except under close supervision or until the child is developmentally ready.

If an older child wants to participate in an activity of moderate risk such as participation in a contact sport, or activities not common to your community, the child's assigned worker must get permission from the child's parent and give the foster parent written approval.

## Sleeping Babies

Babies should sleep in bassinets or cribs (as age-appropriate) and should not sleep on regular beds until they have reached an appropriate age. The sleeping surface should be firm with a fitted sheet or with a flat sheet tucked in snugly around the mattress/sleep surface. No pillows, quilts, blankets, pets, siblings, sheepskins, bumper pads, or toys should be in the baby's sleep area. Place the baby on his or her back for every sleep session, even naps. Check on sleeping babies regularly. Babies should never sleep on waterbeds. Dress the baby in sleep clothing that is appropriate to room temperature with no more than 1 layer.

Research studies show a correlation between babies sleeping on their tummies and a higher rate of SIDS (Sudden Infant Death Syndrome.) Pediatricians now advise parents to place sleeping babies on their backs to minimize the risk of SIDS.

## Smoking and Second-Hand Smoke

All resource parents should be aware of the potential hazards of smoking tobacco, e-cigarettes, and marijuana in the presence of children, particularly infants and children with respiratory or allergic sensitivity.

Smoking in a foster home or foster group home, must be limited to outside the home, or in a well-ventilated area away from the immediate living area, and only after submitting a smoking plan acceptable to the department that addresses how children in care will be protected from second-hand smoke.

Additionally, any vehicle used to transport a child in care must be smoke-free.

## Universal Precautions

Alaska State Regulations at 7 AAC 10.1045 require all licensed foster homes to follow Universal Precautions to reduce risk against the spread of Hepatitis B, giardiasis, HIV, and other infectious diseases. Universal Precautions reduce the risk of diseases passed through bodily fluids. Bodily fluids include blood, saliva, feces, vomit, and semen. Everyone in your house, including substitute caregivers and baby-sitters should take the following precautions:

- Always wash hands thoroughly with warm water and soap immediately after having contact with blood or body fluids, (saliva, urine, stool or vomitus) including, nose-wiping, changing diapers, using the toilet. Regular bar soap is adequate.
- Always wash hands before handling, preparing or eating food, setting the table or handling dishes or silverware.
- Always wash hands with water and soap after using the toilet, and assisting a child in using the toilet.
- Always wash hands after handling pets or animals.
- Encourage children to wash their hands before and after participation in moist play, including molding clay or painting.
- Wash dishes in hot soapy water or in the dishwasher, if you have one. It is not necessary to keep a high-risk child's dishes separate.
- You may wash clothing with other family laundry in the washing machine or by hand, using hot soapy water.
- Do not allow sharing toothbrushes or razors.
- Avoid placing your fingers in any child's mouth. Also, discourage other adults and children from doing this.
- Toys that have been in any child's mouth should not be shared with other children.
- Wash toys, stuffed animals, favorite blankets and things children put in their mouths with hot soapy water regularly.
- Wash cloth diapers in the washing machine or in hot soapy water. Add a small amount of bleach.

- Place soiled diapers in a diaper pail lined with a plastic bag. Keep these in an area where small children do not have access to them. Securely tie the bag and dispose of with other household trash.

Other Universal Precautions specific to preventing the passing of hepatitis and HIV include:

- Wear disposable latex gloves to prevent possible exposure to bloodborne viruses when cleaning body fluid spills containing blood, or if your hands have cuts, abrasions, or a rash. Place the gloves and cleaning materials in a plastic bag, tie securely, and dispose of with other household trash.
- When changing a diaper, use disposable gloves if there is visible blood in the feces or if you have sores or cuts on your hands.
- Use disposable materials like paper towels to stop bleeding or when handling bodily fluids. Dispose of any tissues or paper towels in a sealed plastic bag placed in a covered container (such as in a plastic bag in a garbage can with a lid).
- Clean any surfaces containing body fluid spills with one (1) part bleach to nine (9) parts water.

## Water Safety

Drowning is a major cause of death for children in Alaska. If water activities, such as boating, swimming, or fishing, are a regular part of your family life, make water safety a priority. Alaska Statutes at 05.25.010(g) requires children under age 13 wear a United States Coast Guard approved personal flotation device while boating. Teach children good water safety practices and review the safety rules each time you are around a body of water. Always check the weather forecast before a boating trip. For more boating information, see <http://dnr.alaska.gov/parks/boating/>

The following practices will help to ensure the safety of children when they are near water:

- Always supervise children when around riverbanks or beaches and never let a child walk the shore or swim alone or unobserved.
- Never leave a very young child alone for even a moment near a pool, spa, bathtub, toilet or bucket of water.
- Empty buckets and containers of water when not in use and drain water from sinks and bathtubs after use.
- Keep toilet lids down.
- Ensure that the adult supervising children while in a pool is familiar with CPR and is within reach of infants or toddlers.
- Encourage children to participate in swimming lessons and water safety courses.
- Children should demonstrate their level of swimming proficiency when entering the water.
- Document the child's level of swimming proficiency in your records about the child.
- Swimming activities away from home must take place where there is a lifeguard on duty.



## 17. HEALTH AND MEDICAL CARE

### Emergency Shelter Care Health Review

If you have a specialization of “Emergency Shelter Care”, you are asked to complete the Emergency Shelter Care Health Review form (06-9732). This form is in the placement packet and may assist you in determining the immediate health condition of the child. The Health Review asks you to make note of:

The child’s general appearance including any visible signs of injury such as bruises, scratches or cuts;

- Any pain or discomfort the child is experiencing;
- Any medication the child is taking;
- Whether the child is undergoing special medical treatment; or
- Whether the child has an illness that puts others at risk.

These questions help the resource family determine immediate health needs. Report any finding of concern to your assigned worker. Resource families should send this form to the child’s assigned worker upon completion and maintain a copy for their records.

### Consent for Emergency and Routine Medical Care

When a child is placed with you, the assigned worker will provide a completed Consent for Emergency and Routine Medical Care Form (06-9716), at the time of placement.

Resource families are responsible for getting emergency care for a child when necessary. The Consent form allows you to secure emergency care when the medical problem is life threatening or would result in permanent injury. If a child needs or has been provided emergency care or hospitalization, contact OCS as soon as possible.

### When Parental Consent Is Needed

Parental consent must be obtained for an elective or non-emergency major medical or dental procedure (i.e., dental anesthesia, surgery, ear tubes). If parental rights have been terminated, OCS must then consent to the medical/dental procedure.

Psychotropic medications are considered non-emergency major medical care and must have the consent of child’s parents, or OCS approval if parental rights have been terminated. This includes any changes to a current psychotropic medication prescription.

### Medications

A resource family may administer prescription medication, and special medical procedures to a child only as authorized by a doctor or legally-authorized health provider and written permission from the child’s parent or the assigned worker. In an urgent situation or after hours the provider can contact the “on call” assigned worker to get telephonic permission to administer the medication. The provider will need to follow up with the written permission from the child’s assigned worker.

Written permission must first be obtained for the administration of prescription medication from the parent of the child in care, or the assigned worker when a new medication is prescribed. If the department is the legal guardian, written permission must be obtained from the assigned worker.

If a child is taking prescription medicine, keep the medication in its original container. This container should have a label showing the date filled, the expiration date, instructions, and the physician’s or health provider’s name. Document all prescribed medications on the Medical, Dental, and Medication Record (06-9180).

## Discard unused medication

- Non-controlled substance medication: Crush the medication in a zip lock type bag and mix with coffee grounds, dirt etc. and dispose in the trash. Make sure containers are blacked out so medication and client information is not readable.
- Controlled substance medication: Determine if your area has a local drop off location for medications. If your area does not have a drop off location, give the medication to your assigned worker for disposal.

Do not save the medicine used with one child to treat another, even if you think the child has the same illness!

Keep all medications out of the reach of children. For common illness or injury, a resource family can use over-the-counter drugs if authorized by the assigned worker. The Consent for Emergency and Routine Medical Care form authorizes the provider to administer commonly used over the counter medications. Use these medications only according to directions on the medication label unless a health provider indicates otherwise. If you receive different directions from your health provider, get those instructions in writing, and incorporate these instructions into the child's medical records.

Parental consent for emergency and routine medical care is not required, since custody court orders authorize the department to consent to minor or emergency treatment. Routine/minor medical care includes administration of non-prescription and commonly used over-the-counter medication in accordance with the manufacturer's label.

## Access to Medical Information

As a resource family, you have the right to medical information or health history that the Department may have at the time of a child's placement or during the child's stay with you. The Consent for Emergency and Routine Medical Care form allows for discussion with physicians about the child's health.

## Medicaid Eligibility

Most children who enter out-of-home care are eligible for Medicaid. Medicaid covers the cost of the child's medical care, dental care, pharmaceutical services and other health needs. For a child to receive Medicaid coverage, the child's assigned worker applies on behalf of the child. Check with the health care provider to ensure the provider accepts Medicaid, before scheduling a medical appointment or filling a prescription. Present the Medicaid card to the medical provider (doctor, pharmacy or hospital) at the time of the child's appointment. If the child already has a medical or dental care provider, it should be noted on the Consent for Emergency and Routine Medical Care (06-9716) Form. For continuity of medical or dental care, use the child's current health care provider. Note: Many health care services require prior authorization. Resource families should never name themselves as the guarantor. Contact the OCS office in your area to obtain the address to correctly fill out guarantor information.

Review the Alaska Medicaid Recipient Handbook online at <http://dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf>.

If you have questions about Medicaid covered services or need help locating a health care professional in your area who accepts Medicaid, contact the Recipient Help Line toll free at 1-800-780-9972.

### ***If you do not receive the child's Medicaid card and a child needs care...***

- Contact the local OCS office.
- If this is an emergency and you cannot wait for the Medicaid card to arrive in the mail, OCS staff/Eligibility Technician can issue Medicaid coupons.
- Some Medicaid providers will provide service and ask you to bring in the card when the card arrives; however, check with the provider before scheduling the appointment.

If a child is not Medicaid eligible, payment for medical care may be handled in one of several ways. In some instances, the child may be covered through health care insurance of a parent. This coverage should be coordinated with the child's assigned worker and the parent. If a child has no resources for medical care, OCS/DJJ is financially responsible for these services. However, **prior authorization** from OCS/DJJ is required **before** any discretionary medical or dental treatment is provided. Medicaid criteria will be used by the Department to determine if a procedure or treatment is routine regardless of the child's eligibility for Medicaid.

## Indian Health Service Health Coverage

Alaska Native/American Indian children must be an enrolled Tribal member, with a federally-recognized Tribe, or the descendent of an enrolled Tribal member with a federally recognized Tribe, to receive health benefits from the Indian Health Service (IHS).

In the State of Alaska, there are many Tribal health care facilities. Alaska Native Medical Center in Anchorage is the state-wide referral center for specialty care. Resource families should use the IHS clinic in their community for eligible children in care.

Tribally operated hospitals include:

- Alaska Native Medical Center, Anchorage Service Unit;
- Samuel Simmonds Memorial Hospital, Barrow Service Area;
- Kakanak Hospital, Dillingham/Bristol Bay Service Area
- Maniilaq Health Center, Kotzebue Service Area;
- Norton Sound Health Corporation, Nome/Norton Sound Service Area;
- Southeast Alaska Regional Health Consortium (SEARHC), Juneau (includes Mt. Edgecumbe Hospital and Sitka Alcoholism Therapy Unit) Mt. Edgecumbe Service Area; and
- Yukon-Kuskokwim Delta Regional Hospital, Bethel/Yukon-Kuskokwim Service Area.

Clinics (contract services for IHS) include:

- Tanana Chiefs, Fairbanks (Chief Andrew Isaac Health Center);
- Chugachmiut;
- Kodiak Area Native Association;
- Ketchikan Indian Corporation; and
- Annette Island Service Unit, Metlakatla



## ONGOING MEDICAL CARE FOR A CHILD...

### Early Periodic Screening Diagnosis and Treatment Program (EPSDT)

EPSDT is a program funded through Medicaid that provides medical assistance to all Medicaid-eligible children, which includes children in care. All children in OCS custody are required to have an EPSDT well-child exam within thirty (30) days of being placed in out-of-home care. The EPSDT exam will, at a minimum, include:

- A comprehensive developmental history;
- An unclothed physical examination;
- Immunizations;
- Laboratory tests (if appropriate); and
- Health education.

Schedule this exam for the child coming into your care. The exam should preferably be done by the child's primary medical provider, but if that is not possible, by an identified community provider. If there are no health personnel in the community qualified to perform an EPSDT exam, the assigned worker can arrange for Medicaid to pay for the child and an escort to travel to the closest community where an EPSDT exam can be conducted.

When a child is placed with you, determine whether the child's immunizations are current. The immunization record may be attached to the Medical Consent Form. Ask the child's assigned worker for assistance if the record is missing or check with the child's health provider. If a child's immunizations are not up-to-date with immunizations, make sure they are brought up to date during the EPSDT well-child exam.

Find out as much as you can about a child's health history and status. Look for information about a child's

- drug or other allergies,
- any medications the child is taking or medical treatment the child requires,
- immunization history,
- last physical examination, and
- medical provider.

