



MN TREATMENT FOSTER CARE PROCEDURE

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Procedure Name:	SIGNED STATEMENT
Procedure Number:	001
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To ensure that all foster parents have read and understand the contents of the manual. A signed copy will be kept in their licensing file.

AREAS OF RESPONSIBILITY

All staff, Coordinator and foster parents should understand this procedure and be able to refer to it in the licensing file.

PROCEDURE

The **TREATMENT FOSTER CARE MANUAL** outlines the procedures followed at Family & Children's Center. As a treatment foster parent, please read it carefully and refer to it as needed. Each treatment foster parent is required to sign the statement below. It will be kept in your licensing file.

I have read the foster parent Manual carefully and understand the contents of it. I realize that I am held personally responsible for all deviations from the prescribed procedures contained in this manual.

As a Family & Children's Center Treatment Foster Care parent, I recognize the need for following the plan of treatment developed by the child's treatment team. I understand the importance of the child's biological family and supporting the cultural and religious traditions of that family. I further recognize the importance of client confidentiality and support permanency planning as a primary outcome of placement for children in my home.

Foster Care Parent

Date

Foster Care Parent

Date

Foster Care Coordinator

Date

This page is to be removed from the Manual and returned to the Foster Care Coordinator.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	PROGRAM OVERVIEW, ELIGIBILITY REQUIREMENTS & SELECTION
Procedure Number:	002
Domain:	MN Treatment Foster Care
Approved By:	Mary Jacobson, Director of Programs
Created/Written By:	Louise Campbell, Program Coordinator
Effective Date:	12/14/17
Date(s) of Revision:	4/1/19
References:	

STATEMENT OF PURPOSE

To understand the foundation of the treatment foster care programs in Wisconsin and Minnesota.

AREAS OF RESPONSIBILITY

All staff, Coordinator, and foster parents should understand the general foundation of the program.

PROCEDURE

Program Overview:

Treatment Foster Care means a culturally relevant, community based and family-based method by which planned, integrated treatment services are provided to foster children and their parents by foster parents who are qualified to deliver treatment services. Treatment services may be provided to children with severe emotional disturbance, developmental disabilities, serious medical conditions or serious behavioral problems, including but not limited to, criminal sexual conduct, assaultive behavior, or substance abuse.

Treatment Foster Care serves an integral role in the continuum of specialized services at Family & Children's Center. Professional parents with experience and training provide treatment in their homes to children from birth through age 18 or 21 if they are enrolled in extended foster care. Treatment Foster Care home environments are designed for high-risk children and youth who are placed due to significant behavioral, emotional, and learning needs. Through the use of natural and logical rewards and consequences, children are held accountable for their behavior and are taught ways of identifying and expressing feelings appropriately in tandem with healing from past trauma.

Treatment Foster Care implements a team approach to care. Communication among team members is highly valued and occurs through foster home visits, staffing's, telephone calls, and other meetings as needed. Biological parents, guardians, placing agency staff, school representatives, TFC parents, therapist and others involved with the child's care meet regularly with Family & Children's Center staff to develop treatment goals and to discuss appropriate interventions.

Treatment Foster Care is an appropriate placement for children requiring a highly structured family environment while the youth and family members are learning new skills. This program is appropriate for short term and long-term care needs. Flexibility in providing services to youth and families is a crucial aspect of Family & Children's Center's Treatment Foster Care Program.



The Treatment Foster Care program complies with the Indian Child Welfare Act, the Minnesota Indian Family Preservation Act, the Heritage Act, and the Interstate Compact on the Placement of Children.

Eligibility Requirements:

1. All foster parents must be a minimum of 21 years of age at the time of licensure.
2. Completed Treatment Foster Care application.
3. Willing participation in the licensing and home study.
4. The health of persons living in the foster home should not be a hazard to children.
 - i. A negative Mantoux test or chest X-ray must have been completed in the Previous 12-month period
 - ii. Six months or less prior to the licensing process, a physician must confirm that the foster applicants have received a physical examination or are receiving continuing medical care that allows them to provide for children in their care.
5. All adults living in the foster home will provide three references.
6. A driver's license check will occur on each person of driving age in the home.
7. Criminal Background Studies will be completed for all members of the household aged 13 years and older. These can include gathering information from:
 - i. Local police and sheriff's departments
 - ii. Minnesota Bureau of Criminal Apprehension
 - iii. Home County Department of Human Services
 - iv. County Attorneys, Sheriffs, and Corrections Departments
8. Completion of the Home Safety Checklist
9. A fire marshal inspection as required in Minnesota Administrative Rule 2960.3050, Subp. 2:

If one of the conditions in items A to E exist, the foster home must document inspection and approval of the foster home according to Minnesota Statutes, section [299F.011](#), and the Uniform Fire Code by the state fire marshal or a local fire code inspector who is approved by the state fire marshal:

 - A. The foster home contains a freestanding solid fuel heating appliance;
 - B. The foster home is a manufactured home as defined in Minnesota Statutes, section [327B.01](#), subdivision 13, and was manufactured before June 15, 1976;
 - C. The licensing agency identifies a potential hazard in a single-family detached home, or a mixed or multiple-occupancy building;
 - D. The home is to be licensed for four or more foster children; or
 - E. The foster home has a foster child sleeping in a room that is 50 percent or more below ground level.

10. Copies of homeowners or rental insurance and vehicle insurance.
11. Vaccination records of all pets on the premises.
12. Applicants must meet all Minnesota Rules, Parts 2960.00 through 2960.3100 related to Family Foster Care licensing.
13. Completed State of Minnesota Family Systems application.

Selection Process:

1. Individuals interested in providing Treatment Foster Care will be asked to fill out the initial TFC application
2. Once the application is returned, it will be reviewed by the Coordinator of Community Services for completion. Once it's determined that the application is completed, the Coordinator will call to set up a meeting with the interested party within 2 weeks. This meeting will discuss the TFC program and the licensing and relicensing process.
3. If the individual interested in providing foster care wishes to move forward, within 1 week, TFC staff will initiate reference checks and background studies for all household members ages 13 and older.
4. Once satisfactory results are received from the background checks and reference checks, the state licensing process will begin.
5. If unsatisfactory results are received through the reference checks or background checks, the agency will submit a denial recommendation to Minnesota DHS who will then determine whether or not action will be taken.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	MISSION STATEMENT
Procedure Number:	003
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To understand the mission statement of the program.

AREAS OF RESPONSIBILITY

All staff, Coordinator, and foster parents should understand the mission statement of the program.

PROCEDURE

Family & Children's Center Treatment Foster Care program provides a therapeutic family environment for children from birth through age 18, or 21 in-extended foster care. Children having emotional disturbances, serious behavioral problems, developmental disabilities and cognitive disabilities that might otherwise be placed in institutional settings are provided the treatment option of a supportive family milieu. The ultimate goal of Treatment Foster Care is to assist in the development and facilitation of an individualized treatment plan that address goals and objectives of meeting and achieving the goals.

The agency licenses homes within an hour radius of the La Crosse Main office (Grandview Center) for the Wisconsin program. In Minnesota, homes are licensed within Winona County.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	PURPOSE & GOALS OF TREATMENT FOSTER CARE
Procedure Number:	004
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To ensure that all staff and foster parents understand the purpose and goals of treatment level care.

AREAS OF RESPONSIBILITY

All staff, Coordinator and foster parents should understand this procedure.

PROCEDURE

Goals are as follows:

1. To evaluate and stabilize behavior of youth.
2. To educate youth and families concerning special needs of children having diagnoses such as: Attention Deficit Hyperactivity Disorder, Conduct Disorder, Attachment Disorder, Post-Traumatic Stress Disorder, Major Depression, and other diagnoses.
3. To provide individual, family and milieu therapy for youth experiencing the above problems, as well as issues of sexual, physical, and emotional abuse.
4. To provide support and therapy for youth going through termination of parental rights and adoption processes.
5. To help youth and families understand issues of family dynamics, develop healthy adult/child relationships, and work toward family reunification, adoption or independent living.
6. To identify special learning needs and to help youth assess services and develop skills necessary to function in the public school environment.
7. To encourage youth to develop healthy recreational and leisure time skills, both in the home environment and in the community.

Goals are achieved through a variety of interventions. A program is individualized for each youth, with a focus on returning him or her to a less restrictive environment as quickly as possible.

Purpose of Treatment Foster Care is as follows:

1. All levels of care provide individualized treatment and support services based upon an individual written service plan that identifies for each child and family the treatment goals and needed services and resources.
2. Within the levels of care there are a variety of treatment options and settings to meet each child's own unique needs for treatment and support no matter where the child resides.

3. At all levels there are children for whom psychotropic medications are prescribed for their mental health conditions. Medication management is more frequent and complex at the higher levels of care.
4. Each child will participate as fully as possible according to the child's own treatment and safety needs in community-based recreation, services and the local public school.
5. Each child is to be served in the least restrictive, most family-centered and community-based setting that meets his or her treatment needs and ensures the safety of the child, the family and the community.
6. Additional wrap-around services to supplement the level of care placement may be utilized for crisis intervention to prevent placement disruption or to stabilize and manage the behavior of a child.

Family & Children's Center maintains high quality in delivering professional services. A consulting psychiatrist through Gundersen Health System is part of the treatment team as well as a Clinical Supervisor who provides therapy and/or therapeutic insight to the team. In addition, we have TFC parents varying in professional and educational backgrounds as an integral component of the team process.

GETTING HELP/SUMMARY

Any questions regarding the above goals or purpose, please contact the Coordinator.

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Procedure Name:	LICENSING PROCESS & RELICENSING PROCESS
Procedure Number:	101
Domain:	MN Treatment Foster Care
Approved By:	Mary Jacobson, Director of Programs
Created/Written By:	Louise Campbell, Program Coordinator
Effective Date:	12/14/17
Date(s) of Revision:	11/15/19
References:	MN Statutes 2960.3020, 2960.3060, 2960.3320, 2960.3330, 2960.3340 https://edocs.dhs.state.mn.us/lfserver/Public/DHS-4258-ENG

STATEMENT OF PURPOSE

To outline the licensing process for prospective foster parents to ensure they understand the licensing process and are willing to commit to all that the process entails.

AREAS OF RESPONSIBILITY

All staff, Coordinator and foster parents should understand the licensing requirements to ensure the licensing process is completed appropriately.

PROCEDURE

Licensing:

Both the family CFC and TFC checklists must be completed for all initial licensing and re-licensing. These checklists are located in the online MN Licensor packet.

Licensed required (2960.3020 subp.1): an individual, corporation, partnership, voluntary association, other organization or controlling individual must not provide foster care without a license from the commissioner of human services.

Application (2960.3020 subp. 2): The Commissioner's designated application for a license must be filled out in full and turned in to the licensing private agency (FCC).

Experience (2960.3060 subp. 1): the prospective license holder must agree to cooperate with the licensing agency and;

Treatment Foster Care (2960.3060 subp. 1):

- Have previously been licensed as a foster parent for at least two years or have equivalent experience
- Be able to carry out the treatment plan in the foster home
- Ensure that the foster family is willing to accept children who need this level of service and are able to accept the increased involvement and supervision
- Ensure that the foster family is able to work as part of a treatment team to implement in-home treatment strategies and document the child's progress as defined by the treatment plan and treatment team
- Have commitment to work with the child, parents, and treatment team to set and implement strategies, which define outcomes that enable the child to live in the treatment foster care home.

- Due to these mandated qualifications, Treatment Foster Care parents will consider that foster parenting is their primary obligation and will provide a high degree of supervision to their foster children, as well as be available to attend all scheduled meetings and bring clients to appointments such as therapy, medical and dental appointments.

Family & Children's Center will not license its own employees as foster parents. This means that TFC parents cannot hold employee positions.

Background Study (2960.3060 subp.2; 245C):

Background study completed when:

Person or persons applying for license

- An individual age 13 or older living in the household where the licensed program will be provided who is not receiving licensed services from the program,
- Current or prospective employees or contractors of the applicant who will have direct contact with persons served by the facility, agency or programs,
- Volunteer or student volunteer who will have direct contact with persons serviced by the program to provide program services,
- An individual age 10-12 living in the household where the licensed services will be provided when the commissioner has reasonable cause;
- An individual who, without providing direct contact services at a licensed program, may have unsupervised access to children or vulnerable adults receiving services from a program, when the commissioner has reasonable cause,
- Short-term substitute caregiver providing direct contact services for a child for less than 72 hours of continuous care is not required to receive a background study unless FCC requires a background study be completed.

Information provided: (see NETStudy Form in licensing packet)

- Individuals first, middle, and last name (any other names/alias)
- Home address, city, and state of residence, zip code, sex
- Date of birth
- MN driver's license number or state identification number
- Provide address and home address, city, county and state of residence for the past 5 years
---Provide a signed consent of release of any information received for the national crime information database to the private agency that initiated the background study.
- Two finger print cards are completed for each applicant, household member, or others required

Background study processing:

All background study forms and fingerprint cards are turned into the commissioner (DHS) and then they process them. The licensing process cannot be completed until FCC receives the results of the study from the state.

Personal Characteristics (2960.3060 subp.3 A-G):

- Must be 21 years old at the time of the application
- Provide a signed statement which indicates that they are receiving all necessary medical care, do not pose a risk to the child's health and are physically able to care for foster children, and indicate any limitations the applicant and household members may have.
- Signed statement that they are free from chemical use problems for the past two years

Individual Fact Sheet

- 3 references that provide information about the license holder's support system, the observed license holder's interactions with children, the ability of the license holder to accept different points of view. In the event that the reference does not address both applicants, additional references must be provided so that each individual applicant has a total of 3 references. (**SAFE Reference Form**)
- Applicant must help the licensing agency get previous foster care studies completed on the applicant by any other agency to which the applicant has applied for foster care licensure.
- Licensing agency must make a determination as to whether a prospective license holder and foster parent can provide appropriate structure and is suitable to be licensed if a prospective license holder or foster parent has had either of the following:
 - A child for whom the applicant is legally responsible for was removed from the applicant's home and placed in foster care, a correctional facility, or a residential treatment center for severe emotional disturbance, within one year prior to the date of application.
 - Applicant has a child in voluntary foster care

The agency may consult with a specialist in such areas as health, mental health, or chemical dependency to evaluate the abilities of the applicant to provide a safe environment for foster children. The licensing agency must request a release of information from the applicant prior to assigning the specialist to evaluate the applicant. The licensing agency must tell the applicant why they are using a specialist to evaluate the applicant.

Home Study (2960.3060 supb. 4): Applicant must cooperate with home study conducted by the licensing agency. At a minimum, there must be one in-home interview and documented interviews with all household members over 7 years of age. The home study must be completed using the commissioner/DHS designated formats.

Demonstrate the ability to:

- Provide consistent supervision, positive and constructive discipline and care and training to contribute to the foster child's well-being
- Understand the licensing agency's programs and goals
- Work within agency and state policies
- Share responsibility for the foster child's well-being with the foster child's social worker, school and legal parents
- Actively support the foster child's racial or ethnic background, culture, and religion and respect the child's sexual orientation
- Accept the foster child's relationship with the child's family and relatives and to support visitation and family reunification efforts
- Have current network of support that may include extended family, and neighborhood, cultural and community ties that the applicant can use to strengthen the applicant abilities and for support and help
- Meet the foster child's special needs, if any, including medical needs, disabilities or emotional disturbance.
- Deal with anger, sorrow, frustration, conflict and other emotions in a manner that will build positive interpersonal relationships rather than in a way that could be emotionally or physically destructive to other persons
- Nurture children, be mature and demonstrate an ability to comply with the foster child's care plan, and meet the needs of foster children in the applicant's care.

Statement of Intended Use (2960.3320):

The statement of intended use required by part 2960.3000 subpart 4 must indicate that the foster home will be used as a treatment foster care home. The licensing agency must deem the foster home to be a treatment foster care home and consider information from the licensing holder's statement of intended use in the home study.

2960.3000, subpart 4- Licensing form-Statement of Intended Use

- Form found on DHS family system licensing site/packet
- Must indicate: number of children the foster home is licensed for, the age range of children to be placed in the home, and any limitations affecting the placement of children in the home
- Whether or not the home will serve as an emergency shelter home, a treatment foster care home, or a home for medically fragile children
- Circumstance when the ratio of one adult to five children does not need to be maintained and/or changes that affect placement of children in the home
- Must be approved by the licensing agency, but may be modified at any time by agreement between the licensing agency and the license holder to reflect changes that affect the placement of children in the home.



Treatment Foster Parent Training (2960.3330)

Additional information on training requirements can be found in #102 of the program's policies and procedures.

Initial Training

- TFC Social worker and the TFC parents develop a professional development plan for the treatment foster parent, which is based on the training needs of the treatment parents and the child's individual treatment plan requirements (**Home Study and also the client's Individual Service Plans**)
- Must complete **30 hours** of primary skill development training prior to accepting foster care placement (6 of these are orientation hours, documented on the Home Processing Checklist)
- Orientation
 - Emergency procedures (evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of alarms and equipment) (**Licensing Forms- Fire Evacuations & Emergency Procedure Plan, Family Disaster Plan & Home Safety Checklist**)
 - Relevant laws and rules included but not limited to Chapter 9560 MN statutes, Chapters 245A, and 260C and MN statutes section 626.556 and legal issues and reporting requirements. (**Statutes found online**)
 - Cultural diversity, gender sensitivity, culturally specific services, cultural competence and information about discrimination and racial bias issues to ensure that caregivers will be culturally competent to care for foster children (**Licensing visit and also trainings found on online learning site-Relias**)
 - Role and Responsibilities of the foster parent in the development and implementation of the case plan and in court and administrative reviews of the child's placement (**Licensing visit**)
 - Requirements of the licensing agency (**Licensing visit**)
- Other trainings of one or more to meet the remaining 24 hours required after orientation hours:
 - Grief and loss
 - Attachment
 - Behavioral interventions
 - Child development
 - Discipline
 - Dynamics of child abuse



- Children's mental health
 - Substance abuse
 - Cultural competency
 - Treatment plan development and documentation
 - Relationship building with primary families
 - Role of medication in treatment
 - Parent Skills Curriculum (FCC)
 - NCTSN Curriculum (FCC)
- o TFC parents are required to complete **18 hours of annual training.**
 - o Exemption (2930.3330 subp. 3) foster parents who provide treatment foster care and meet the training requirements of this part are exempt from the training requirements of parts 2960.3070 and 2960.3210, foster care training and staff training requirements
 - o Trainings are offered several different ways through FCC's program in-service trainings offered at support each month, communication of free or low cost community trainings, communication of any DHS related trainings related to resource families, monthly article related to foster care with attached quiz for one hour of training credit, books, movies and our free online learning site, Relias.