Keep records of what you were able to find out and what information was not available to you. If you could not get any information, document attempts you made to get the information.

The results of the EPSDT well-child exam and follow-up recommendations will need to be placed in the child's file at the OCS office. Provide the results to the assigned worker as soon as possible so that the child's file is complete. You will also need to keep copies for your own files.

### Regular Check-ups & Immunizations

Every child in care needs to be immunized and have regular well-child exams according to the schedule outlined by the EPSDT Program. The EPSDT Guidelines and Periodicity Schedule will be provided to you by the child's worker. Children over three years old need a dental exam once a year.

The screenings done during the well-child exam can help detect special needs and provide referrals to services and resources to help with the child's special needs. Research has shown children in out-of-home care are often behind the norms in health, so your role in helping a child get immunizations and check-ups is important!

## Keeping Medical Records

Keep all records of care or treatment the child receives while residing in your home. These records will go with the child when the child leaves your home. If no documentation was provided by the health care provider, keep a log of the medical care the child receives. These records should be kept in a safe and confidential place within your home.

## Child Injuries

If a child is seriously injured such as sustaining a black eye or deep cut or requires medical care for an emergency, notify your assigned worker. Notify your licensing worker as well regarding any serious injury or illness requiring attention by a health provider. You may verbally report, but also need to file an Incident, Emergency, Accident, Illness, and Change Report (D084-LIC-08) form with OCS.

## Sex Education

Sex education is a normal part of parenting. Most sex education is in response to children's questions. Questions should be answered as openly and honestly as possible, giving consideration of the child's age. In some instances, schools will offer courses in sex education. You may sign the permission slip for a child to attend special classes or refer this item to the assigned worker for agency approval.

Issues of birth control usage should be discussed with the assigned worker. To the greatest extent possible, involve the child's parent in any discussions regarding sex education, and birth control usage.

## Pregnancy

If you suspect a child in your care might be pregnant, notify the assigned worker on the first working day after you are aware of this situation. The assigned worker is responsible for helping pregnant teens in custody obtain proper prenatal care and counseling. This includes helping them explore all the options available to them during and after their pregnancy. The teen may stay in your care if your family is willing to adjust to the needed changes in the treatment plan. A resource family may not unduly influence or dictate what actions a pregnant teen may make regarding the planning for the pregnancy and decisions to parent the child or place the child for adoption. These decisions are solely the teen parent's to make.

## HIV/AIDS Testing

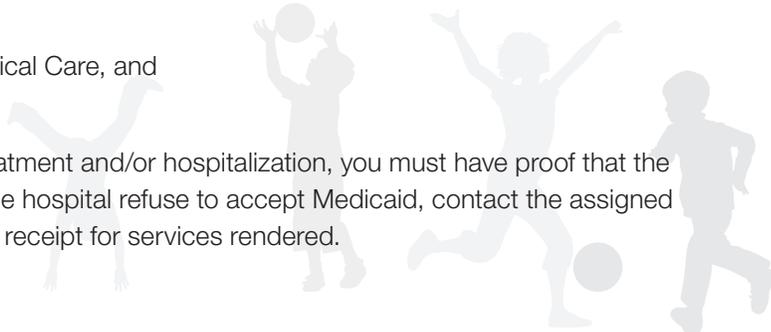
A resource family is not allowed to have a child tested for HIV/AIDS. If you have concerns that the child in your care is infected with HIV/AIDS, discuss this with your assigned worker.

### Medical Care While Traveling

When you are planning to travel with a child in care, remember to take with you:

- The Authorization for Travel form,
- The Consent for Emergency and Routine Medical Care, and
- The child's Medicaid card.

In the event of an emergency that requires medical treatment and/or hospitalization, you must have proof that the child has medical coverage. Should the physician or the hospital refuse to accept Medicaid, contact the assigned worker for reimbursement procedures. You will need a receipt for services rendered.



Generally, Alaska Medicaid benefits cannot be used out-of-state unless the service is pre-authorized by Medicaid and the medical provider is enrolled with the Alaska Medicaid system. In these cases, contact your assigned worker if medical services are needed out-of-state.

## **Medicaid Waiver Services for Children in the Custody of the Department**

Children with Intellectual & Developmental Disabilities and Children with Complex Medical Conditions may be eligible for additional services through Medicaid. Some children may receive services through a Medicaid Waiver if they are determined to be eligible for a Waiver. To determine eligibility a functional assessment must be completed by a Senior and Disability Services nurse. If you think a child in your home has significant developmental or medical needs, please consult with the OCS assigned worker or OCS Regional Psych Nurse. OCS will be responsible for submitting an application and coordinating the application and assessment process, but the resource family will be asked assist and support with this process. If the child is found to be eligible the resource family will participate in service planning meetings with OCS, the treatment team, and the identified Care Coordinator.



## 18. EMERGENCIES

For this chapter, an emergency is a situation that occurs outside the normal responsibilities of the foster parent. An emergency demands immediate advice or assistance.

### Emergency Planning

Alaska State Regulations at 7 AAC 10.1010 require licensed foster homes have a disaster preparedness and emergency evacuation plan, including fire safety and fire drills. See **Chapter 16, Safety**. These plans are utilized for any type of emergency to your home, including fire, flood, and storm damage.

You will be asked to complete a “Provider Emergency Information Response” form so that OCS can locate you in the event of a natural disaster or an emergency that may or has required you to evacuate your area. In addition, each office has a disaster plan. Contact your licensing worker for more information.

Disaster preparedness and emergency evacuation plans should be practiced according to age of the children listed below, and each time that a child is placed into your home.

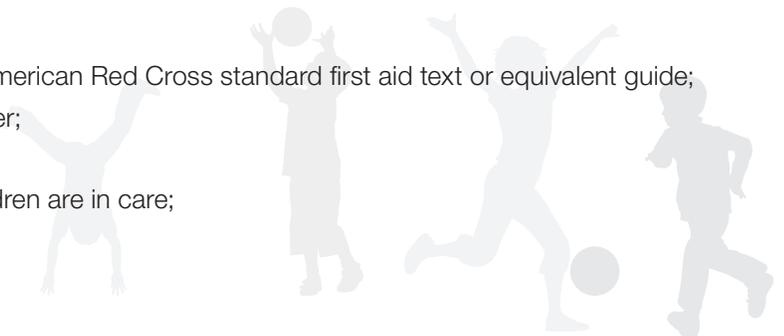
The evacuation plan must describe in detail the procedures that will be followed for complete evacuation from the home.

Helpful information and resources are available on the Public Health Preparedness website at <http://dhss.alaska.gov/dph/Emergency/Pages/prepared/>

### First Aid

Alaska State regulations at 7 AAC 10.1075 require that all licensed foster homes have first aid kits. Each first aid kit must include the following items:

1. disposable nonporous, non-latex gloves;
2. Sealed packages of alcohol wipes or antiseptic for thermometer cleaning only;
3. Scissors;
4. Tweezers;
5. A thermometer;
6. Adhesive bandages;
7. Bandage tape;
8. Sterile gauze pads;
9. Flexible roller gauze;
10. Triangular bandages;
11. Safety pins;
12. Eye dressing;
13. Note pad with a pen or pencil;
14. Cold pack;
15. Current American Academy of Pediatrics or American Red Cross standard first aid text or equivalent guide;
16. Telephone number for the poison control center;
17. Potable water;
18. Splints, including small child-size splints if children are in care;
19. Soap; and
20. Working flashlight.



In addition, a licensed foster home must maintain at least one additional first aid kit for outings that contains:

- Disposable nonporous, nonlatex gloves;
- Tweezers;
- Adhesive bandages;
- Bandage tape;
- Sterile gauze pads;
- Cold pack; and
- Potable water.

Current certification in First Aid and CPR (coronary pulmonary resuscitation) are not required of resource families in the state of Alaska, but it is strongly recommended that all families at least learn the basics of treating minor injuries. You should know what to do for a choking child or a child who is bleeding or is not breathing. This is especially important if you are caring for a child with medical problems. A first aid chart is available through your local health clinic.

If you are interested in first aid training, contact the Red Cross, licensing worker, assigned worker, Alaska Center for Resource Families, school, emergency services or the health service or hospital in your community for referral to classes that may be offered.

Licensed foster parents who completed certified Red Cross First Aid and CPR training can receive training hours towards the required trainings. Additional helpful information and resources are available online at:

- American Academy of Pediatrics: [www.aap.org](http://www.aap.org), and
- American Red Cross: [www.redcross.org](http://www.redcross.org)

## Disaster Kits

Licensing regulations at 7 AAC 10.1010(e) require that all licensed foster homes have a disaster kit that includes:

- 1) at least one flashlight and batteries;
- 2) at least one battery-operated radio and batteries;
- 3) potable water;
- 4) nonperishable food; and
- 5) blankets.

## Emergency Contacts

In the event of an emergency, have the number of the hospital, village health aid, law enforcement agency, poison control center and assigned worker phone numbers listed near the telephone.

Foster families are also asked to designate an adult who will be available to help in case of sickness, accident, or other emergency absences. If your emergency contact changes, you must notify your licensing worker.

## What to do in an Emergency

When you contact the placing agency in an emergency, identify yourself as a resource family member and tell the receptionist or answering service that you have an emergency and you need to speak to the assigned worker or a supervisor.

If the child in care is violent, threatening, or under the influence of drugs or alcohol, contact the local law

enforcement agency for assistance. Notify the assigned worker or probation officer as soon as you can, but no later than the beginning of the next business day.

Even though the child is entrusted to your care, the Department retains ultimate responsibility for the safety, care and welfare of all children placed in care by the agency. For this reason, you must notify the assigned worker about all incidents that affect the well-being of the child. In smaller OCS offices, you can share the information with any OCS staff. In larger offices, you need to know whether to report to your assigned worker or your licensing worker. The following list defines some, but not all, of the situations that are considered emergencies and to whom you should report. Always contact the office for any questions about what constitutes an emergency.

### Contact OCS/DJJ *immediately* regarding:

- Death of a child in care,
- Attempted or threatened suicide by a child in care,
- Serious injury or illness of child requiring medical attention outside of your home,
- Life threatening illness, hospitalization, or emergency surgery of a child in care,
- Suspected runaway or unapproved absence of a child of 10 hours or more,
- Any attempt by a parent or other individual to remove the child from your home without your permission, or
- Fire, flood, or other disaster to your home.

Contact the child's assigned worker *on first working day* (Monday through Friday) regarding:

- Pregnancy of a child in care,
- Severe distress or depression of a child in care (seek immediate medical help if required for the safety of the child),
- Violation of conditions of probation, or
- Allegations of criminal conduct by a child in care.

The Incident, Emergency, Accident, Illness, and Change Report Foster Home/Foster Group Home form DO84-Lic-08 should be completed when making these types of reports.

## After Hours Emergencies

Each OCS or DJJ office has its own procedure for dealing with emergencies that happen after office hours or on weekends. Ask your assigned worker what the procedure is for your area. If you are in a serious situation and you cannot reach the appropriate agency, contact your local law enforcement agency. Contact your assigned worker at the beginning of the following business day.

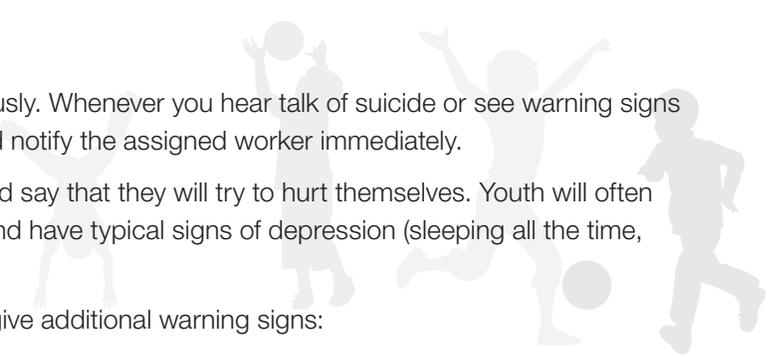
## OTHER EMERGENCY SITUATIONS

### Suicide

Talk of suicide or suicidal gestures must be taken seriously. Whenever you hear talk of suicide or see warning signs of suicidal behavior, provide close adult supervision and notify the assigned worker immediately.

Most people, especially teenagers, do not come out and say that they will try to hurt themselves. Youth will often become more withdrawn from the family and friends, and have typical signs of depression (sleeping all the time, refusing to speak much with anyone).

Children who are considering hurting themselves may give additional warning signs:



- Changed eating or sleeping patterns,
- Dramatic mood changes,
- Expressing feelings of helplessness and hopelessness, and not wanting to live,
- Expressing the desire to fall asleep and never wake up,
- Giving away belongings and prized possessions,
- Irrational, bizarre behavior,
- Obsession with death,
- Poems, essays and drawings that refer to death,
- Saying good-bye to important people,
- Talking about joining a deceased loved one, or
- Withdrawal and/or isolation from friends.

If there has been a **suicide attempt**, do not leave the child unattended even for a brief period. Get immediate professional medical attention and then notify the child's worker.

The National Suicide Prevention Lifeline is available 24 hours a day, seven days per week at **1-800-273-8255**.

## Serious Illness

If an accident or illness of someone in your family is serious enough that requires a possible move of the child from your home, contact the assigned worker for an emergency plan for the children in your care.