Treatment Foster Home Capacity (2960.3340): Total number of TFC children placed in one home shall not exceed two unless a variance is granted for special circumstance (2960.3340 subp. 3)

Capacity variance must ensure that the TFC home will meet the individual treatment needs of the children in care and address specific vulnerabilities that may occur when the children are placed together. Must identify added support services that will be offered to the TFC family to meet the needs of each child in the home and tell how the additional support services can be obtained. A variance may be granted to allow the capacity of a TFC home to exceed two children, if one of the following special circumstances applies;

- o There is a need to place a sibling group together in the foster home
- o Place a child with foster parents with which the child had been previously placed

Foster Home Physical Environment (2960.3340)

- Total number of treatment foster care children placed in one home shall not exceed two unless a variance is granted under 2960.3340 subpart 3 for special circumstances. At no time shall a foster home exceed the capacity limits in parts 2960.3030.
- A treatment foster home may continue to provide care for a child after the child has attained the child's treatment goals to support the permanency goals in the case plan.
- Variance must ensure that the foster home will meet the individual treatment needs of the children in care and address specific vulnerabilities that may occur when the children are placed together. The variance must identify added support services that will be offered to the treatment foster family to meet the needs of each child in the home and tell how the additional support services can be obtained. A variance granted to treatment foster care parents must also meet the requirements in 2960.3020, subpart 9. Variance forms for capacity variances can be found on the DHS site.

Relicensing:

License Renewal Process

It is important to keep license renewal dates listed in an easily accessible place and for the TFC social worker to stay informed when a home is coming up on relicensing. It is recommended that the TFC social worker start the relicensing process approximately 3 months before the new license is due to be completed. The license renewal process looks very similar to the initial licensing process.

All required documents can be located online in the MN licensur packet at:

https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_143521

The following is required for foster homes interested in relicensing:

1. The TFC social worker will provide the TFC parents with an application for renewal
 - a. Application found in online MN DHS licensur packet
2. Start process of updating MN Home Study
 - a. MN Home Study Update found in licensur packet
3. Complete CFC Licensing Checklist and TFC Additional Requirements Licensing Checklist
 - a. Found in licensur packet
4. Update Individual Fact Sheet
 - a. Found in licensur packet

5. Complete Home Safety Checklist
 - a. Found in licensor packet
6. Update Statement of Intended Use
 - a. Found in licensor packet
7. Review Foster Parent Agreement Form with TFC parents
8. Send out Placement Worker Evaluations
9. Complete Annual Evaluations
 - a. Found in licensor packet
10. Update all insurances and animal vaccinations
11. Update 3324 and send to MN support staff. During the event of a conditional license, these forms should be sent to the MN state licensor.
12. File all documents in Foster Parent binder and upload copies into the agency's EHR system--Procentive

Re-premise Licensing:

In the event of a foster home moving and changing locations, the following steps must be taken. All forms are located in the online MN Licensor packet.

1. Complete a DHS application
2. Complete emergency procedures
3. Complete the home safety checklist
4. Complete a well test, if applicable
5. Complete a fire marshal inspection, if applicable
6. Review statement of intended use

The items above are related to the physical plant. The home study assessment update is not required, which is a departure from the instructions in DHS 4258. However, the change of residence must be addressed in the home study update at relicensing.

If the change of premise occurs less than one year from the child foster care license renewal date, the license holder may choose to complete all relicensing requirements and be licensed for two years from the date of the change of premise. In addition to the items listed above, the following would also be required if the license holder wishes to complete the relicensing:

- DHS individual fact sheet(s)
- Home study assessment update
- Completed training
- CFC licensing checklist
- Review of license holder policies
- If applicable:
 - Placement worker evaluations
 - Updated pet vaccinations



This process only applies to change of premise within the same county and providers licensed by private agencies.

Home Study Updates: Staff must review and understand the requirements for Foster Care Home Study Assessment updates. This information is on page 6 of DHS-4258 and can be located at: <https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-4258-ENG>

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	TRAINING REQUIREMENTS
Procedure Number:	102
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	MN DHS 2960.3070, 2960.3330

STATEMENT OF PURPOSE

Treatment Foster Care/Foster Care Parent must meet all training requirements outlined in the DHS standards. The purpose of this procedure is to ensure all licensed providers understand and meet their requirements. If requirements are not met, their license may be at risk of being put on hold or suspended.

AREAS OF RESPONSIBILITY

All staff and licensed providers should know and follow the following procedure regarding training requirements to ensure their license remains in compliance.

PROCEDURE

MN TFC Initial Training:

Before a Treatment Foster Care Parent can receive a placement, the training schedule and orientation, and initial 30 hours of training must be complete. 2960.3330: Initial Training Required- professional development plan and 30 hours of primary skill development training prior to accepting a placement. The content must be about at least the following topics; grief & loss, attachment, behavioral intervention, child development, discipline, dynamics of child abuse, children's mental health, substance abuse, cultural competency, treatment plan development, documentation, relationship building, and role of medication.

MN Foster Care Initial Training:

2960.3070: Orientation (6 hours) before placement of child. Orientation is to include emergency procedures, relevant laws and rules, cultural diversity, gender sensitivity, the roles and responsibilities of foster parents, requirements of licensing agency.

Mandatory

1. CPR/ 1st Aid (FCC or other offered locations)
2. CPI (FCC)
3. Parent Skills Curriculum (8 Hours, FCC Trainer)
4. SIDS/AHT (online-DHS gives sites)
5. Car Seat Restraint Training (Winona County)



6. TFC Parent Manual Training (Licensing)
7. Introduction to Trauma Informed Care (FCC)

Optional

1. Relias Learning Courses
2. Community In-Service Trainings

On-going: Treatment Foster Care Parents must have 18 hours and Foster Care Parent must have 12 hours.

GETTING HELP/SUMMARY

Any questions regarding training contact the social worker or Coordinator.

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Procedure Name:	PERSONNEL
Procedure Number:	103
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56

STATEMENT OF PURPOSE

The intent of this procedure is to ensure that all treatment foster care parents are aware of what is expected of them in regards to personnel procedures.

AREAS OF RESPONSIBILITY

Treatment foster care parents are responsible for following all of the guidelines below.

PROCEDURE

GUIDELINES FOR LICENSING OF TFC HOMES:

All Treatment Foster Care homes will be licensed by Family & Children's Center Treatment Foster Care Coordinator according to the State of Minnesota Foster Home Licensing Requirements, including:

- Chapter 245A Human Services Licensing
- Chapter 9545 Family Foster Care Licensing
- Chapter 2960 Requirements: Foster Family and Residence Settings and Treatment Foster Care
- Chapter 245C

Licensing information along with the licensing rules will be provided during orientation training. All TFC parents are responsible for familiarity with these rules.

Before a child is placed in a new TFC home, a home inspection is conducted utilizing a Home Safety Checklist, the Child Foster Care Licensing Rule Checklist and Treatment Foster Care Licensing Rules Checklist are completed, and the foster home license is issued from the State of Minnesota Department of Human Services. There is another series of licensing paperwork that you will be required to complete as well, prior to licensure. No license will be issued until the home is in full compliance with the licensing rules.

MAPCY (Minnesota Assessment Parenting Children Youth):

The MAPCY is a state assessment tool that determines the TFC parent's monthly stipend on the level of parenting needed. There are 3 different assessments; one for ages birth through 12 years, ages 13-18 and then one for the extended foster care-supervised independent living domains.



The child is placed in your TFC home and then within the first 30 days of placement the county sets up the assessment meeting for you as the TFC parents and TFC social worker to attend.

Compliance with other State and Federal Laws:

Family & Children's Center complies with; Indian Child Welfare Act, Public Law 95-608; Minnesota Indian Family Preservation Act, Minnesota Statutes sections 260.751 to 260.835; The Heritage Act, Minnesota Statutes, sections 259.29, 260C.212-260C.215; and the Interstate Compact on the placement of children, Minnesota Statutes, section 260.851.

If foster parents have questions about services that have to do with any of these laws and statutes, they should ask the TFC social worker or the child's county social worker.

FOSTER CHILD EXPENSE:

In TFC, a stipend covers physical maintenance of the children. This includes food, housing, clothing, transportation, and personal allowance (money for entertainment, personal care items, and other incidentals) for the treatment foster care children. Any stipend beyond maintenance needs, compensates for difficulty of care. Medical and dental services are paid for by Medical Assistance unless the child's biological parents have health insurance coverage for them.

PRE-PLACEMENT VISITS:

Pre-placement visits are paid at a daily rate of \$50 per day or \$10 per hour up to five hours. Unless another pre-arranged agreement is made between the County, the licensing agency and the treatment foster care providers. TFC parents will document dates and times utilizing a respite vendor contract.

SOCIAL SECURITY TAXES:

TFC parents have tax-exempt status by the IRS. A ruling was issued by the IRS on April 23, 1987. It states that under Code Section 131, foster care stipends and difficulty of care stipends are excludable from gross income. Parents will not be issued a W-2 form. (A copy of the IRS ruling is available from the TFC Program Coordinator. Parents should have one on file.)

INSERVICE TRAINING:

It is expected that TFC parents will update their skills and abilities by participating in educational programs pertinent to their role as a professional parent. In-service programs are scheduled regularly at Family & Children's Center and are available to parents.

Also available are periodic events specific to TFC and TFC parenting. Periodic seminars and regional and state conferences will be announced. Reading books, articles, and watching videos are counted toward required hours. However, it is expected that parents personally participate in



two to three in-services per year. FCC also has an online training system set up. When TFC parents become licensed, you will be given a log in ID and then TFC parents can complete some training online, including some FCC required trainings.