## Death of a Child in Care

It is a rare occasion that a child dies while in care. It is a traumatic event for the child's family, the resource family and the assigned worker. If a child dies while in your care (including if the child dies in the hospital), contact the OCS or DJJ office immediately. Unless the child dies in a hospital, you must also contact the local law enforcement authority. Suicide by a child must be handled in the same manner.

Whenever a child in custody dies, the death is usually investigated by the State Child Fatality Review Team, unless the child's death resulted from a natural disease process, was medically expected and the child was under supervised medical care during the 24 hours before the death. Your local law enforcement agency may become involved to determine the facts and would need to ask questions of all persons, including resource family parents, who had knowledge of the circumstances of the child's death. An autopsy may be required.

A death is always a difficult event for all who are affected. As a resource family, you have no legal responsibility to pay funeral expenses. You may wish to attend the service and to send flowers or make a donation to a memorial fund for the child. Be aware that some parents may react to the loss of the child by becoming very hostile to agency personnel and resource families because of their feelings of failure, anger and grief. Contact your assigned worker if this situation occurs. Also, talk to your assigned worker about resources to help you and your family with your feelings of grief and sadness. Resource families often become attached to the children in their care, and it is important that you get a chance to talk about your feelings.

Unless parental rights have been terminated, the child's parents retain the right to plan the funeral service for their child. The assigned worker will advise them and assist them in planning an appropriate service. This would include making them aware of the resource family's interest in attending or participating in the service. If parental rights have been terminated, or if parents cannot be located or are deceased, the agency will assume the responsibility of

planning services and may request your involvement.

The assigned worker or probation officer is responsible to inform the appropriate persons of the death and to initiate plans for the funeral service and procedures. Depending upon the ability and resources of the child's family or guardian, the Office of Children's Services or Division of Juvenile Justice will assure that financial arrangements are made for funeral arrangements.





## 19. CASE PLANNING

When a child is placed in out-of-home care, OCS is mandated to make reasonable and active efforts to reunite the child's family. Resource families have a significant role in the reunification efforts by ensuring availability of the child for family contacts and as appropriate, developing a relationship with the child's family. A resource family is required to support a child's relationship with his or her family in a positive manner. Frequent and regular family contacts are necessary for successful reunification to take place. Regardless of why a child came into care, the child's family relationship remains important.

### The Case Plan

For every child in care, a case plan is required. This case plan must be completed within 60 days of when a child is removed from their home. The assigned worker develops a case plan in collaboration with the child's family, the child or youth, and the Tribal worker, if applicable.

When a child is placed in out-of-home care, the initial permanency goal is to reunite a child with the child's family as quickly and safely as possible. School age children should be included in case planning when they are developmentally age appropriate. The case plan outlines the services, resources, and time-frames of what the parents, child(ren), resource families and the assigned worker need to do for the child to safely return to the parent's home permanently. The case plan is developed based on:

- An assessment of the family's strengths and needs,
- Reasons the child came into care,
- Barriers preventing return to the family, and
- The child's needs.

The case plan needs to state the current overall permanency goal for the child and the plan of action to reach that goal.

The child's safety, permanency and well-being is of paramount concern in the development of the case plan. Resource families are in an excellent position to contribute information about the child during the case planning process.

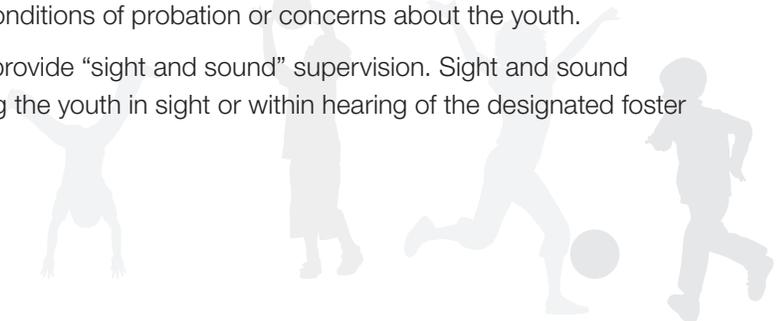
### Restorative Justice

A youth on probation is held accountable for their behavior by conditions enforced by their assigned probation officer and usually ordered by the Court. The probation officer develops a plan that includes collaboration with the foster parent(s) and a plan of care in the foster home.

The probation officer leads the team, meets with the parents, and monitors the youth's progress. The probation officer will be in regular contact with the resource families.

Juvenile Justice foster family homes will work with a probation officer by carrying out the plan of probation and notifying the probation officer of any violations of the conditions of probation or concerns about the youth.

Juvenile Justice foster family homes may be asked to provide "sight and sound" supervision. Sight and sound means providing intense supervision by always keeping the youth in sight or within hearing of the designated foster parent.



## Family Contact Plans

The Family Contact Plan is separate from but related to the case plan. Family Contact Plans provide direction regarding frequency, and level of supervision required for contacts between children in out-of-home care and their parents, siblings, and other family members. Resource families should be included in family contact planning to ensure that regular contacts between children and their birth families occur. Resource families are encouraged to assist in facilitating family contact and support reunification.

As a resource family, you have a right to a copy of the child's portion of the case plan, the Family Contact Plan, and a copy of the Foster Care Plan and Agreement and should keep those copies in your files. If you do not have a copy within 30 days of placement, contact either your assigned worker or assigned worker's supervisor to obtain a copy.

## Independent Living Service Plan

If the child in care is 14 years or older, the case plan must include a plan that addresses programs or services to help the child prepare for independent living. Foster families may be asked to assist youth in care who are 14 years or older with completing the on-line Ansel Casey Life Skills Assessment found at [http://lifeskills.casey.org/clsa\\_learn\\_youth](http://lifeskills.casey.org/clsa_learn_youth)

**A transition plan** is developed by Independent Living Specialists and youths who are age 16 or older in state custody and placed in out-of-home care. The transition plan is customized to

- Meet the needs and strengths of the youth,
- Identifies goals and programs,
- Services, knowledge, skills, and
- Supports that will help prepare the youth in their transition from foster care.

The plan is signed by the youth and the Independent Living Specialist and becomes part of the youth's case plan.

## Administrative Reviews

Family Service cases are reviewed at meetings, known as administrative reviews. These reviews occur within 6 months of the probable cause finding for all children who are in custody and in out-of-home placement and every six months thereafter. The purpose of these reviews is to ensure that case plans are updated and address the permanency, and well-being of the child.

Administrative reviews are an opportunity to review services being provided and offer additional services to either reunify the family or achieve an alternate permanent placement.

The administrative review process includes a number of reviews, sometimes referred to as conferences, which differ in their specific purpose depending how long the case has been open and the circumstances of the case.

**Out-of-preference staffings are for Alaska Native children** who are not placed in homes that meet the ICWA placement preferences. These cases are staffed monthly with the Tribes to look for relatives or Alaska Native placement or until the child is placed with a family that meets the placement preferences of ICWA, or the child's Tribe provides written approval for the out-of-preference placement. The purpose is to monitor and document efforts to move children into Native homes.

The initial administrative review is held at 6 months of the probable cause finding for all children who are in custody and in out-of-home placement. The purpose is

- to assist in meeting the statutory requirements for the timelines for reunification or other concurrent plan for permanency,

- for notifying parents of timelines,
- to address services to families, and
- to identify barriers that may hinder services to families to prevent children from lingering in the system.

**Administrative reviews** are held every six months from the initial review for children continuing in out-of-home placement. The purpose is

- to review the continued necessity for and appropriateness of the placement, and
- to determine the extent of compliance with the case plan to mitigate the child safety concerns.

Resource families are expected to bring the Child’s Placement Packet with updated educational or medical records to the reviews.

Resource families do not participate in the portion of the review specifically addressing the child’s parents.

## Permanency Planning Conference

The administrative review held at the ninth month of a child’s out-of-home placement may be referred to as a Permanency Planning Conference (PPC). This review is held in preparation for a court proceeding called a Permanency Hearing, which is held in court at twelve months of a child being in out-of-home care. If there has been a prior removal of the child from the home, a permanency planning conference must be held within six months of the second removal. The purpose is to establish the permanency planning goal and discuss permanent placement options for the child. Permanency planning is an ongoing process and can occur more than one time.

Team Decision Meeting or “TDM” is a meeting called by the OCS assigned worker to discuss decisions concerning a child. The purpose is to bring together people involved with the child and the child’s family to make the best decisions possible concerning the child and to help ensure that a network of support is there for the family, the child, and the people who may care for them. TDMs are scheduled whenever there are safety concerns for a child, or a need to discuss a possible placement change.

## Placement Decision Conference

If there are multiple options for permanent placement, or when there are no options, a placement decision conference is held. The purpose is to identify a permanent adoptive or guardianship home for a child.

## Permanency Planning and Goals

- Permanency planning is a term that is used in child welfare to determine the plan to have a child leave the custody of the state agency in as timely and safe a manner as possible.
- Permanency planning begins at the initial assessment and assumption of custody. This plan initially focuses on how the child and family will successfully and safely reunify and exit the state system permanently.
- Generally, during the first year of the child’s care with OCS, the permanency goal is to reunify the child with the family. The assigned worker evaluates whether reunification is possible for the family and for the child.
- The first six-month review usually begins to explore whether the permanency goal of reunification is appropriate or if OCS should move towards an alternative permanency goal for the child.
- No later than ten months after a child has been placed in out-of-home care, OCS evaluates the success of efforts to reunite the family, the needs of the child, including how long the child can wait to have a permanent family.
- Within one year of when a child has been placed in out-of-home care, a permanency hearing is held, at

which time the court reviews the facts of the case and determines whether reunification is the appropriate permanency planning goal for the child. If it is determined that an alternate goal is more appropriate, the assigned worker starts to implement the permanency plan.

- If reunification is no longer possible, the child's permanency goal will become adoption, legal guardianship, or another planned permanent living arrangement (APPLA). Adoption is the preferred permanency option, if reunification is not possible.

## Concurrent Planning

Concurrent planning is intended to minimize the length of time that a child remains in out-of-home placement.

Concurrent planning means that two permanency plans are identified and actively worked at the same time with the full knowledge of the child's family and team. As an example, while working toward reunification with the child's family, OCS works with the family to identify alternative permanency options for the child, such as adoption if the child cannot be reunited with his/her family.

## Reasonable/Active Efforts

OCS must provide and document reasonable/active efforts to help families remedy the conditions that caused the child to come into care.

In some situations, the court may rule that the reasonable efforts standard for reunification do not need to be applied. Should this happen, OCS can move toward a different permanency plan for the child, which may include adoption, guardianship, or another permanent placement



## 20. FAMILY CONTACTS

Resource families have a critical role in maintaining connections between children and their families. It is essential for resource families to create an environment that is supportive of the entire family while strengthening the relationship between the child and his or her family. Most children placed in care are reunified with their families. When resource parents support the child's entire family, they have the opportunity to have a positive influence on a family forever.

It is very important to the child's success in out-of-home care that the child maintains contact with his or her parents, siblings and other family members. This contact may be either liberal or restricted, and is dependent upon the parameters set forth in the Family Contact Plan. It is important that all resource families review and discuss the Family Contact plan with the child's assigned worker.

The Alaska Center for Resource Families has training workbooks and tips for resource parents to understand and support the family contact plan. Resource parents have an important role in contacts between a child and his or her parents. If the contacts take place in the foster home, you will be more involved. When contacts take place elsewhere, you can help the child adjust before and afterwards. Your role is to support the child and strengthen the child-parent relationship.

### Ice-Breakers

An ice-breaker is the first meeting between the child's parents, assigned worker, resource parent, and sometimes the child in care. In some areas, an ice-breaker meeting occurs soon after placement takes place. This meeting gives the resource parent and the child's parent a chance to:

- Meet each other and talk about the placement,
- Be clear on the visitation and contact guidelines,
- Share information about the child such as,
  - The child's routines,
  - Favorite foods, and
  - Other important information from the child's parent, which will allow them to understand the needs of the child.

If your area does not have an "Ice Breaker" meeting, working with the assigned worker to reach out to the child's parents early in the process will help establish a relationship of trust.

### Working with a Child's Parents

Your level of contact with a child's parent will depend on you, the assigned worker and the case plan. The relationship between you and the child's parent will be different in every situation.

Many parents will see you as a support to their family, and their children. For many parents, their guilt, embarrassment or shame may make it difficult for them to engage with you and your family. However, the more parents and resource families are in contact and are working together, the more successful and positive the child's placement experience will be.

Sometimes, a child's parent may see a resource family as a threat because they are now assuming the role of "the parent" to the child. The child's parent may feel jealous if the child shows affection toward you. Some parents may try to regain control through criticizing how you dress or feed the child; complain to the assigned worker about you, or allege the child is being abused or neglected in your home.

Although it is difficult not to take these things personally, it's helpful to remember that a child's parent is trying to stay connected with the child. Their caring about how their child is dressed or is fed is a strength.

When the child can see you working with their parent it brings a sense of reassurance to the child that their world is okay. Overall, the person who receives the biggest benefit when everyone works together is the child.

It is important for the child to see you involve their parent in ways as simple as bringing a snack to visits so the parent can feed the child or ask the parent's opinion about a situation. If the goal is to reunite families, resource families should encourage a parent's attempts to care for the child.