Mandatory, annual in-service for FC staff and parents includes: Crisis Prevention/Intervention, CPR & First Aid (every two years), and Blood Borne Pathogens. Each time parents acquire any in-service outside of the agency, this needs to be recorded on the parent's placement record form. The TFC Coordinator will approve this training. The hours are then logged and a permanent record of parent training is kept in the foster parent file. Treatment Foster parents need 18 hours of training ongoing and Foster parents need 12 hours ongoing.

SUPPORT MEETINGS:

TFC parent support meetings are held once each month. Attendance at these meetings by a TFC parent is **mandatory**. Occasionally, scheduling conflicts with youth become an issue. TFC parents need to talk with your TFC social worker and/or Coordinator to communicate if parents won't be at a support meeting. These meetings are designed for TFC parents to be able to problem solve concerns regarding youth, schools, therapists or any other issue that arises. It is also a time when TFC parents and staff are together, therefore a lot of information is passed out during that time. If FC parents miss a support meeting, it is that parent's responsibility to find out what happened during that support meeting.

LIABILITY:

Each parent is required to have homeowner's/renter's insurance and vehicle insurance. Verification of homeowner's/renter's insurance assumes third party coverage unless a rider excludes foster children. Without a rider attached, foster children are included in the coverage as if they were biological or adopted children.

WRITTEN REPORTS:

Because we are accountable to licensing and accreditation agencies as well as our own internal Program Quality Improvement Review process, it is essential that paperwork is completed in a timely manner.

Paperwork demands are always mandated by some necessity, whether it is to meet criterion for the above processes or to meet the needs for communication within our program. Some paperwork, such as our staffing reports, meet multiple needs including reviewing the treatment program of foster children, keeping biological parents and social workers clearly informed of a child's progress, and acting as a component of our public relations effort. Due to the importance of having our paperwork completed on time and in a well thought out way, when regular paperwork (Treatment Plans, Summary Logs, etc.) or something special that has been requested (CPR certification, etc.) is late, the TFC Coordinator or Program Assistant will notify the TFC parents in writing of what paperwork needs to be completed and a date for return.



Due to licensing and legal requirements, all paperwork will be closely monitored and recorded when late. If paperwork is consistently late, written disciplinary action will be placed in your file and referred to at the annual performance review. Paperwork training will occur prior to youth being placed in your home as well as ongoing if TFC parents require it.

FOSTER PARENTS APPEAL RIGHTS:

Minnesota Rule, part 9543.0120: Representing the Commissioner in Contested Case Proceedings.

Subpart 2. Appeals involving private agencies. The attorney general represents the commissioner in contested case appeals of licensing actions involving license holder based on the recommendation of a private agency.

The attorney general shall:

1. Arrange for legal consultation and representation by the attorney general;
2. Prepare all documents necessary for the contested case proceeding;
3. Within 30 days after receipt of the appeal packet, arrange with the Office of Administrative Hearings for the service of an administrative law judge and a timely date and location for the hearing;
4. Serve the notice of an order for hearing as provided in part 1400.5600; and
5. Send a copy of the notice and order for hearing

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	CONFIDENTIALITY
Procedure Number:	104
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Wisconsin Law (s.51.30)

STATEMENT OF PURPOSE

To provide guidance on areas of confidentiality in regards to the youth the program.

AREAS OF RESPONSIBILITY

The Coordinator, foster parents and staff are all responsible for ensuring confidentiality.

PROCEDURE

FCC respects each individual’s right to confidentiality concerning their mental health, criminal, personal, or employment information. Each employee, volunteer, intern, or client is responsible to maintain the confidentiality of this information protecting it against loss, defacement, tampering, access, or use by unauthorized individuals.

Confidential Information: Verbal communication, written records, observations, or computerized information, including but not limited to:

Treatment Information: All information and records related to the treatment plan of a client. This would include diagnosis, treatment, progress, or other information contained in client files, photographs, videotapes, and verbal reports.

Criminal Information: All records of past criminal behavior including any verbal accounts, police documents, physical restraints, or other documented behaviors.

Personal Information: Client address, phone numbers, admission and discharge dates, doctor’s or therapist’s name, family or social information.

Employment Information: Employee addresses, phone numbers, personnel files, job applications, performance appraisal, discipline, termination, investigations, compensations and benefits.

Business Information: Proprietary information, not a matter of public record, related to marketing, finances, operations, strategic planning, or performance measures.

All written confidential records must be kept in a locked, secure location at the foster home. Breach of confidence is a serious offense and may result in dismissal/legal action.

During treatment related discussions that involve people from outside the agency, residents other than those for whom the discussion is being held should be referred to by first name only. This is



especially important during staffing's, where the need to refer to another resident comes up frequently.

Confidentiality relates to specific youth - their life situations, their families. It does not relate to the purpose of the agency. How we function, what we do, etc., is information that can be shared with those in the community who are genuinely interested.

The following guidelines on confidentiality are consistent with Wisconsin Law (s.51.30) and are written specifically for Family & Children's Center to cover usual day-to-day operation. For special circumstances not covered in the guidelines, refer to s. 51.30, of Wisconsin Law. For Minnesota the guidelines on confidentiality are consistent with Minnesota Statutes, Chapter 13.

A. Informed Consent, Required Elements:

Treatment information shall not be released without informed consent. An informed consent for disclosure of information from treatment records from or to an individual, agency, or organization must be in writing.

A valid authorization must be written in plain language and contain at least the following elements:

- A description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion;
- The name or department authorized to make the requested use or disclosure;
- The name or organization to whom Family & Children's Center may make the requested use or disclosure;
- A description of each purpose of the requested use or disclosure. The statement "at the request of the individual" is a sufficient description of the purpose when an individual initiates the authorization and does not provide a statement of the purpose;
- An expiration date or an expiration event;
- Signature of the individual and date. If the authorization is signed by a personal representative of the individual, a description of such representative's authority to act for the individual must also be provided;
- A statement of the individual's right to revoke the authorization in writing;
- A statement that information used or disclosed pursuant to the authorization may be subject to re-disclosure by the recipient and no longer be protected by this rule;



- A statement that Family & Children's Center will not condition treatment, payment or enrollment in the health plan or eligibility for benefits on the individual's providing the authorization.

B. Access without Informed Consent:

Notwithstanding the above guidelines, treatment records of a youth may be released without informed consent in the following circumstances:

- Pursuant to lawful order of a court of record
- To the agency's on site Psychiatrist/Psychologist during consultation
- Another TFC Parent or respite care provider when the child is changing placement or receiving respite
- To law enforcement (i.e. run away)

All information released to the persons listed above shall be limited to only that part of the records required in the performance of their duties.

C. Releasing Treatment Information Verbally:

Information on youth or their treatment may be given verbally when written, informed consent has been obtained and as stipulated under Section B of these guidelines. If written consent is given, the information called for in the consent may be given verbally providing all conditions of the consent are adhered to.

D. Notation of Release of Information:

Each time written or verbal information is released from a treatment record, a notation shall be made in the record that includes the following:

- * Name of the person to whom the record or information was released
- * Identification of information released
- * Purpose of release
- * Date of Release
- * Name or signature of person making disclosure

GETTING HELP/SUMMARY

Any questions regarding confidentiality; refer to agency procedure on confidentiality or ask the Coordinator for clarification.

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Procedure Name:	FAMILY CONTACT
Procedure Number:	105
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand the expectations surrounding family contact once a youth is placed in the TFC home.

AREAS OF RESPONSIBILITY

The Treatment Foster Care parents are responsible for following this procedure. The Social Worker and Coordinator are responsible to ensure the Treatment Foster Care parents are following through as well as to check in and discuss at staffing's.

PROCEDURE

Family Contact:

Family contact is arranged upon admission and addressed at all subsequent staffing's. Reasonable efforts are made for the child to maintain contact with their parent(s) at least weekly. Family interaction between parent(s) and the child corresponds with the child's wishes, age, developmental level, case plan and permanency goals. Additionally, if the child is separated from siblings, then visits and/or contact is coordinated by the Treatment Foster Care Social Worker and/or Coordinator to occur at least once per month. The impact of contact is reviewed regularly by staff and discussed by the treatment team during staffing. For WI this also falls in line with the State of Wisconsin Family Interaction Plan.

Visits:

All family visits for TFC children will be determined on an individual basis at the discretion of the child's county/state social worker and other members of the treatment team.

Each TFC child is permitted to have visits from their county/state social worker during normal working hours, both at the treatment home or in other settings.

All family visits that the TFC child has will be documented by the TFC parents and submitted to the TFC Social Worker. The status of visits, as well as the TFC child's reaction before, during or after family visits may be discussed with members of the child's treatment team.

Restrictions may only be placed on family visits with parents by court order or via verbal and/or written direction of the child's county/state social worker.

Telephone Calls:

Telephone calls that TFC children are allowed to make/receive each week with family members are determined on an individual basis at the discretion of the child's county/state social worker and other members of the treatment team.

Each TFC child is permitted to have telephone calls to/from their lawyers and state/county social worker during normal working hours.

All telephone calls that the TFC child makes/receives will be documented by the TFC parents and submitted to the TFC Social Worker. These telephone calls may be discussed with members of the child's treatment team.

Restrictions may only be placed on telephone calls with parents by court order or via verbal and/or written direction of the child's county/state social worker.

Mail:

Each TFC child is allowed to send/receive mail. FC parents can assist in this process if the child requests.

Outgoing mail is not censored.

Incoming mail may be restricted only by court order or by an individual from the referral agency that has been given that power by the court. If indicated by specific treatment needs and documented in the client file, a child may be requested to open and read incoming mail in the presence of their therapist or TFC parent.

Mail suspected of containing unauthorized, injurious, or illegal material or substance must be opened by the youth in the presence of designated personnel (typically the TFC parents, therapist, Social Worker, or Coordinator).

GETTING HELP/SUMMARY

Any questions regarding family contact ask the Coordinator.

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Procedure Name:	LICENSING COMPLAINTS, VIOLATIONS, AND REPORTING ABUSE OR NEGLECT
Procedure Number:	106
Domain:	MN Treatment Foster Care
Approved By:	Mary Jacobson, Director of Programs
Created/Written By:	Louise Campbell, Program Coordinator
Effective Date:	12/14/17
Date(s) of Revision:	12/14/17, 11/15/19
References:	https://www.dhs.state.mn.us/dhs16_143521 https://mn.gov/dhs/partners-and-providers/licensing/licensing-actions-faqs/ https://www.dhs.state.mn.us/main/groups/county_access/documents/pub/dhs16_143374.pdf https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-7593-ENG

STATEMENT OF PURPOSE

The intent of this procedure is to ensure that all Treatment Foster Care parents and Treatment Foster Care staff have an understanding of the various licensing violations, the process for taking licensing actions, and responsibilities regarding concerns of abuse or neglect.

AREAS OF RESPONSIBILITY

All staff in the Treatment Foster Care program are responsible for knowing and understanding the information.

PROCEDURE

Licensing Complaints/Violations

It is Family and Children's Center's obligation to assess alleged violations of foster care rules, Minnesota law, or agency procedure.

Complaint Log

All complaints or reports indicating a possible statute, rule or procedure violation must be entered in the Complaint Log (MN State requirement). This includes all maltreatment allegations and findings. For complaints that do not indicate maltreatment, but may indicate licensing violations, a licensing complaint must be recorded in the foster parent database.

The licensing investigation process as outlined below is to be followed regarding all complaints, allegations, and serious incidents.

County Maltreatment Investigations



Mandatory Reporter training is required for all program staff, interns, and volunteers within the first two days of official start date with the agency and documented in staff personnel files.

Family and Children's Center adheres to Minnesota Statutes, section 626.556 Maltreatment of Minors and 626.557 Maltreatment of Vulnerable Adults. All reports concerning suspected abuse or neglect of children within a foster home or in the community are made to Child Protection in the county where the alleged abuse or neglect occurred. All reports concerning maltreatment of vulnerable adults will be made to the Minnesota Adult Abuse Reporting Center (MAARC) <http://mn.gov/dhs/people-we-serve/seniors/services/adult-protection/>. Verbal reports must be followed within 24 hours by a written report.

Family and Children's Center will take emergency measures when necessary to protect children and vulnerable adults in placement, contacting the placing county for direction. Foster parents may not be informed of allegations prior to contact with Child Protection or MAARC. Family and Children's Center will assist placing counties in determining whether children or vulnerable adults remain in placement during a maltreatment investigation. Family and Children's Center will assist in locating alternative placements and moving youth and/or children as requested by the county placing agency and/or law enforcement.

Social workers must notify a supervisor immediately when making a maltreatment report or upon notification of a maltreatment report in a foster home. Complaints of possible maltreatment by Family and Children's Center licensed providers and/or people affiliated with a provider will be documented in the Complaint Log. A Special Incident Report (SIR) will be written by the TFC social worker with the help of the parties involved. The SIR is required to be completed within 24 hours of the incident taking place. The agency's Unusual Internal Incident Report (located on FCC's depot) must also be completed by agency staff and submitted to the Coordinator within 24 hours of the incident taking place.

The TFC social worker will notify county placing workers whenever Child Protection or Minnesota Department of Human Services accepts a report for investigation, and whenever a licensing investigation is initiated by Family and Children's Center. Notification to county placing workers includes all reports accepted for investigation. Family and Children's will also notify county placing workers of the outcome of any investigation. Family and Children's Center will not consider placements for foster homes under investigation for maltreatment.

Family and Children's Center will cooperate and provide assistance throughout maltreatment investigations. When notified that a county is initiating an investigation, the social worker will request to be present during interviews conducted by the county in order to gather firsthand information to assist in making licensing determinations and recommendations.



Family and Children's Center will not inform foster parents an investigation has been initiated, or disclose any information regarding allegations. In accordance with state law, the identity of the reporter and other private welfare data will not be disclosed to the foster parents, reducing possibility of interference with the investigation and protecting foster parents from perception of impropriety.

Upon completion of a child protection or vulnerable adult investigation, the social worker will request the report and notice of determination from the county or state investigator. The Department of Human Services requires counties share all maltreatment investigation reports with a licensing agency and will assist Family and Children's Center in securing comprehensive investigation details. The report will be uploaded into the foster parent's file. If there is a maltreatment finding, Family and Children's Center will communicate that with the Winona Contract Manager.

When a maltreatment report does not meet criteria for maltreatment investigation and/or when there is no maltreatment finding, the licensing worker will discuss the report with the Family and Children's Center Supervisor to assess for possible foster care licensing violations. This process is outlined below.

Licensing Investigations

Family and Children's Center supervisor and social workers will meet within 3 working days to review all allegations, complaints and incidents that may result in a licensing violation. The team will then review the report and determine a course of action. The Department of Human Services can be consulted for guidance and direction at any time during this process.

The worker receiving the complaint must document all pertinent information including name and contact information of the reporter, the specific nature of the concern, the place and date of the alleged violation and the name and identifying information of the person allegedly responsible for the possible violation. All pertinent information is documented in the foster family's file.

The team will determine whether a report indicates a possible violation of foster care rule and/or laws. All reports indicating possible licensing violations are entered into the Complaint Log during this meeting. All licensing violations regarding child safety are reported to a child's county worker within the next business day.

An investigation plan is developed including:

- Who and in what order individuals will be interviewed and by whom
- Areas, matters and issues to be addressed

-Timeline for completion

-Notification to county social workers who have placements in that home of the complaint and investigation

It is a right for foster parents to be interviewed during an investigation. Foster parents are not interviewed or informed of the investigation until all other interviews are conducted, including the reporter and the children. The identity of reporters is always confidential.

Interviewers document all interviews with dates, times and interview details in the foster family's file within 3 days of the interview. Details include the name of the interviewer, who was present, where the interview took place, date and time, and interview content. Supervisors are notified by email as soon as interview details are recorded in the file.

If the interviewer has concerns that must be immediately addressed, the interviewer relays those concerns to the supervisor within the next working day.

Assigned interviewers review all information with team members at the next scheduled meeting. It is recommended that the assigned interviewer not be the family licensor. The team determines whether licensing violations occurred. The outcome is recorded in the Complaint Log during the meeting, and entered in the foster family's file.

If the foster family is approaching the date of re-licensure at the time of an alleged violation and an investigation is in process, the Family and Children's Center social worker will send a Request for Extension Form to DHS.

https://www.dhs.state.mn.us/main/groups/county_access/documents/pub/DHS-297537.pdf

Findings

Did Not Occur

The team was able to definitively conclude that no violations occurred. When the investigation indicates the violation did not occur, the interviewer will send out a letter communicating the investigation outcome to the foster parents. A copy of the signed form must be kept in the foster parent's file.

Unable to Determine

The team was unable to definitively determine whether or not violations occurred. When the investigation indicates the team was unable to make a determination, the interviewer will send out a letter communicating the investigation outcome to the foster parents. A copy of the signed form must be kept in the foster parent's file.

Occurred

When the investigation determines that there was a violation of rule, statute or procedure, the team determines the appropriate licensing action to be taken. This can include a Correction Order being issued or a Negative Licensing Action initiated. The social worker completes the Correction Order and uploads the signed document to the file. If recommending a negative licensing action, the TFC social worker will complete this documentation.

When warranted, the team will recommend restrictions on future placements. The social worker and their supervisor will make the final determination regarding placement.

Sanctions

Correction Order

A Correction Order is an internal process used to address a substantiated rule, procedure or statute violation that is not serious or chronic, will be corrected within a reasonable time, and does not imminently endanger the health safety, or rights of children in placement.

A Correction Order must be completed, signed and sent to the foster parent within 30 days of the date of determination. Correction Orders must be completed on the Department of Human Services Agency Correction Order Form. The social worker completes the following:

- Citation/Statute/Rule – precisely note the number and sections for which the license holder is being cited

- Violation Description – succinctly and completely note the license holder's actions or inactions

- Deadline for Correction – note the timeline for change

Foster parents are expected to indicate on the Correction Order how they will resolve the issues by completing the final two columns--Date Corrected and How Corrected.

The Correction Order must inform parents of the right to request reconsideration of the Correction Order through the Department of Human Services.

The Correction Order (signed PDF) is uploaded to the foster parent's file. When foster parents fail to complete or sign a Correction Order, the original as issued will remain in the file. If a foster parent requests reconsideration of a correction order, DHS will notify the Family and Children's Center social worker by email. The licensing worker will keep a copy of the notification email for the parent's file and will upload any documentation attached to the



notification email to the parent's file. The licensing worker will email team members notifying them of the request for reconsideration.

When a Correction Order requires a specific corrective action, Family and Children's Center will not refer the home for placements until the required correction is made.

Negative Licensing Recommendation

Possible Negative Actions include:

Denial (new applicants only)

Conditional

Fine

Indefinite Suspension

Revocation

Temporary Immediate Suspension

Per DHS, the following criteria are used in determining negative licensing recommendations directly related to licensing investigations:

Nature, severity, and chronicity of violations

County or law enforcement investigation resulting in disqualification as determined by DHS Background Studies Division

Issue involving the license holder, household member, or an individual associated with the license holder required to have a background study

Recommend least restrictive sanction necessary to bring the license holder into compliance so that health and safety of persons served is protected

This information, as well as additional definitions and instructions for determining negative licensing actions, is uploaded to the database.