Your first responsibility is to support the case plan for the child. It is important not to take sides with the child's parent against the assigned worker or allow contacts not on the contact schedule established in the case plan. Resource families are obligated to share important information affecting the child with the assigned worker. This includes information a child's parent divulges, or observations the resource parent makes during a family contact.

If you are uncomfortable with something a parent shares with you, encourage the parent to share the information with the assigned worker.

Your attitude and interaction with a child's parent is very important to the child in your care. When children are placed in care, they may be confused about why they were removed from their parent, why their parent didn't protect them or keep them safe, or even question their love for them.

A resource family needs to show compassion and empathy to the child. By being compassionate, empathetic and having realistic expectations of the child's parents, you will be more effective in constructively interacting with them and with talking with the child in your care.

## Your Relationship to the Child's Family

OCS values the importance of retaining a child's ties to their culture and family. Most children in care eventually return to their parents or to relatives. For this reason, family contacts are very important. You need to support the family contacts and help a child stay connected to family members consistent with the case plan.

Below are some ideas of promoting indirect contact:

- Send letters and cards to family members about the child's progress.
- Send copies of report cards, schoolwork, and art projects.
- Encourage the child to make cards or crafts to take as gifts to visits with his or her family.
- Send parents a birthday or holiday card.

Some topics for discussions between resource families and the child's parents include:

- School conferences, school functions, and PTA meetings;
- The child's clothing and shopping plans;
- The child's health, behavior, or school experience;
- The child's social activities, relationships (including siblings), social development, and special needs;
- The child's visits to the doctor and dentist;
- Plans for holidays that are special to the child (e.g., birthday parties, graduations, and holiday celebrations).

## Family Contacts

When OCS places a child in out-of-home care, OCS is required by law to provide reasonable contacts between the child and his parents, guardian and family members. Reasonable contacts are determined by the nature and quality of the relationship between a child and the family member before removal. OCS may only deny contact to parents or family members if the court determines there is clear and convincing evidence that contact is not in the best interest of the child.

Family contacts help a child maintain connections to their family and allow the child to see that their parents are safe, alive and still a part of their lives. Family contact reassures the child that his or her parents care about and support them, and is a chance for the child to receive permission from the parents to be happy where he or she is until it is possible for the child to return home. This reassurance can help sustain the child's emotional well-being while waiting for permanence to happen. Family contact is also an opportunity for children to experience changes that the parent may have made. As parents relate to their children in a more positive and healthy manner, children will learn to relate to their parents more positively.

The assigned worker will discuss family contacts for any child in your care when the placement is made. The family contact plan should be outlined in the Placement Packet that you receive at the child's placement. The assigned worker should update any change in the family contact plan in writing. The assigned worker needs your cooperation to ensure that contacts are a positive experience for the child. Family contacts may take place at OCS offices, the parent's home, a public place, or the resource family's home with the permission of the resource family. With assigned worker permission, you might:

- Invite parents to the child's medical appointments;
- Invite family members, including siblings, to a
  - » child's birthday party,
  - » school function,
  - » sporting event, or
  - » community happening with you.

Unless otherwise arranged, the resource family is expected to transport the child for family contacts. You should receive reasonable notice of a planned contact. If you have any concerns about a child's contact with a relative or friend, discuss it with your assigned worker. You should also be clear about what kind of telephone contact is allowed between parent and child, or other relatives and the child (i.e. grandparents, aunts and uncles).

Some contacts may require supervision, meaning that a designated person needs to be present when the child visits the parents. This person may be a third party, or the resource family, if the resource family agrees.

You may be asked to let the parent visit the child in your home. This helps the child know that you trust his parents. The matter of parental contact in your home should be discussed with your assigned worker. You also need to give permission before your phone number can be given to a child's parent.

## Issues that may Arise with Family Contact

At the time of placement, or shortly thereafter, visiting "ground rules" should be discussed and agreed to by all team members (e.g., foster parent, child's parent, relatives, assigned worker, Tribal worker, etc.). These ground rules may be discussed during the ice-breakers meeting.

A parent may ask to take a child from your home or have contact with a child outside of the regular schedule. **Do not let the children go with the parent without the assigned worker's permission.** If the parent demands you hand over the child in your care, do not do so. Encourage the parent to contact the assigned worker or offer to make the contact. Keep telling the child's parent that you are not allowed to let the child have contact outside of the agreed visitation plan. If parents or other relatives become unruly in your home, ask them to leave. Contact law enforcement if necessary. Notify your assigned worker immediately if any of these situations occur.

If a parent or relative arrives intoxicated to take the child on a planned visit, ask him or her to leave and contact the assigned worker immediately. If the assigned worker is not available, the resource family may refuse to allow the child to leave with the parent or relative under these circumstances. If the parent demands that the child be allowed to leave, law enforcement may be contacted for assistance if the assigned worker is unavailable.

If a parent does not return a child to your home as planned, contact the OCS or DJJ office immediately. If a child returns from a visit and shows any physical signs of abuse, contact the assigned worker immediately.

It is not uncommon that children show increased behavior problems before and after a visit. This may include:

- difficulty in sleeping,
- behavior that is more defiant,
- tantrums,
- crying, or
- general fussiness.

This does not mean that the visits should stop. When children visit parents, often they are reminded of their separation or grief. They may not want a visit to end, or may become angry with their parent for missing a visit. These behaviors are to be expected. If children get violent, extremely ill or show signs of having been abused, it is important that you notify the child's assigned worker immediately.

## Contacts with Siblings and Other Relatives

The assigned worker may discuss contact arrangements with relatives and friends and request your help with such contacts. If you believe that the child should be having contacts with someone important in the child's life, discuss the matter with the assigned worker. If a relative or friend contacts you directly about contact with the child, refer the person to the assigned worker. Do not confirm or deny that the child is in your home. Inform the assigned worker about the contact. ***Do not permit contact between the child and the individual without OCS or DJJ approval.***

The bond between siblings is considered the longest and most lasting bond in a child's lifetime. Therefore, maintaining frequent contacts between siblings is important to the child's self-identity and sense of self-esteem. Sibling interactions provide an opportunity for siblings to build or maintain family relationships. For children in care, maintaining and building sibling relationships is as important as having contact with their parents. Often children are very close to their siblings and may miss or worry about brothers and sisters. If a child has brothers or sisters in other resource family homes, talk to the assigned worker about contacts between the siblings.

## Helping the Child with Contacts

Some things you can do to help the child with contacts include:

- preparing the child for the visit;
- set expectations for the child;
- discuss good things about the contact;
- take pictures and share pictures with the parent(s);
- allow the child to take favorite toys, awards, and other special items.

After the contact:

- If the child is upset after a contact, allow him or her to have those feelings. Sometimes contacts can be upsetting. Saying goodbye is difficult. It is helpful to the child to know when the next contact is scheduled.
- Don't conclude that it is a mistake for the child to contact his or her family. Even if occasionally upsetting, in general, there are more advantages than disadvantages to such contacts for most children.
- If something unusual happens during a parent-child contact, or if the child always returns upset or unhappy, report this to the assigned worker. Always report any abuse to the assigned worker.
- If children are allowed to talk freely about their parents and their situation, they may feel less anxious. Answer their questions clearly, simply, and sensitively if they are confused about why they are in care.

- Children often continue to love their parents no matter how they are treated or what problems the parents have. Be careful about what you say and how you say it. If you are negative about their parents, children may respond defensively, and this could have a negative effect on their self-esteem. It could also force them to take sides.
- It is important to be honest in acknowledging parental behavior that is not in the child's best interest. Putting behavior in terms of "choices the parent made" is more objective and non-blaming.

## **Incorporating and Respecting a Child's Culture or Ethnic Heritage within your Family**

If you are caring for a child who is from a different race or culture than your family, you are asked to promote a healthy sense of the child's culture. This may include:

- Arranging for the child to attend cultural activities and holidays, or
- Special events that are familiar to the child and maintain a connection to the child's heritage, or
- Making a special effort to serve ethnic foods the child is accustomed to eating.

The assigned worker should tell you the name of the child's Tribal affiliation or cultural group. With the assigned worker, the resource family should jointly work with the parents, relatives and the Tribe to identify cultural events, foods and activities important to the child. Local organizations, Tribal associations and schools can also assist with local cultural events. If you have a child from a different culture or race, it is important to the well-being of the child to help the child connect with events that reflect his background. Churches and holiday celebrations are examples of appropriate events to help a child connect. Family contacts may be planned around attending community cultural events or gatherings as well.

If a child will be spending a holiday or birthday in your home, ask the child or the child's family how they celebrated and try to incorporate some of their traditions into your celebration. If appropriate, include the child's family in the celebration whether it is held in your home or in a mutual community location. This cultural continuity is important to a child's self-esteem and identity.





## 21. LEGAL CONSIDERATIONS

### Nondiscrimination

The Civil Rights Act of 1964 is intended to prevent discrimination in federally assisted programs. No person in the United States shall, on the grounds of race, religion, color, national origin or handicap, be excluded from participating in, be denied the benefits of or be subjected to discrimination under a program or activity receiving federal financial assistance for child welfare services. The Alaska out-of-home care program receives federal funding and therefore, cannot discriminate in the provision of services.

If you believe you have observed any discrimination by staff or a vendor, such as providers of medical services, in relation to the services this agency provides to children in your care, inform your assigned or licensing worker.

### Indian Child Welfare Act

The Indian Child Welfare Act (ICWA) is a federal law passed by Congress in 1978 to protect Alaska Native and American Indian families and communities by requiring state child welfare departments to follow specified preferences when placing Indian children in out-of-home care. ICWA requires that state courts and child welfare agencies recognize and respect the need for Indian children to grow up within their own culture. ICWA also requires the state to notify Tribes when Tribal members' families become involved with child protection services and their children are in need of out-of-home placement.

It is important to note that "Indian child" has a special legal definition in ICWA. While most Alaska Native and American Indian children may meet the definition, the mere fact that a child has Native heritage does not automatically mean the child is an "Indian child" for purposes of ICWA. ICWA applies in the following circumstances:

- Whenever OCS or an individual initiates a court case that might result in an Indian child being removed from their home.
- Whenever there is a court proceeding to terminate a parent's rights to an Indian child.
- Whenever an Indian child is moved from one foster home or institution to another foster home or institution.
- Whenever an Indian child in state custody is placed for adoption.
- Whenever a parent or custodian chooses to voluntarily place their Indian child in care or relinquish their parental rights to an Indian child.

When Indian children are placed in out-of-home care, whether the placement is a foster placement or an adoptive placement, OCS must follow the order of placement preference that is mandated in ICWA. The legal preferences for foster care placements are:

1. A member of the Indian child's extended family.
2. A foster home licensed, approved, or specified by the Indian child's Tribe.
3. An Indian foster home licensed or approved by an authorized non-Indian licensing authority.
4. An institution for children approved by an Indian Tribe or operated by an Indian organization that has a program suitable to meet the Indian child's needs.

In making recommendations regarding adoptive placement of Indian children, OCS must follow the guidelines of the Indian Child Welfare Act (ICWA). The order of preference for the adoptive placement of Indian children is:

1. A member of the Indian child's extended family.
2. Other members of the Indian child's Tribe.
3. Other Indian families, with priority given to a family that shares the child's Indian heritage and language.

Any other placement is considered outside of the ICWA placement preferences.

In Alaska, Tribes have the option of changing the order of preference for placements of their Tribal children. In addition to adoptions under state law, OCS recognizes adoptions finalized in Tribal courts or councils. OCS will work with Tribes to formalize adoptions consistent with traditional customs and values.

If you have an Indian child in your home and you are not an Indian person, you are asked to keep the child connected with their Indian heritage in whatever way you can. For more information on the Indian Child Welfare Act, contact your regional ICWA worker or the ICWA Program Coordinator.

The Indian Child Welfare Act does not apply to youth in placement as a result of delinquency proceedings.

## Multi-Ethnic Placement Act

The federal Multi-Ethnic Placement Act of 1994 (MEPA) states that the placement of a child into a foster home may not be delayed or denied on the basis of race, color, or national origin of the foster parent or child.

Foster care placements need to be consistent with what is best for the child and not solely based upon the race, color, or national origin of the child or a potential foster family. Matching the needs of a child with the abilities and expertise of a foster family is the most appropriate way to meet the best interests of the child.

MEPA also requires states to actively recruit potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed.

## Court Oversight of Child Protection Agency Actions

Whenever OCS assumes custody of a child, the court must consider the reasons for custody and determine if out-of-home placement and continued custody of the child should be ordered by the court.

Each parent, child, child's Tribe, child's resource family, and guardian ad litem must be given notice of court hearings and are entitled to be heard at the hearings. However, the court may limit their presence at the hearing to the time during which their testimony is given.

## Court Hearings and Timelines

Federal and state laws aim to minimize the time children spend in out-of-home care and to work toward permanency for children without undue delay. The laws establish that the court shall keep the safety, permanency, and well-being of the child as the court's paramount concern within appropriate timeframes. While a child is in care, OCS and the court must follow certain timelines in working with the family and the child.