A negative licensing recommendation is always in the form of a letter to the Commissioner of the Minnesota Department of Human Services and must include a supervisor's signature. The letter must be sent to the Minnesota Department of Human Services within fifteen days of the



appeal deadline if the licensee does not appeal a finding. If there is an appeal, the letter will be sent within 15 days of an upholding of the finding. The letter must contain a recommendation for denial, conditional licensing, suspension, or revocation. Sample letters are accessed in DHS Family Systems Table of Contents.

The recommendation to the Department of Human Services must include the following:

Citation to laws or rules violated

Description of violations including specific dates and times, the nature and severity, whether or not it is recurring, and impact of the violation on children/youth

Relevant facts, conditions, and circumstances concerning the foster home and its functioning

Relevant information concerning qualifications of the applicant, license holder, or household member

Aggravating or mitigating factors related to violations

Copies of all documentation related to the negative licensing action (documentation must be typed, contain a subject heading - case notes, interview, and be reviewed by a supervisor)

Clear, complete, and concise information must be sent to the Department of Human Services. Identify the rule part or parts violated and provide a narrative of the license violation answering questions of who, what, when, where, why and how. If related Correction Orders were issued, include copies. Information regarding substantiated licensing violations must be well documented. Complete information regarding the licensing violation will support DHS taking the negative licensing action and the action being upheld if appealed.

In cases where a negative licensing action is recommended because of a Disqualification, a Risk Assessment must be completed. This form is available at http://www.dhs.state.mn.us/main/groups/licensing/documents/pub/dhs16_143495.pdf A copy of the Risk Assessment must be included with the negative licensing action recommendation letter to the Department of Human Services.

Pursuant to, Minnesota Rules, part 9543.0100, subpart 6 and subpart 7; licensed providers, the county where the foster parent resides, and any county that has children placed in that licensed provider's home must be notified via letter whenever Family and Children's Center submits a negative licensing action recommendation to the Commissioner of the Department of Human Services. Families and guardians of children/youth in care in the foster home will be notified via



letter at that time as well. Pursuant to Minnesota Rules, part 9543.0100, subpart 7 (B), whenever DHS issues a negative action, families and guardians will be notified of the nature and reason for the negative licensing action as ordered by the Commissioner of the State of Minnesota. This information and templates for each action can be found on the online Minnesota Licensor packet under A30b, located at: www.dhs.state.mn.us/main/id_028228 and in the *MN DHS Best Practices for Facility Investigation* located at: <https://edocs.dhs.state.mn.us/lfsrver/Public/DHS-7593-ENG>

The Department of Human Services will notify the foster parent and Family and Children's Center of the decision regarding the negative licensing recommendation, as well as foster parent's right to appeal the decision. This notification will include the appeal process and required timelines. Foster homes will not receive placement referrals until all sanction requirements are met.

Documentation

The Family and Children's Center social worker will verify that all documentation related to licensing complaints and violations is complete in the family file, Complaint Log, and the database.

GETTING HELP/SUMMARY

Any questions regarding reporting, contact the Coordinator or social worker.

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Procedure Name:	CHART FOR CONTACT
Procedure Number:	107
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to provide TFC parents with a general outline of when to call the FCC on-call phone and when they can contact within 24 hours on the social worker and/or Coordinator's office phone.

AREAS OF RESPONSIBILITY

All staff and foster parents have a responsibility in following these guidelines.

PROCEDURE

TFC Emergency Call (immediately using office, cell & on-call)	TFC Office Contact (within 24 hours, can leave a message)
<ul style="list-style-type: none"> • When safety of client or household members are at risk (call police first if immediate safety is at risk) • When a client runs away • When client is making verbal threats toward self or others and refuses to de-escalate • All sexual contact between client and another person • All law enforcement involvement • All emergency medical staff involvement (including psychiatric) and medical attention • Major structural damage to foster home, including fire • When TFC parents need emergency respite • When TFC parents need to make a mandated report • When a BBP exposure occurs 	<ul style="list-style-type: none"> • Notification of initial appointments upon placement • When clients behavior/emotions affect placement, permanency, family contact • When clients behavior/emotions need to be assessed by team members • When clients behavior/emotions affect services (school, therapy, medical, etc.) • When TFC parents need extra level of support or respite • When TFC parents have a family emergency that affects household

GETTING HELP/SUMMARY

Any questions regarding legal violations ask the Coordinator.

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Procedure Name:	CLOTHING & INVENTORY
Procedure Number:	108
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Clothing Inventory

STATEMENT OF PURPOSE

To understand and follow through with the clothing inventory process to ensure youth have the appropriate amount of clothing upon entering the treatment foster care home.

AREAS OF RESPONSIBILITY

All staff, Coordinator and treatment foster care parents are responsible for knowing the below procedure. It is the responsibility of the treatment foster care parents to complete the inventory as well as purchase appropriate clothing. It is the responsibility of staff to follow up with the treatment foster care parents to ensure it is completed in a timely manner as well as to follow up with the placing county social worker if a clothing allowance is being requested.

PROCEDURE

Clothing for each foster child is carefully monitored by the foster parent. Clothing should be neat and clean, appropriate for the weather and the age of the child, be typical of mainstream youth in so far as style and quality is concerned, and be adequate in quantity (so that a youth will have a fresh change of socks and underwear daily, for example).

Clothing, hats, belt buckles, and so forth having drugs, violence, alcohol, smoking, and similar subjects as motifs will not be allowed. If a youth has clothing with this type of content, the articles will be returned to either the child's parents or the child's social worker.

TFC parents are responsible for purchasing basic clothing items. If youth would like "special" items or brands, it is often possible for them to do extra chores or save their allowance to purchase these extra items.

It is the TFC parents' responsibility to supervise and teach youth regarding the proper care of their clothing. These tasks include: sorting clothing and doing laundry, folding and putting clothes away, selecting appropriate clothing for activities, weather conditions, and so forth.

At the time of admission, an inventory of all clothes should be taken and clothing labeled for identification. If a youth has less than the state recommended amount of clothing, TFC Social Workers will talk with the placing social worker to assess if the referral source is willing to provide the clothing allowance for the youth.



WI: In respect to the CANS Assessment, it is stated that placing counties may elect to provide a clothing allowance for youth that are placed in foster care.

Borrowing, selling, or giving away clothing items by the youth is prohibited unless approved by the foster parent. Restitution of damaged clothing, either belonging to the child or to another individual will be made. Restitution for "lost" clothing items may be paid at the discretion of the foster parent.

CLOTHING INVENTORY--TAKE THE FOLLOWING STEPS:

1. Upon admission, with child present, inventory clothing and other personal property by filling out the first three columns of a clothing inventory form.
2. Purchase approved clothing that the child requires at placement within the first two weeks of placement.
3. Complete column four (purchase date and cost).
4. Submit completed inventory form TFC Social Worker and/or Coordinator.
5. Review clothing needs throughout placement and secure necessary items.
6. Update wardrobe and personal items upon discharge, making sure the child is discharged with the minimum clothing required. Again, fill out clothing inventory and personal property items form and submit a copy to the TFC Social Worker and/or Coordinator.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	FORMS INDEX
Procedure Number:	109
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	New Admission Checklist , Dental Form , Physician Form , 30 Day Assessment Tool , Discharge Checklist

STATEMENT OF PURPOSE

The intent of this procedure is to ensure that all treatment foster care parents have an outline of all required documents that need to be turned in and are required by the licensing agency as well as DCF.

AREAS OF RESPONSIBILITY

Treatment foster care parents are responsible for following all of the guidelines below.

PROCEDURE

1. **New Admission Checklist:** To be completed following admission of a child to your home and turned in to the administrative assistant and/or social worker. This form is due within 10 days of the client's admission to the program. If it is not possible for the client to be seen for his or her physical or dental appointments or if they were recently completed made that notation on the checklist before submitting.
2. **Releases:**
 - a. Medical Release
 - b. Information Release(s)
 - c. School Authorization
 - d. Safety Consent Form
 - e. Post-Discharge Consent
 - f. HIPPA Confidentiality Acknowledgement

Note: Signatures for the above forms are obtained by TFC staff at an intake meeting. The original documents are kept in the client's file. You will receive a copy of each of these forms for your records.

3. **Request for Permission:** Whenever a TFC youth will travel with the Treatment Foster Care family for an extended time out of state or participate in other out of the ordinary



events permission may need to be granted by the county social worker and parents/guardians.