Emergency custody occurs if OCS determines that legal custody is necessary in order to address immediate child protection concerns. OCS will file a petition with the court alleging that the child is a Child in Need of Aid (CINA). OCS must file its petition for emergency custody within 24 hours.

A **probable cause/temporary custody hearing** is the first hearing held after the petition is filed. If OCS assumed emergency custody of the child, this hearing must be held within 48 hours after the filing of the petition. At this hearing, the court determines whether there is probable cause to believe that the child is a CINA and whether OCS should be granted continued custody.

At an **adjudication hearing**, OCS must present evidence to convince the court that the child is a CINA (child in need of aid). In some cases, the parents agree to the finding. This hearing must be held within 120 days after probable cause is found, unless there is good cause for a delay.

At a **disposition hearing**, the court determines whether the child should remain in OCS custody and for how long. This hearing may be held at the same time as the adjudication hearing but is usually held 60-90 days after the adjudication hearing. The court may grant OCS custody of the child for up to two years. When that period ends, the court may extend custody for additional one-year periods if necessary.

A **permanency hearing** must be held within 12 months after the child was placed in out-of-home care. At this hearing, the court must determine the appropriate permanency goal for the child – return to the parent, adoption, guardianship, or another permanent living arrangement – and whether OCS has made reasonable efforts to achieve that goal. Additional permanency hearings must be held annually as long as the child is in out-of-home care, unless and until permanency is achieved.

When a child initially comes into custody, the goal is reunification. OCS must make efforts to reunify the child with the parent by offering family support services, and frequent family contacts designed to enable a safe return of the child to the family home.

If a child has been in state custody and out-of-home placement for more than 15 of the last 22 months, OCS must file for termination of parental rights unless there is a compelling reason not to do so.

## Guardians Ad Litem/Court-Appointed Special Advocates

When a child is placed in out-of-home care, the court appoints a Guardian Ad Litem (GAL) to advocate for the child’s best interest. The GAL reviews the information and may talk to the child, parents, family members, assigned worker, resource families, and others who are knowledgeable about the child. The GAL then makes a written recommendation to the court based on what the GAL perceives to be in the best interest of the child. The GAL may be an attorney, trained advocate, or staff member of the State of Alaska Office of Public Advocacy.

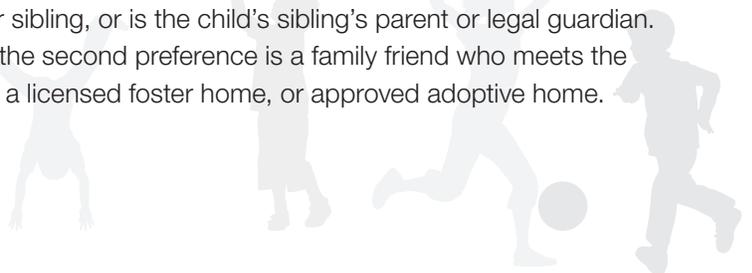
In the Anchorage, Juneau, Fairbanks, and Mat-Su areas, a trained and supervised volunteer known as a Court-Appointed Special Advocate (CASA) may represent the best interests of a child under the supervision of a Guardian Ad Litem. The GAL or CASA may contact you regarding how the child is doing in your care. The GAL or CASA may also want to talk with the child. To find out who the GAL or CASA is for your child, ask your assigned worker. If someone presents themselves as a GAL or CASA, always ask to see identification.

## Adoption

It is the right of every child to be part of a family. The primary purpose of adoption is to ensure that every child who cannot return to their parent’s home has a family who can give them the love, care, protection, and opportunities essential for their healthy personal growth and development. If a child cannot be reunified with their family, permanency through adoption is the preferred goal. To the greatest extent possible, OCS makes every effort to place children who are legally free for adoption with extended family members. This placement priority is outlined in state and federal law.

To be eligible for adoption, the child must be in the legal custody of OCS and, if old enough, be accepting of the concept of adoption. In addition, parental rights may be terminated or voluntarily relinquished, or the parent may consent to the adoption. In some cases, it is possible to make a legal risk/foster-adoptive placement prior to legal termination if it is in the best interest of the child. If you are interested in adoption of a child in your care, please talk with the child’s assigned worker regarding the child’s permanency goal and efforts being made to establish a permanent home for the child.

State law requires that when making recommendations regarding adoptive placement of a child, OCS must first consider placement with an “adult family member” unless, after careful consideration and review, it is found not to be in the best interest of the child. “Adult family member” is defined in state law as a person who is 18 years of age or older and is the child’s grandparent, aunt, uncle, or sibling, or is the child’s sibling’s parent or legal guardian. If placement with an adult family member is not possible, the second preference is a family friend who meets the foster care licensing requirements. The third preference is a licensed foster home, or approved adoptive home.



## Guardianship

Guardianship is another permanency option for children in care. Guardianship is a process by which another adult is given legal custody of the child.

Guardianship does not require termination of parental rights to the child, and the child usually retains his/her birth name. This option may be recommended by OCS for certain older children who may not wish to be adopted, children in relative placements, or children whose cultural customs are most appropriately respected by guardianship. In any case, the guardianship family must commit to be the child's guardian until the child reaches the age of 18. Guardianships must be approved and ordered by the court.

## Emancipation, Another Planned Permanent Living Arrangement (APPLA)

Independent living or emancipation may be the best permanency options for youth in OCS custody who are at least 16 years of age and who will in all likelihood reach the age of majority while in the foster care system because a permanent family plan is not possible. OCS works with such youths to ensure that they have the skills and resources to care for themselves on a daily basis before being released from custody.

Emancipation is a legal procedure in which the court grants a youth the same rights and responsibilities as any legal adult (with certain exceptions). Emancipation is a major step in a young person's life, with serious and immediate consequences. The responsibilities of adulthood can be overwhelming for a person who does not have a stable living situation and a steady income. For this reason, emancipation is rare and will only be granted to a minor who is living responsibly on his or her own. In order for the court to order emancipation, the youth must be at least 16 years of age, living separate and apart from guardians, and able to support them self and manage his or her own affairs.



## 22. WHEN A CHILD/YOUTH LEAVES YOUR HOME

Resource families may experience grief or loss after a child leaves their home.

### How a Child/Youth may Move from Your Home

A child may move from your home for reasons such as:

- The child is returning to the child's parental home.
- The child is moving to another home that is compliant with the Indian Child Welfare Act.
- The youth is transitioning to independent living.
- The child is moving to a permanent placement other than your home.
- The child needs a higher level of care.
- Reuniting siblings in the same home.
- A licensing violation or CPS investigation.
- Agency decision based on casework factors (e.g., a conflict between the child and resource family, conflict between the child's parents and the resource parents, inability of the resource parent to follow the case plan on such matters as counseling or visitation).
- When an emergency makes it impossible to provide continued care.
- Other reasons per your request.
- Closure of the foster home.

### Procedures for Transitioning a Child from Your Home

It is important that the departure of the child from your home does not cause further trauma to the child. Children need to have a level of familiarity with the new home and some understanding of why these changes in placement are occurring. The following procedures for the transition apply:

1. Preparation for the transition should begin at least two weeks prior to the last day of placement. The assigned worker will take the following steps to prepare the child, his or her parents, and the resource family:
  - a. Explain and discuss the reasons and circumstances for the intended move.
  - b. Acknowledge and assist in working through separation and loss feelings about the change, for both the child and the resource family.
  - c. Include the child's parent or new resource family, if possible, not only in planning for the child's physical departure, but also in preparation for the emotional separation that will occur.
2. The assigned worker coordinates the return of a child from the resource family home to his or her family. If the child is returning home, termination of placement is usually characterized by increased frequency and duration of visits between the child and his or her family. As the resource family, you are responsible for helping the child prepare for departure.
3. Moving a child from one resource family home to another is explored only when it appears that the current placement is not meeting the child's needs or when the resource family requests the child's removal or as a permanent placement (adoption). The following guidelines will be used by the assigned worker, except in an emergency:
  - a. A Team Decision Making Meeting (TDM), or team conference, between the assigned worker, the child's family, the resource family, any community supports, and the assigned worker's supervisor will be held to discuss why moving the child is being considered.

- b. During the TDM, or team conference, other actions and options that could be taken to prevent the movement of the child will be explored and considered.
- c. The reasons for the move and other options considered will be documented and placed in the child's file.

If in a child's best interest, a child is removed from the resource family home, notice must be given to all interested parties including the child, Tribe(s), the guardian ad litem, the assigned worker and the resource family.

If a legal party (child, child's parents or guardian, child's guardian ad litem (GAL) or Court Appointed Special Advocate (CASA), child's Tribe) opposes the transfer, they may request a court hearing and must provide clear and convincing evidence that the change in placement would be contrary to the best interests of the child.

If a youth is aging out of foster care, the foster parent is expected to work on a transition plan with the child and the assigned worker to help prepare the youth for his or her move. See Chapter 14, Daily Living – Special Considerations for Youth.

## Requesting a Child be Removed from Your Home

If the child is presenting behavioral problems that are difficult for you to manage, talk with the child's assigned worker for ideas and support. The assigned worker may refer you or the child to other supportive resources in your community.

If a change in placement is requested, to meet the best interests of the child, work with the assigned worker on an appropriate plan for the child. Working together will help ease the transition to another home and reduce the child's anxiety about moving again. A foster parent or out-of-home caregiver who requests a non-emergency change in placement of a child is required to provide OCS with reasonable advance notice of the requested change

## Saying Good-Bye to the Child

Whenever possible, a child's move should be planned to give both your family and the child time to say good-bye. Ideally, preparation should begin two weeks before a move. Resource families often become attached to the children in their care, and the children, in turn, become attached to you. You may feel angry, sad or in denial when a child must leave your home. This is not only common, it is very human! Allow time to grieve the loss of the child, talk with your spouse, a friend, assigned worker, a pastor, or another resource parent. It's important to recognize when you need support from each other to share your sadness and loss, as well as your success and happiness.

Some resources families may want to take a break between placements, while others prefer to work with another child right away. Take care of your own feelings in the same way you try to take care of the children in your care.

## Returning a Child's Belongings and Clothing

Anything purchased for a child while in your care, belongs to the child. The clothing and other items, (i.e., toys, bicycles, furniture, etc.) purchased for the child are the property of the child, not the resource family. Anything the child brought into your home also goes with the child. The child may have an emotional attachment to these items. If the child is removed from your home for emergency reasons or runs away, contact the assigned worker to make arrangements for the child's personal belongings and clothing to be picked up or dropped off if it is determined the child will not be returning to your home.

The child's belongings are to be respectfully packed in a suitcase, trunk, box or other appropriate container. Trash bags are not appropriate for packing the child's belongings.

When a child returns home or moves to another foster home, check and complete the Clothing Inventory (06-9741) form. When a child leaves your home, be sure all the information in the Placement Packet is updated. Send all of the child's personally significant records to the assigned worker, including the child's:

- mental health, medical and dental treatment records;
- Immunization records;
- Medicaid Card;
- School records;
- Report cards; and
- Life books with cards, mementos, photos and drawings.

## Post-Placement Visits and Contact

If a child is moved from one resource family home to another, post-placement contact between the child and a former resource family can be allowed if it is determined not to be harmful to child. Discuss with your assigned worker and/or the child's parent the possibility of keeping in touch with the child.

However, you do not have a right to these visits. If a child is moved to another placement, the assigned worker has the final decision regarding visits with former resource families or others. If a child is returned home or is adopted, the wishes of the child's family about further contact with the resource family should be respected.

## Deciding Whether to Continue Being a Resource Family

It is a good idea to assess on a regular basis whether you want to continue being a resource family.

You may decide to continue because being a resource parent:

- has a positive impact on children in need;
- has a positive impact on your own family;
- fulfills a need in the community.

Before you decide to stop being a resource family, please consider if any of these factors apply to your situation, and talk to your licensing worker or assigned worker. It is likely that the situation can be resolved.

You may want to stop because of a:

- change in circumstances (e.g., retirement, new job, travel, divorce, health problems, etc.);
- stress in your spousal relationship;
- difficult relationship with a particular worker; or
- clash of personalities with the child.





## 23. INTERSTATE COMPACT ON PLACEMENT OF CHILDREN (ICPC)

### When you Move out of the State of Alaska

Normally, a child needs to remain in the state if the case plan is to reunify the child with family.

The agency may approve the relocation of a foster child when you are moving out-of-state and you want to bring the child with you. However, the reasons for the child's move must be consistent with the child's permanent plan and cannot interfere with reunification efforts between the child and the child's parent.

#### 1. ***Interstate Compact on the Placement of Children***

Alaska and the state you are moving to, enter into a formal agreement in which Alaska retains legal custody and responsibility for financial supports.

The state you are moving to is responsible for assisting you with their licensing process and placement services. This agreement process is mandated by the federal Interstate Compact on the Placement of Children. Each state has a compact administrator who is available to assist you.

The ICPC process is in place for any child who must move from one state to another and the child is not in the care and custody of a parent. Therefore, children in DJJ or OCS custody or children who are placed outside of their parents' homes will require ICPC approval.

#### 2. ***Foster Care Reimbursements***

Foster care rates and payments are the responsibility of the state that maintains legal custody of the child.

The foster care reimbursement rate will be the normal rate established by the state you will be living in.