4. **Immunization Record:** This must be on file at admission for all TFC youth. If you do not have one, contact the administrative assistant, TFC social worker, and/or Coordinator.
5. **Dental Exam Form:** When TFC youth have dental exams, there is a dental exam form that needs to be completed and signed by the dentist and returned to the administrative assistant, TFC social worker, and/or Coordinator. If follow up is needed a new form can be completed for each visit.
6. **Health Examination Form (Physical):** To be completed at the admission physical and for each yearly physical by your TFC youth's physician. Completed forms need to be submitted to the administrative assistant, TFC social worker and/or Coordinator.
7. **Physician Visit Forms:** To be completed each time the youth goes to the doctor and it is not for their initial or yearly physical. After completion, these forms are to be given to the administrative assistant, TFC social worker and/or Coordinator to be placed in the client's file.
8. **Special Incident Report:** Refer to the TFC social worker and/or Coordinator.
9. **Request for Annual Leave:** TFC parents receive 9 extra days of respite per year on top of 4 days a month. To utilize this time, you must have this pre-approved through the TFC Coordinator.
10. **30 Day Assessment Tool:** Questionnaire completed before 30 day staffing and used to assist in completing verbal and written reports at the staffing as well as for the Social Service Assessment report.
11. **Social Service Assessment:** Used to assess TFC youth's first 30 days of placement. Provides written report of Social Service Assessment staffing. The TFC parent section is due within 5 business days after the staffing.
12. **Service Plans:** Completed on each TFC child every 90 days to evaluate treatment progress or regression and interventions being utilized. Provides written report of quarterly staffing. The TFC parent section of this report is due within 5 business days after the staffing
13. **Discharge Summary:** Summarizes child's placement within TFC. Provides written report and recommendation for discharge staffing. The TFC parent section of this report is due within 5 business days after the staffing.
14. **Discharge Checklist:** To be completed at time of discharge of child from the TFC program and turned in to the social worker and/or Coordinator along with the client file.



15. Respite Care Agreement Form: To be completed following respite. Record hours of respite and which provider was used.

16. Any other legal documents (birth certificate, social security card, etc.): Make copies and hand in to social worker and/or Coordinator.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	ADMISSION
Procedure Number:	201
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand the general outline and guidelines of admission as well as the qualifications the Social Worker and/or Coordinator evaluate prior to admission into the Treatment Foster Care program.

AREAS OF RESPONSIBILITY

The Social Worker and/or Coordinator are responsible for following the below procedure as well as assessing the appropriateness of each step in the process. The TFC parents are responsible for having a general understanding and asking questions when approached about a potential placement.

PROCEDURE

Qualifications for Admission:

Children and youth from birth through age 21 may be accepted for placement in Treatment Foster Care. In accordance with Wisconsin Administrative Codes DCF 56, these youth may include children who:

- Have been unsuccessful in foster care placement or their biological home.
- Have improved significantly in residential treatment or group home settings, making residential placement no longer appropriate.
- Have behavioral control problems such as emotional disturbance, adjustment disorder, and attachment issues.
- May be cognitively or physically challenged, or both.

For Wisconsin: If youth aged 18-21 are placed in foster care they need to be enrolled in school full time as well as have an IEP. **For Minnesota:** If a child is in placement at the age of 18 and agrees to stay in extended foster care they may until the age of 21.

Referral Procedure:

The initial contact is made by telephone to the TFC Social Worker and/or Coordinator. If the screening call indicates that the placement may be appropriate, referral information is requested. This includes a social history, psychological/psychiatric summaries, school records, or any other pertinent information. No youth will be denied services on the basis of race or cultural identification, sex, sexual orientation, age, creed, ancestry, disability, political affiliations, religious beliefs, color, or national origin.

Items Considered for Admission:

- The presenting problems, types of less intrusive interventions already attempted, and reasons why they were not successful.
- The youth's involvement with chemicals; assessment of the youth's chemical abuse or chemically dependent behavior.
- The youth's tendency to run away.
- The youth's size and tendency toward physical aggression.
- The youth's treatment history.
- The youth's potential for danger to him/herself or others (such as fire setting, physical aggression, sexual perpetration, suicidal ideation, and so forth).

Pre-Placement & Admission Guidelines:

When a referral is made, an appropriate family is selected based on several factors:

1. Treatment needs of child with consideration of FC parents' expertise.
2. Referral source request/need
3. Suitable home (other children? younger children? other sexual abuse perpetrators? availability to place siblings?)
4. Nurturing versus highly structured environment
5. Compatibility (nuclear family, foster kids, biological parents, and FC parents)
6. Consideration for religious preference/cultural background when possible
7. Location (rural versus city, out of community versus within, school programming, proximity to biological parents).
8. Therapy needs

9. Educational needs

10. Physical layout of the home

After a tentative home is selected for the child, an optional pre-placement or intake meeting is scheduled. This meeting would include the child, family members, referral source representative, TFC parents and TFC Social Worker and/or Coordinator. The purpose of this meeting is to orientate the child, biological family, and referral source representative to the TFC program and the TFC families, answer any questions, and arrange pre-placement visits if so desired. If the referral source and TFC Social Worker and/or Coordinator believe that it would be beneficial for a pre-placement visit to occur at the foster home, this visit can be arranged as soon as possible.

The initial pre-placement meeting between the TFC family and the referred client can range from a short and informal one hour meeting to a formal one or two night overnight stay in the treatment home or any arrangement within these bounds. There is no fixed number of pre-placement visits, as each child is unique in their needs. As few as one pre-placement visit before final admission to as many as five such visits before final admission may be arranged. The purpose of the pre-placement visit is for the TFC parents and staff, the child and the child's county social worker to make decisions about moving into that home. Prior to admission, no commitments are expected regarding admission. It is also clearly stated at the initial meeting that once the child is placed in the TFC home, the TFC parents are committed to the child and their care.

Family and Youth Involvement at Admission:

Prior to an admission and throughout the intake process, as well as during the actual placement, all efforts are made to involve the youth and family in treatment. The family and county/state worker are asked to escort the youth to Family & Children's Center for admission, depending on the circumstances.

An intake meeting is held with them that also includes the TFC family and the TFC Social Worker and/or Coordinator. During this time a number of guidelines are reviewed.

- Role and responsibilities of the family. This includes communication frequency and visiting procedures in view of family history.
- Role and responsibility of the county worker.
- Role and responsibilities of Family & Children's Center staff who are involved in the case.
- Rights and responsibilities of the youth.



- Family rules and procedures.

When the review of guidelines is concluded, the youth will leave with the TFC family for their home.

Health Care & Treatment Services:

All children admitted into Treatment Foster Care must have timely access to basic, emergency, and specialized medical, mental health, and dental care and treatment services by a qualified person. A history and review of each child's needs related to the above will be assessed by the Treatment Foster Care Social Worker and/or Coordinator at the time of intake; a health care and treatment plan will be developed with the Treatment Foster Care Parents.

All children admitted into TFC need to have:

1. A TB test within 72 hours.
2. A physical exam within 30 days of admission (ongoing every year)
3. A dental exam within 30 days of admission (ongoing every 6 months)

Medical Assistance:

All youth entering out-of-home placement are eligible for Medical Assistance. County social workers are requested to bring the permanent Medical Assistance card of the youth or a temporary card the day of intake. If parents have insurance, a copy of the insurance card will be made as part of the intake process.

Additional Information needed at time of Intake:

Parents and Social Workers are requested to bring:

- A copy of the child's birth certificate
- A current immunization record
- The name of the child's previous school and the school address where the child's cumulative records may be (if different).
- The date of the child's most recent medical, dental, and optical examination.

Summary of Placement Process:

1. Preliminary review of client's history and screening by TFC Social Worker and/or Coordinator.



2. Selection of potential TFC home.
3. Potential parent(s) review case with TFC Social Worker and/or Coordinator.
4. Potential parent(s) meet child for personal evaluation of child.
5. Pre-placement meeting with child and treatment team, including child's parents or guardian and placing agency representative.
6. Additional pre-placement visits at the foster home.

GETTING HELP/SUMMARY

Any questions regarding admission ask the Coordinator.

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Procedure Name:	ADMISSION, TREATMENT & DISCHARGE
Procedure Number:	202
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DHS 2960.3310 subp 2 & 3

STATEMENT OF PURPOSE

The purpose of this procedure is for staff and providers to understand the basic requirements of what qualifies for a treatment foster care placement as well as requirements surrounding treatment requirements at admission, ongoing and discharge.

AREAS OF RESPONSIBILITY

All staff and providers should know the requirements and follow the requirements at admission, placement and discharge. The case manager and TFC parents will be working together to develop treatment goals as well as stay in constant communication regarding progress or regression in treatment.

PROCEDURE

Admission (2960.3310, subp. 2): Admission to a TFC home must meet the requirements of items A & B.

- A. Based on the recommendations of a licensed professional who is qualified to direct treatment and is familiar with the child's individual needs. The recommendation must be based on a diagnostic evaluation and recognized the reasons the child is at risk for placement in a more restrictive setting. It must include behavioral concerns to be addressed in treatment plan.
- B. A treatment team must be established including; parents, TFC parents, county case manager, licensed professional directing treatment, TFC social worker, and other persons identified to help implement the treatment plan and outcomes.

Treatment (2960.3310 subp.2): Crisis plan must be developed within 10 days of admission and meet the following requirements:

- A. Goals must address the needs as determined by a licensed professional directing treatment. Treatment goals must be measurable and identify desired treatment outcomes. TFC parents should document daily observations of the desired treatment outcomes.
- B. Identify treatment strategies to be used with the child by TFC parents.
- C. Identify specific supports and services the TFC parents will use with the child. Substitute and respite care providers must be addressed in the plan.



- D. Treatment team must develop the treatment plan and meet the requirements:
- a. TFC social worker shall lead the development and documentation of the treatment plan
 - b. Must be reviewed every 30 days by the treatment foster care parents and treatment foster care social worker.
 - c. Treatment team must reassess/update the treatment plan every 90 days.

Discharge (2960.3310 subp. 3): Treatment plan must define outcomes and goals that the child needs to meet for discharge from treatment foster care.

GETTING HELP/SUMMARY

Any questions regarding admission, treatment, and discharge, ask the Coordinator.

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Procedure Name:	PRE-PLACEMENT
Procedure Number:	203
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of the procedure is to assess compatibility between the Treatment Foster Care family and the child; as well as the child's willingness to invest in the placement.