When you arrive in the new state, you are expected to obtain the foster home license of that state if you wish to continue receiving foster care reimbursements. When you move, your Alaska foster care license is closed; however, you qualify for temporary reimbursement based on your Alaska foster care license. You have 30 days of vacation time and 30 days to relocate, for a total of 60 days. If you are actively involved in obtaining the new license or completing the adoption process, the 60 days can be extended to 120 days.

#### 3. ***Medicaid***

Children on Alaska Medicaid will usually qualify for the Medicaid of the new state, but this isn't always the case. There are times when our agency will need to arrange for individual agreements with medical, dental and mental health providers so that the providers can bill Alaska Medicaid or bill the state agency directly. There may also be a transition period when our agency will need to reimburse you for costs of medical care.

#### 4. ***Medication***

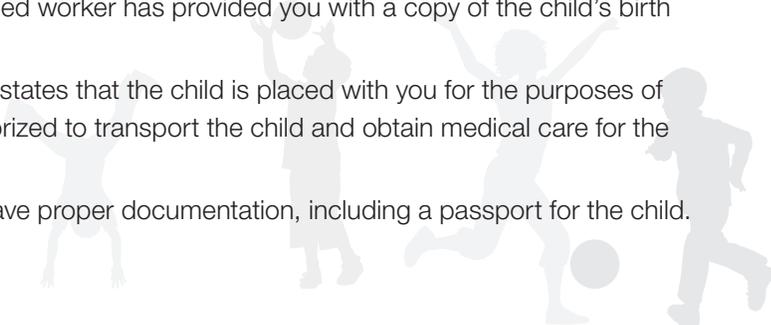
If the child is taking prescribed medications, be sure to obtain at least a two-month supply prior to your move to cover the transition of Medicaid services to the new state.

#### 5. ***Child Specific Information***

Before you leave Alaska, make sure the assigned worker has provided you with a copy of the child's birth certificate, and social security card.

It is also a good idea to have a document that states that the child is placed with you for the purposes of foster care or adoption, and that you are authorized to transport the child and obtain medical care for the child.

If traveling through Canada, ensure that you have proper documentation, including a passport for the child.



## When you Plan to Move into the State of Alaska

The State of Alaska and the state you are moving from enter into a formal agreement. The state you are moving from must retain legal custody and responsibility for financial supports. Alaska is responsible for assisting you with the licensing process and providing placement services. This agreement process is mandated by the Interstate Compact on the Placement of Children. Each state has a compact administrator who is available to assist you.

## Interstate Compact for Juveniles

In 2009, the Alaska Legislature passed HB 141 into law. The bill adopts a new agreement that guides and facilitates the movement of adjudicated juveniles across state lines.

The Juvenile Compact is a contract between states:

- Permits the return of runaways, absconders and escapes who are found in other states, and
- Manages the supervision of juvenile offenders in other states.

For more information, contact the DJJ Deputy Compact Administrator at 907-465-2212.



## 24. COMPLAINTS AGAINST OCS

### Complaint (Grievance) Procedure

If you have a complaint, your first course of action should always be to address your concerns directly to the assigned worker, or licensing worker. When resource families and OCS workers work as a team, often they are able to resolve conflicts and disagreements in a way that is in the best interest of the child. Many complaints and difficulties can be resolved informally if resource families and placement and licensing workers communicate with each other. If these actions do not seem to resolve the difficulty and you feel that additional action needs to be taken, you may contact the worker's supervisor and explain your concerns.

If you have a complaint regarding the application of an OCS policy or procedure or an action or inaction by OCS, and cannot resolve your complaint informally with your assigned worker or the supervisor, there is a grievance procedure that you may access. The grievance procedure is a formal way to ensure your complaint is considered at higher levels within OCS.

If you decide to file a grievance, ask your assigned worker, or the assigned worker's supervisor for the Office Of Children's Services (OCS) Complaint Form (Under Grievance Procedures) (06-9538) and copies of grievance procedure regulations (Alaska Administrative Code 7 AAC 54.255 - 7 AAC 54.260) that explains the grievance process in detail. You can also download a copy of these forms from the OCS website at <http://dhss.alaska.gov/ocs> under the "Publications" section. You must complete the Complaint form and submit it to an OCS supervisor.

### To Appeal a Substantiated Child Abuse and Neglect Finding

Under 7 AAC 54.255, an individual who disagrees with a decision of the department (OCS), the person who has a substantiated finding of child maltreatment may request a review or overturn of the decision by the Office of Administrative Hearings (AS 44.64.010).

The Request for Appeal of a Substantiated Child Abuse or Neglect Finding (06-9539) form can be located at <http://dhss.alaska.gov/ocs/Pages/grievance/index.aspx>.

### To Appeal a Licensing Investigation

Within 10 working days after a licensing investigation is completed, you will receive the results on a Report of Investigation notice. A Request to Implement Administrative Remedies form is provided with the Report of Investigation and Notice of Violation.

If you choose to appeal the enforcement action, the Request to Implement Administrative Remedies form (06-9357) must be completed and returned to your licensing worker within 15 days from receipt of the Notice of Violation.





## 25. CONCERNS FOR RESOURCE FAMILIES

OCS is mandated to ensure the safety of children. In fulfilling this mandate, OCS is responsible for investigating reports of child abuse or neglect, and any allegations of licensing regulation violations. There are few experiences more difficult for resource parents than being investigated for allegations. Resource families should be prepared for the possibility that allegations may be made against them. You may express shock and disbelief at finding yourself under an investigation by the agency you are working with. You may feel angry or betrayed and while these feelings are understandable, as a resource family, you are expected to cooperate with OCS staff as they investigate these allegations.

### Reports Regarding Foster Family Homes

OCS receives the following type of reports regarding licensed providers:

- Allegations of child maltreatment such as abuse or neglect of a resource family's own children, the foster children, or may include both.
- Allegations that a licensing regulation violation has occurred.

### Child Abuse Allegations

When OCS receives a Protective Services Report (PSR) alleging neglect, physical or sexual abuse on a child in a licensed foster home, child protection and licensing staff may jointly investigate the PSR. When OCS receives a PSR on a child placed in a non-licensed relative home, OCS child protection will conduct the investigation.

When child protection has completed the initial assessment (investigation) a finding of substantiated or not substantiated will be determined. A closing letter will be sent to you upon completion of the assessment informing you of the finding. If the finding is substantiated, the letter will include information on the appeal process.

### Licensing Violations

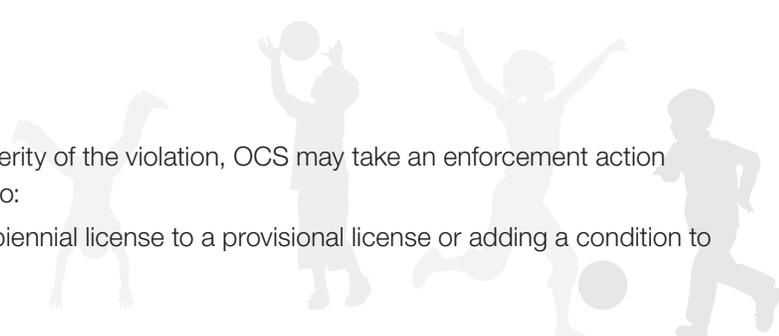
Licensing staff may investigate allegations of a violation of a licensing statute or regulation. The investigation process may include contacting you, visiting your home, reviewing documents, interviewing the children and collaterals. Upon completion, a Report of Investigation will be issued with a summary of the allegation(s), the information collected and any regulation violations if applicable.

A finding means that based on the preponderance of the evidence gathered during the investigation, it is more likely than not that a licensing violation occurred. If the investigation results in violation findings an enforcement action may or may not be imposed on your license. If there are violation findings, with or without enforcement actions, you will also receive a Request for Administrative Remedies. Contact your licensing worker if you have questions regarding the Report of Investigation or the Request to Implement Administrative Remedies. These completed reports become part of the licensing file.

### Enforcement Actions

If an allegation is substantiated, dependent on the severity of the violation, OCS may take an enforcement action under AS 47.32., which may include but is not limited to:

- Modification of a license such as changing a biennial license to a provisional license or adding a condition to the license;



- Reducing the number of children allowed in the home;
- Suspension (immediate or otherwise) of your community care license;
- Revocation (immediate or otherwise) of your community care license or the ability to become licensed.

**Note:** A licensing denial, suspension, and revocation must be reported to the Division of Health Care Services Background Check Program and may be a barring condition.

## Notification of Enforcement Action

The Report of Investigation and Notice of Violation you receive following an investigation will set forth any enforcement actions imposed by OCS. A Request for Hearing (06-9357) form will also be sent with these notices.

## Appealing an Enforcement Action

If you wish to appeal the enforcement action, you have 15 calendar days from the date of the notice to complete and submit the Request for Hearing form to OCS. OCS will then forward your request for hearing to the Office of Administrative Hearings (an independent hearing authority outside OCS). An administrative law judge will be assigned to hear your case. You may wish to consult with and be represented by an attorney. However, you are not required to have legal representation in an administrative hearing.

## First-level Review and Evidentiary Hearing

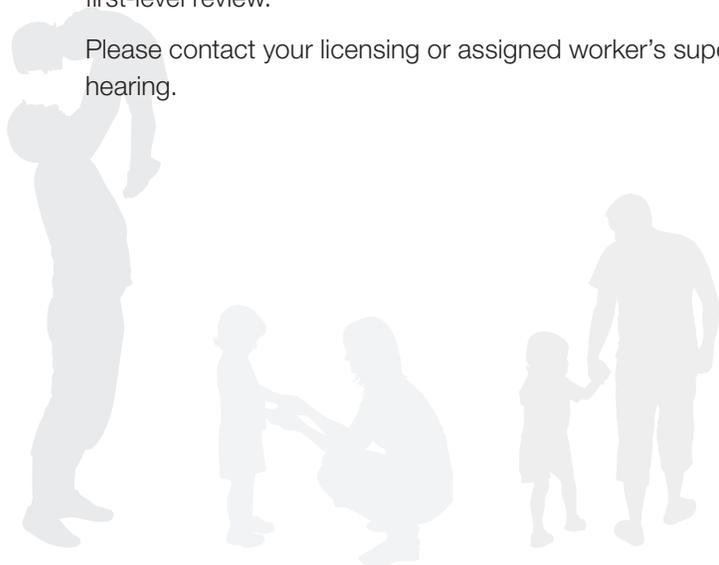
A foster parent, prospective adoptive parent or legal guardian, or an adoptive parent or legal guardian who is not satisfied with the department's decision to deny, suspend, reduce, change or terminate a foster care payment, an adoption subsidy payment, or a guardianship subsidy payment may request either a first-level review or an evidentiary hearing.

A request for a first-level review must be made no later than 30 days after the date of the department's decision. The request may be made by telephone, email, fax or in writing.

A foster parent, a prospective adoptive parent or guardian, or an adoptive parent or legal guardian who is not satisfied with the department's first-level review decision may request an evidentiary hearing

A request for an evidentiary hearing may also be requested without seeking a first-level review. The request must be submitted in writing no later than 30 days after the date of the department's original decision or a decision under a first-level review.

Please contact your licensing or assigned worker's supervisor for more information on requesting a review or a hearing.



## 26. CHILD PLACEMENT AGENCIES

### Child Placement Agency (CPA) Foster Family Homes

Within Alaska, CPAs have responsibilities for the care and service coordination for children who may not be in the care of a state agency. Child placement agencies can include private adoption agencies or agencies that assist families and children with developmental disabilities or severe emotional disturbances.

CPAs are licensed by OCS and are responsible for licensing, monitoring, and investigating a home(s) used by the placement agency. A CPA must adhere to the foster care licensing standards required by OCS. CPAs may have additional policies and procedures for their foster homes in addition to required state regulations.

Foster homes operating under a CPA are recruited and evaluated for licensing by a CPA rather than OCS. This allows for the CPA to specialize the care for the children. CPA foster homes typically provide specialized services such as services for medically-fragile children, private adoption services, or services to children with intensive mental health or therapeutic needs. Children placed in CPA foster homes do not have to be in the custody of a state agency to receive services.

Child placement agencies are responsible for completing all of the licensing processes with foster homes for their agency, inclusive of training, supporting and coordinating the plan of care for a child(ren) placed in a child placement agency foster home.

CPAs are usually operated by a non-profit social service agency, a mental health agency, an agency that provides services for children with development disabilities, or a Tribal organization. CPAs review applications, complete home studies, and recommend homes to be licensed. However, OCS is the agency that issues all foster care licenses in the state, based on recommendations from the CPA.

If you are working with a specific placement agency, you will be supervised by the placement agency that places children in your home. You must get permission from your primary agency before taking a placement from another agency, or taking a child in the custody of the state.

If a complaint is made against the foster home operating under a CPA, the CPA will consult with OCS and may investigate licensing violations with the approval of the OCS licensing representative. If an allegation of child abuse or neglect is made, the CPA foster home is subject to the same investigation and assessment protocol as an OCS foster home. OCS has discretion to determine which agency (OCS or the CPA) investigates any concerns or licensing violations within the CPA foster home. If there is a protective services report, OCS staff will conduct an initial assessment to determine if the abuse or neglect is substantiated.

Payments for CPA foster homes may be paid directly from the CPA, or partially from the CPA and the state agency. Check with the individual CPA to determine what the payment procedures are for that agency.



## 27. DIRECTORY OF OCS REGIONAL OFFICES

The Office of Children’s Services has one central state office in Juneau that administers and oversees the resource family system statewide, and five regional offices that individually serve the Anchorage, Northern, Western, Southcentral, and Southeastern Regions. Field Offices are located at each site designated on the map.



**REGIONAL OCS OFFICE:  
Anchorage Regional Office**  
323 E. 4th Avenue  
Anchorage, Alaska 99501  
Phone: (907) 269-4000  
Fax: (907) 269-3901

**Northern Regional Office**  
751 Old Richardson Hwy.,  
Suite 300  
Fairbanks, Alaska 99701  
Phone: (907) 451-2650  
Fax: (907) 451-2616

**Southcentral Regional Office**  
695 East Parks Hwy., Suite 3  
Wasilla, Alaska 99687  
Phone: (907) 357-9797  
Fax: (907) 357-9762

**Southeastern Regional Office**  
9107 Mendenhall Mall Rd.  
Suite 300  
Juneau, Alaska 99801  
Phone: (907) 465-1650  
Fax: (907) 465-1668

**Western Regional Office**  
P.O. Box 328  
313 Willow Street  
Bethel, AK 99559  
Phone: (907) 543-3141  
FAX: (907) 543-4143

**OCS STATE OFFICE:  
Office of Children’s Services**  
130 Seward St, Rm 406  
P.O. Box 110630  
Juneau, AK 99811-0630  
Phone: (907) 465-3191  
Fax: (907) 465-3397

*To learn more information about OCS offices, or to locate the OCS office nearest to you,  
visit the OCS website at [www.dhss.alaska.gov/ocs](http://www.dhss.alaska.gov/ocs).*

## 28. RESOURCES

### Alaska Statutes and Regulations

The following state statutes and administrative codes regulate the foster care functions for the Department of Health & Social Services.

|          |   |
|----------|---|
| AS 47.32 | Centralized Licensing and Related Administrative Procedures |
| AS 47.05 | Administration of Welfare, Social Services and Institutions |
| AS 47.10 | Children in Need of Aid                                     |
| 7 AAC 10 | Licensing, Certification, and Approvals                     |
| 7 AAC 50 | Community Care Licensing                                    |
| 7 AAC 52 | Juvenile Correctional Facilities and Juvenile Detention     |
| 7 AAC 53 | Social Services   |
| 7 AAC 54 | Administration  |
| 7 AAC 56 | Child Placement Agency Licensing                            |

### The Alaska Center for Resource Families

The Alaska Center for Resource Families (ACRF) is operated by Northwest Resource Associates under contract with the Office of Children's Services. ACRF is responsible for conducting statewide resource family training and support.

### Anchorage/Southcentral Regional Office

Email: [acrpsc@nwresource.org](mailto:acrpsc@nwresource.org)  
Address: 840 K Street, Suite 101, Anchorage, Alaska 99501  
Phone: (907) 279-1799  
1-866-478-7307  
Fax: (907) 279-1520

### Mat-Su/Palmer Area

Email: [acrpsc@nwresource.org](mailto:acrpsc@nwresource.org)  
Physical Address: 5050 Dunbar Street, Suite A2, Wasilla, Alaska 99654  
Mailing Address: PO Box 876844, Wasilla, Alaska 99687  
Phone: (907) 376-4678  
Fax: (907) 376-4638

### Fairbanks/Northern Regional Office

Email: [acrpsc@nwresource.org](mailto:acrpsc@nwresource.org)  
Address: 815 Second Avenue, Suite 101, Fairbanks, Alaska 99701  
Phone: (907) 479-7307  
1-800-478-7307  
Fax: (907) 479-9666

### Juneau/Southeast Regional Office

Email: [acrpsc@nwresource.org](mailto:acrpsc@nwresource.org)  
Address: 9109 Mendenhall Mall Road, Suite 6A, Juneau, Alaska 99801  
Phone: (907) 790-4246  
Fax: (907) 790-4248



## **National Foster Parent Association**

The National Foster Parent Association supports foster parents in achieving safety, permanence and well-being for the children and youth in their care. The primary activities include:

- promote the delivery of services and supports to foster families,
- support quality foster care by promoting excellence and best practice,
- provide services and supports to state and local foster parent associations,
- develop and provide education and training, information, dissemination of information to the public,
- advocate at the local, state and national level; promote networking and collaboration, and
- promote positive image of family foster care; greater visibility; encourage active involvement.

The National Foster Parent Association sponsors a conference every year. This conference offers intensive training with workshops on the topics most needed by resource families and assigned workers. Membership allows reduced registration fees for the conference and entitles member to receive the quarterly magazine, *The National Advocate*.

2307 Tacoma Avenue S, Tacoma, WA 98402

Phone: 1 (800) 557-5238 | Fax: 1-253-238-4252

Website: <http://www.nfpainc.org>

## **The American Academy of Pediatrics**

The American Academy of Pediatrics has news releases, child health and safety tips, news features, PSAs, links to AAP policies and research about child health issues. Website: <http://www.aap.org/>

## **Child Welfare League of America**

The Child Welfare League of America offers tips on parenting, discipline, and child development.

Website: <http://www.cwla.org>

## **Children’s Bureau Express – Spotlight on Disaster Preparedness**

Provides information and links for parents and children on emergency disaster preparedness.

Website: <http://1.usa.gov/1RRt75g>

## **Connect for Kids**

Foster Care part of a nationwide campaigning to help children, one of the best sources for information about foster parenting. Website: <http://www.connectingforkids.org/>

## **Early Childhood**

Early Childhood provides information, products and ideas for parents and teachers.

Website: [www.earlychildhood.com/](http://www.earlychildhood.com/)

## **Facing Foster Care in Alaska**

Facing Foster Care in Alaska (FFCA) is a group of current foster youth and alumni that has formed to make improvements to the foster care system in Alaska. Website: <http://www.ffcalaska.org/>

## **Foster Parent Community**

The “Foster Parent Community” includes links to foster parent chat groups, foster parent associations, articles about foster care and lots more. Website: <http://www.fosterparents.com/links.htm>

## **FosterClub**

FosterClub is a national network for young people in foster care.

Website: <https://www.fosterclub.com/groups/alaska>

## **Grandparents as Parents (GAP)**

GAP provides programs and services to meet the urgent and ongoing needs of grandparents and other relative caregivers raising at-risk children. Website: <http://www.grandparentsasparents.org/>

## **KidsHealth**

KidsHealth provides information about health, behavior, and development from before birth through the teen years.

Website: <http://kidshealth.org/>

## **North American Council on Adoption of Children (NACAC)**

NACAC promotes and supports permanent families for children and youth in the U.S. and Canada who have been in care, especially those in foster care and those with special needs.

Website: <http://www.nacac.org/>

## **Alaska Youth and Family Network (AYFN)**

AYFN provides individual support, peer navigation, and parent coaching. AYFN provides the support necessary to help families with the challenges of parenting and understanding education and behavioral health systems.

Website: <http://www.ayfn.org/>

## **Alaska 2-1-1 (United Way)**

No matter where you live in Alaska, Alaska 2-1-1 is your one-stop resource for connecting with a wide variety of vital resources in your community including emergency food and shelter, disability services, counseling, senior services, healthcare, child care, drug and alcohol programs, legal assistance, transportation needs, educational opportunities, and much more. Website: <http://www.alaska211.org/>

## **FosterWear**

The FosterWear program helps Alaska foster youth obtain quality clothing.

Website: <http://dhss.alaska.gov/ocs/Pages/fosterwear/>





## 28. GLOSSARY OF COMMONLY USED TERMS

**A.C.R.F.** Alaska Center for Resource Families. Grantee who provides statewide resource family training and support.

**Adoption and Safe Families Act (ASFA):** Federal legislation signed in 1997 that enacts practices and guidelines for child protection agencies to expedite permanency planning to prevent children from lingering in foster care.

**Assigned Worker:** An employee of OCS, DJJ or a child placement agency that arranges for placement of a child in a relative care, foster care, or a residential childcare facility.

**C.A.M.A.:** Chronic and Acute Medical Assistance. Limited health care services for very low-income people not qualifying for Medicaid. This program is offered through the Division of Public Assistance Office.

**CASA:** A Court-Appointed Special Advocate (CASA) is a volunteer position under the supervision of a guardian ad litem that fulfills this role by visiting with the child, reviewing records, talking with resource families and assigned workers.

**Case Plan:** The written plan of care for a child and the child's parents that outlines the plan for the child's safety, well-being and permanency. A case plan is collaboratively developed by the child's assigned worker, child's parents, Tribal members, and other providers. The case plan includes the Foster Care Plan and Agreement.

**Chafee Foster Care Independent Living Program:** The Chafee Foster Care Independence Program operates to empower youth ages 14-21 who have experienced out-of-home placement, to develop their potential to become self-sufficient yet interdependent with the community and to successful transition into adult living.

**Child:** An individual who is:

- under 18 years of age; and
- 19 years of age if that person was under 18 years of age at the time that a proceeding was started; and
- Under 21 years of age if that individual is committed to the custody of the department.

**Child Abuse or Neglect:** The physical injury or neglect, mental injury, sexual abuse, sexual exploitation, or maltreatment of a child under the age of 18 by an individual, under circumstances that indicate that the child's health or welfare is harmed or threatened.

**Child in Care:** A child in the custody of the State of Alaska who resides outside of his or her parent(s)' home.

**Child Placement Agency:** a licensed agency that arranges for the foster care and/or adoption placement of a child. Children do not have to be in the custody of the State of Alaska to receive services from a child placement agency.

**Community Mental Health Centers:** Mental health centers located throughout Alaska, which are responsible for providing comprehensive mental health services to children with mild to severe mental illnesses or emotional disturbances.

**Concurrent Planning:** Developing two case plans at the same time. One plan includes services that focus on reuniting a family in a way that will keep the child safe. The other plan outlines the steps for alternative permanency for the child if the child cannot be reunited with his family. Concurrent planning is intended to minimize the time between out-of-home placement and when the child is moved to a permanent placement.

**Continuity:** The efforts made to keep children connected to their families, culture and community, to prevent gaps in the child's history that are caused by living in several different homes.

**Corporal Punishment:** The infliction of bodily pain as a penalty for a disapproved behavior. This includes shaking, spanking, delivering a blow with a part of the body or an object, slapping, punching, pulling or any other action that seeks to induce pain. Corporal punishment is not allowed with children in care.

**Developmental Disability:** A severe or chronic disability that is:

- Attributable to a mental or physical impairment or combination of mental or physical impairments;
- Manifested before the individual attains age 22;
- Results in substantial functional limitations in three or more of the following areas of major life activity:
  - » Self-care.
  - » Receptive or expressive language.
  - » Learning.
  - » Mobility.
  - » Self-direction.
  - » Capacity for independent living.
  - » Economic self-sufficiency.
  - » Reflects the individual's need for a combination and sequence of special interdisciplinary or generic assistance, supports or other services that are of lifelong or extended duration and are individually planned or coordinated.

## **DHSS: Alaska Department of Health and Social Services.**

**Fetal Alcohol Spectrum Disorders:** (FASD) current term to describe variety of disorders that are associated with prenatal exposure to alcohol such as Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effect (FAE).

- **Fetal Alcohol Syndrome (FAS)**—potential result in baby from consumption of alcohol during pregnancy; includes any or all physical and/or mental/psychological deficits including microcephaly, growth deficiencies, developmental disabilities, hyperactivity, heart murmurs, skeletal deficiencies.
- **Fetal Alcohol Effects (FAE)**—potential result in child from consumption of alcohol during pregnancy; can be characterized by hyperactivity, memory disorders, language learning problems, and/or motor deficits; not as severe as FAS.

**Foster Care Plan and Agreement:** A written plan of care for a child while in a foster home that includes information about the reason for placement, goals for placement, expected dates of duration or placement, medical information, education information and specifics about visitation and is a part of the overall case plan for the child.

**Foster Home:** A licensed foster home that provides 24-hour care for one to three children placed away from their parents or guardians.

**Foster Group Home:** A licensed foster home that provides 24-hour care for four to eight children unrelated to the foster parent. A foster group home must meet additional licensing criteria to accommodate the number of children in care.

**Guardian Ad Litem:** A guardian ad litem (GAL) is appointed by the court to represent the best interest of the child and make recommendations to the court.

**Guardianship:** Physical and legal responsibility of a child granted to an individual or authorized agency to act as parents by court order. Guardianship may be granted by the court when parental rights have been suspended or terminated.

**Home and Community-Based Waivers:** Waiver allowing individuals who require a level of care that historically would have required institutional care to instead, be cared for in their community and/or home. For children, CCMC (Children with Complex Medical Conditions) and MRDD Mental Retardation and Developmental Disabilities are offered; both are administered by the Division of Behavioral Health.

**Individualized Education Plan (IEP):** A written statement of the educational plan for a child that has been identified with a disability under the Individuals with Disabilities Education Act (IDEA). The IEP is developed by a team of individuals, including the parents of the child, and is reviewed/ revised at least annually.

**Immediately:** As soon as is reasonably possible and no later than 24 hours.

**Indian Child Welfare Act (ICWA):** A federal law passed in 1978 to protect Alaska Native families and communities by requiring state courts and child welfare departments to follow legal and procedural mandates and specified preferences when placing Alaska Native children in out-of-home care.

**I.C.W.A. Eligibility:** For a child to be covered by the Indian Child Welfare Act, the child must be a member of a Tribe OR be the biological child of a member of a Tribe & eligible for membership in a Tribe.

**I.C.W.A. Workers:** Tribes and Tribal organizations receive federal funding to assist with implementation of the Indian Child Welfare Act in regards to their member children. Tribal "ICWA" workers' goals are to work for the best interest of the Indian child within the context of the family and the Tribe.

**Independent Living:** A term used to describe life after discharge from foster care for older youth. The agency must offer instruction in life skills to help prepare youth to live independently. Agency staff also must work with youth to find resources to be available and supportive and discharge from foster care.

**Interstate Compact for the Placement of Children (ICPC):** A legally binding agreement or contract between individual states that sets out requirements governing the sending and receiving of children across state lines to assure their protection.

**Juvenile Justice:** The area of criminal law applicable to individuals not old enough to be held responsible for criminal acts. The main goal of the juvenile justice system is rehabilitation rather than punishment.

**Juvenile Probation Officer:** An officer of a court who supervises offenders placed on probation and assists them.

**Licensing Worker:** An employee of OCS or an individual of an organization responsible for evaluating a foster home/foster group home or child placement agency and recommends approval or denial of a license.

**Life Book:** A combination of a story, diary, and scrapbook that has information about a child's life experiences, with such items as pictures of the child's family and foster families, report cards, souvenirs of special events, and medical history. A Life Book should be started when children first come into care. Life Books are best developed in partnership by the foster parents, birth parents, assigned worker, and child. Children take their Life Books with them when they return home, are adopted, or are discharged to independent living.

**Medicaid:** Medicaid was established by Title XIX of the Social Security Act in 1965 to provide medical assistance to certain low-income needy individuals and families. Medicaid is basically intended to provide coverage for needy children, pregnant women, and aged, blind and disabled individuals.

The Alaska Department of Health and Social Services administers the Medicaid program in accordance with federal and state laws and regulations. The Medicaid program is authorized under Title XIX and Title XXI of the Social Security Act and the Code of Federal Regulations, Title 42 Part 435 and Title 45 Part 233.

**Out-of-Home:** Care provided by a relative caregiver, foster home, foster group home or residential care facility when a child is removed from his parent's home.

**Parental Rights:** The right to make major decisions for a child, such as a child's religion, giving permission to marry or serve in the military, or deciding whether a child may be adopted. Also includes the legal right to be in contact with the child.

**Permanency Planning:** The process for determining when a child will leave the care and custody of OCS. Permanency planning begins at the initial assessment, maps out a process of services, and supports to the family that allows for the child to leave care in as timely and safe a manner as possible.

**Placement:** Arranging for and supporting a child in a relative care, foster care or residential setting.

**Relative:** An individual who is related to another through any of the following relationships, by blood, adoption, or marriage to include: parent, grandparent, great-grandparent, brother, sister, step-parent, step-sister, step-brother, cousin, aunt, uncle, great-aunt, great-uncle or step-grandparent

**Residential Child Care Facility:** A facility licensed by the Division of Public Health staffed by employees, where one or more children who are apart from their parents receive 24-hour treatment and services to address behavioral and emotional needs or disabilities of the child.

**Resource Family:** Any caregiver for child placed in out of home care, to include foster, adoptive, guardianship, Tribally-licensed home, and relative care.

**Reunification:** When a child returns from foster care to live with his or her family.

**Seriously Emotionally Disturbed (SED):** General descriptive term for a group of persistent disabling mental and emotional disorders with profound impact upon the ability of the child to adjust to home, school and the community.

**Supplemental Security Income (SSI):** Social security program pays benefits to disabled individuals who have limited income and resources.

**Team Decision-Making (TDM) Conference:** Meetings that involve children/youth and their families, resource families, assigned worker, and community members, in placement decisions, to ensure a network of support for the children, and for the adults who care for them.

**Termination of Parental Rights (TPR):** Involuntary commitment of the guardianship and custody of a child to an authorized agency by a court proceeding. Grounds for termination of parental rights include abandonment, permanent neglect, mental illness or mental retardation of the parent, severe or repeated abuse of the child, or death.

**Tribal Organizations:** Tribes have developed non-profit regional organizations or associations to provide educational, vocational, and human service benefits for individuals having Tribal membership. These benefits extend to children in the custody of the state agencies.

**Tribe:** For purposes of the Indian Child Welfare Act, “ Tribe” is defined as including any recognized Indian Tribe and the villages listed in Alaska Native Claims Settlement Act. There are currently over 226 federally recognized Tribes within the State of Alaska. Most villages in Alaska are federally recognized Tribes for the purposes of the Indian Child Welfare Act

**Variance:** Granted to a licensing entity to modify the meeting of a licensing requirement or regulation in an alternative manner. This must be approved in writing through OCS. Licensing requirements that pertain to child safety and well-being requirements are not subject to a variance. Usually variances are used for differences in home size to allow for placement of sibling groups. Variances must be applied for, are reviewed by a Variance Committee, and an approved plan to meet the varied requirement must be included.

**Young Child:** A child age birth up to age 9.





Dear Alaska Resource Parent:

First of all, thank you for the important work you do. Taking care of children who have experienced trauma or need the protection of adults is important and difficult work. Thank you for your work and heart in helping in this effort!

Alaska's Resource Family Handbook is a guide to help you in the job of meeting your licensing requirements and procedural requirements in caring for children in the custody of the Office of Children's Services. It has been updated and revised and we strongly encourage you to read through it to familiarize yourself with any new and existing expectations of you as a licensed foster parent.

To encourage you in this effort, you can earn 2.0 hours of training credit toward your yearly training requirement (15 hours per two parent household, 10 hours per single parent household) by reading through the handbook. To earn 2.0 hours of training credit, read through the handbook then complete the questionnaire that is included with the Handbook. Return the questionnaire to your local Alaska Center for Resource Families, or mail it to ACRF at 815 Second Avenue, Suite 101, Fairbanks, Alaska 99701 or fax your completed questionnaire to (907) 479-9666. If you have any questions about what you read in the Handbook, please contact your licensing worker for clarification. If the questionnaire is not included with this handbook, you can find a copy at [www.acrf.org](http://www.acrf.org) under the Self Study tab.

Again, I thank you for the important work you do and Alaska's children thank you, too!

Sincerely,

Aileen McInnis, Director  
Alaska Center for Resource Families



815 Second Avenue, Suite 101 Fairbanks, AK 99701 tel: 907.479.7307 tel: 800.478.7307 fax: 907.479.9666  
840 K Street, Suite 101 Anchorage, AK 99501 tel: 907.279.17 tel: 866.478.7307 fax: 907.279.1520  
9109 Mendenhall Mall Road, Suite 6A Juneau, AK 99801 tel: 907.790.4246 fax: 907.790.4248  
5050 Dunbar Drive, Suite A2 Wasilla, AK 99654 tel: 907.376.4678 fax: 907.376.4638  
[www.acrf.org](http://www.acrf.org)

OFFICE USE ONLY

Score

Percent Correct

## Alaska's Resource Family Handbook

*Only one person per questionnaire. Feel free to make additional copies if needed.*

2.0 Hours

NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_  
*Street or Post Office City/State Zip*

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**YES! I would like to receive ACRF email.** *(Includes Training Tracks Newsletter; training reminders and community events or training of interest for Resource Families)*

Are you a foster parent?     YES     NO    If YES, what is your Foster Home License #: \_\_\_\_\_

If NO, please check one:     Pending Foster Parent     OCS     Birth Parent     Adoptive Parent

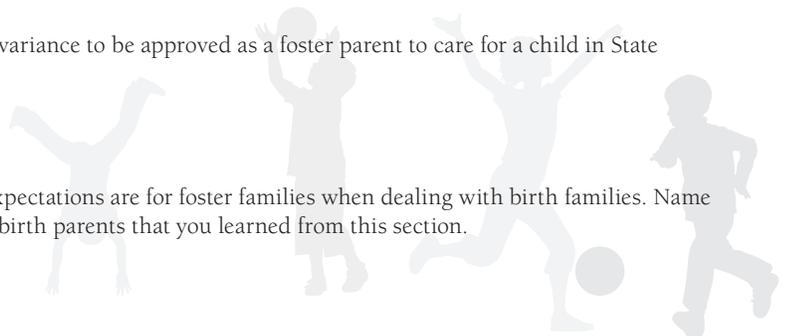
Residential Treatment Facility (License #: \_\_\_\_\_)     Agency: \_\_\_\_\_

Other *(please specify):* \_\_\_\_\_

### CHECK YOUR UNDERSTANDING

*Read through the handbook to find out more information about being a resource family in Alaska. If you wish to earn 2.0 hours of credit toward your yearly training requirements, please fill out the following questionnaire based on the information you found in the Handbook. Then RETURN TO: ACRF, 815 Second Avenue Suite 101, Fairbanks, AK 99701. Or fax it to: 907-479-9666. A score of 70% correct or better will entitle you to receive training 2.0 hours credit.*

1. Within days of a child being placed in your home, you should receive a Placement Packet with several important documents in it. Name two of the documents that should be in the placement packet.
  - a.
  - b.
2. How many days of being placed in out-of-home care are all children in OCS custody required to have an EPSDT well-child exam?
  - \_\_\_ a. Ten (10) days
  - \_\_\_ b. Fifteen (15) days
  - \_\_\_ c. Thirty (30) days
  - \_\_\_ d. Forty-Five (45) days
3. According to the Handbook, which of the following folks need to be fingerprinted when becoming a resource family?
  - \_\_\_ a. Unlicensed relative caregivers
  - \_\_\_ b. Foster Parents
  - \_\_\_ c. All household members of a potential licensed foster home who are age 16 and older
  - \_\_\_ d. Prospective Adoptive Parents
  - \_\_\_ e. All of the Above
4. Licensed foster homes are required by Alaska State Regulations to have a disaster preparedness and emergency evacuation plan including fire safety and fire drills.
  - \_\_\_ a. True
  - \_\_\_ b. False
5. An individual with a barrier crime can request a variance to be approved as a foster parent to care for a child in State custody.
  - \_\_\_ a. True
  - \_\_\_ b. False
6. Chapter 20 in the Handbook looks at what the expectations are for foster families when dealing with birth families. Name one thing about the importance of working with birth parents that you learned from this section.



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7. What does ICWA stand for?

\_\_\_\_\_

8. What is a lifebook?

9. No spanking or corporal punishment may be used on a child in care including no hitting, slapping, pinching, or hair pulling.

- a. True
- b. False

10. It is a requirement that all children younger than three years of age who are victims of substantial abuse and neglect be assessed by which of the following programs to assess developmental delays?

- a. Infant Learning Program
- b. School District
- c. Special Education
- d. OCS Investigation Unit

11. Name three items that you need to take with you for medical care while traveling with a child in care.

- a.
- b.
- c.

12. Match the word in **COLUMN A** with its definition in **COLUMN B** by drawing a line connecting the two.

**COLUMN A**

Adoption

Guardianship

Resource families

Independent Living Transition Plan

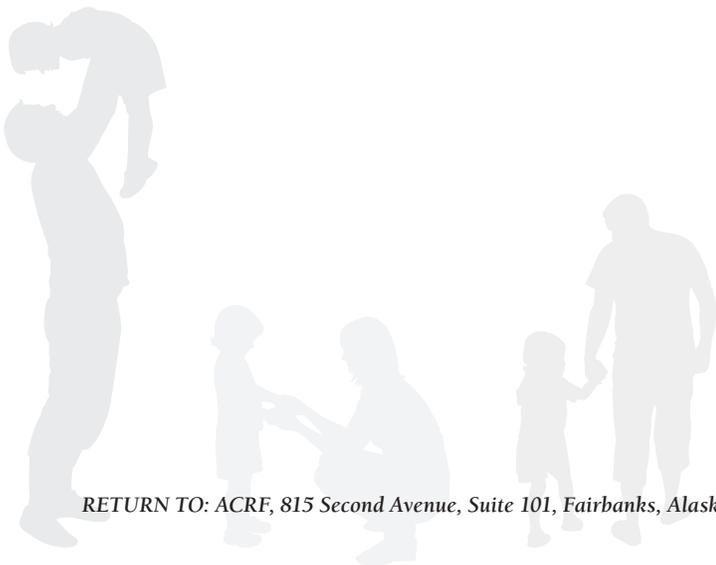
**COLUMN B**

a. Provides safe, stable, loving homes for children in need until it is determined that their parents are capable of safely caring for the child.

b. A plan of helping youth learn the skills and resources to care for themselves before being released from custody.

c. Considered a lifelong commitment to a child.

d. Provides a permanent home to a child until the child turns 18 years of age.



RETURN TO: ACRF, 815 Second Avenue, Suite 101, Fairbanks, Alaska 99701 or fax it to: 907.479.9666 for 2.0 Hours Credit.

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SERVICES**  
safe children | strong families

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State of Alaska

Adam Crum, Commissioner  
Department of Health & Social Services

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