AREAS OF RESPONSIBILITY

It is the Social Worker and/or Coordinator to help facilitate pre-placement visits and what those will look like with the TFC parents as well as communicating with the County Social Worker to ensure that everyone is on the same page. Then the Social Worker and/or Coordinator will follow up with everyone after the visit to determine next steps and potential placement. If moving forward with placement, the Social Worker and/or Coordinator will facilitate a placement meeting if appropriate and/or possible.

PROCEDURE

1. Attending: Child, biological parent(s), county/state social worker, FC parents and FC Coordinator.
2. Treatment Foster Care Social Worker and/or Coordinator:
 - a. Describes TFC
 - b. Discusses goal setting
 - c. Explains therapy
 - d. Pre-placement assessment/subsequent visits
3. Treatment Foster Care Parents:
 - a. Ask child what he/she wants to see happen in the next 3 months, 6 months, year
 - b. Ask if he/she could choose where they could live, where that might be.
 - c. Ask child what they want to get out of the program.
 - d. Explain to child what they stand to gain from being there (allowance, stability, safety, structure, guidance, sorting out their life, etc.).



- e. What he/she can expect from you (honesty, assistance in working on problems, and so forth).
- f. FC parents may ask the following questions as part of the pre-placement Interview:
 - What will be the hardest thing for you living with a family?
 - What brought you here?
 - If you find you don't like living with a family, what will you do?
 - What is a parent's job in a family? What is your job in a family?
 - What are good reasons to run? Be violent? Be uncooperative? Be truant from school?
 - What will help you succeed or fail?
 - What are your strengths/liabilities?
4. County/State Social Worker:
 - a. Explain purpose of placement
 - b. Discusses options for child should he/she succeed in the placement
 - c. Discuss options for child should he/she fail the placement
5. Biological parents and child have opportunity to ask questions.
6. Assessment visitation in TFC home. Recognize that an evaluation process is taking place on everyone's part.
 - a. Are the TFC parents, biological children, and foster child compatible?
 - b. Can the TFC parents work with this child?
 - c. Does the child want to be there? (Secure commitment for the child).
 - d. Is the child an appropriate candidate for TFC?
7. If child is appropriate for the next phase, notify necessary parties and arrange a schedule for following pre-placement visit(s) or prepare for placement.
8. Placement Decision:



- a. Evaluate impact of visits.
 - b. Secure commitment by TFC parents.
 - c. Secure commitment from the child.
 - d. Secure commitment from the biological parent(s) if possible.
9. Placement Meeting
- a. Attending: child, county/stat social worker, FC parents, biological parents, and FC staff.
 - b. Review TFC programming.
 - c. Set up family contact schedule.
 - d. Review house rules.
 - e. Releases obtained and photo taken for identification purposes.
 - f. Child goes home with TFC parents.

GETTING HELP/SUMMARY

Any questions regarding pre-placement ask the Coordinator.

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Procedure Name:	INITIAL PLACEMENT
Procedure Number:	204
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand the expectations during the initial placement period after a youth is placed in the treatment foster care home.

AREAS OF RESPONSIBILITY

The Treatment Foster Care parents are responsible for following this procedure. The Social Worker and Coordinator are responsible to ensure the Treatment Foster Care parents are following through as well as to check in to see how the youth is settling in.

PROCEDURE

Transition to the Treatment Foster Care home is the first goal set for any child. The initial thirty (30) day period is considered a transition and adjustment time. TFC parents may not use respite for the first two weeks of placement. During this time, as trust is developed, TFC parents must provide eyes-on supervision at all times. The child is not allowed to be without adult supervision in any setting.

Recognize that family loyalties run deep and the child/youth may be traumatized by separation issues, being homesick, and/or anger about being removed from their home. There will be confusion surrounding loyalties toward biological parents, feeling of abandonment, and self-blame for disruption in the family. Discuss with the child what you prefer, and they are comfortable with, calling you.

Incorporate behavioral interventions immediately. Be clear in your expectations, supportive of the child's specific emotional status, and affirmative in your belief of a positive adjustment period and overall placement experience.

GETTING HELP/SUMMARY

Any questions regarding this procedure ask the Coordinator.

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Procedure Name:	DISCHARGE PROCEDURE
Procedure Number:	205
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand that discharge planning can look different dependent on each child's case and what was originally planned may not be the outcome.

AREAS OF RESPONSIBILITY

It is the responsibility of the TFC social worker, Coordinator and TFC parents to support the discharge plan as well as make recommendations, if appropriate.

PROCEDURE

As stated in the TFC Mission Statement, "The ultimate goal of FC is to assist in the development and facilitation of a permanency plan for each child in the program."

With this in mind, Family & Children's Center offers a variety of services to the youth and family throughout placement. Individual and/or family therapy is available as frequently as needed. The therapists use a family systems approach.

Youth are encouraged to keep in touch with family. This is done through home visits, telephone calls, and encouragement to communicate with letters.

TFC parents support biological parents as they work towards family reunification by advising natural parents of school conferences, doctor appointments, and so forth. Natural parents are encouraged to participate in as many aspects of parenting as possible.

TFC Social Workers and TFC parents, as well as the TFC Coordinator, are available to meet with in-home services teams and others who will be facilitating a child's return to a natural family environment. In-home workers are encouraged to participate in pre-discharge staffings, and TFC staff is available for post-discharge consultations provided parental releases are signed.

In the event it is determined that it is not in the child's best interest to return home, options will be explored via a team process. Termination of parental rights, adoption, long-term care, "good-bye meetings" are all issues and concerns that may be appropriate to address. Increased therapy sessions with the child and the child's family will be scheduled as appropriate. The foster family will be supported with help in assisting the child through the transition period.

DISCHARGES WILL OCCUR AS FOLLOWS:

1. Successful discharge will occur to the child's biological home, relative's home, adoptive home, or to a traditional foster care home when the child's behavior becomes stable and the receiving environment is adequate to meet the needs of the child. Accelerated visits prior to discharge will occur for the purpose of separation (from the foster family) and transition (into the permanent family).
2. Discharge will occur if a more restrictive setting is warranted. When a child fails to follow the treatment program over time and his/her behavior escalates, discharge will be considered. The child is confronted on his/her intent and the need to participate in the treatment plan. The child is warned that his/her behavior needs to improve or a move will be justified. The county worker is notified and there is discussion regarding appropriate placement. If behavior continues to escalate, an alternative placement is identified. A minimum of two to four weeks is allowed to assess the situation.
3. Immediate discharge occurs if a child's behavior warrants inpatient mental health stabilization, or shelter care/incarceration. Justification for removal is discussed with the child.

CHANGE OF PLACEMENT WHILE IN PROGRAM:

Occasionally, children will be moved from one TFC home to another for a variety of reasons. The child's behavior may prompt burn-out in one family; yet, a family with different dynamics may be willing to continue working with the child. Personal reasons within the foster family may also prompt a child's change in placement. Regardless of the situation, every attempt will be made to encourage a stabilized placement for each child. If a move is necessary, the involved team members will be kept informed of the situation at each point of the decision-making process. Team members, led by the child's therapist, will determine the most effective timeframe and format for the change of placement.

GETTING HELP/SUMMARY

Any questions regarding discharge planning ask the Coordinator.

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Procedure Name:	WRITTEN REPORTS
Procedure Number:	301
Domain:	WI Treatment Foster Care
Approved By:	Mary Jacobson, Director of Programs
Created/Written By:	Louise Campbell, Program Coordinator
Effective Date:	12/14/2017
Date(s) of Revision:	11/15/19
References:	

STATEMENT OF PURPOSE

This procedure reflects the expectations of treatment foster care parents in regards to report writing.

AREAS OF RESPONSIBILITY

The treatment foster care parents are responsible for completing written reports in a timely manner. It is the responsibility of the social worker/ and/or Coordinator to ensure the treatment foster care parents are informed of when it is due as well as follow up if they are late.

PROCEDURE

Treatment Foster Care parents will be responsible for maintaining documentation concerning each child's specific behavioral, emotional, medical, and educational needs. It is important for TFC parents to ensure that they are either updating the TFC social worker weekly or bi-weekly via email with details regarding treatment status, needs, and interventions.

Written reports are coordinated with staffing for each child. For MN 10 days after intake a treatment plan and crisis plan are developed by the treatment foster care social worker, Coordinator and treatment foster care parents. For both WI & MN 30 days after intake, a Social Service Assessment report is completed by members of the child's treatment team. Quarterly Service Plans will be written every ninety days after the assessment report. These plans will detail specific progress or regression on treatment goals and provide interventions used within the treatment foster care home. At time of discharge, the treatment foster care team will provide written documentation of final treatment status and recommendations for continued care appropriate to the child's future environment.

Treatment foster care parents may enter treatment information directly onto a computerized form and then email the information or turn in the handwritten report upon completion and the treatment foster care social worker will copy the information. Security of all client information on computers or data storage equipment must comply with HIPPA Privacy.

It is extremely important that reports be completed in a timely manner.

GETTING HELP/SUMMARY

Any questions regarding written reports ask the Coordinator.

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Procedure Name:	INTERDISCIPLINARY STAFFINGS
Procedure Number:	302
Domain:	WI & MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand and structure interdisciplinary staffing as well as for staff, TFC parents and clients to understand their role in these meetings.

AREAS OF RESPONSIBILITY

The Treatment Foster Care Social Worker and/or Coordinator to ensure that staffings are set up according to the procedure as well as to ensure all treatment team members are included. It is the role of the social worker and/or coordinator to update treatment team members who are unable to be in attendance.

PROCEDURE

Thirty (30) days after admission, an initial staffing is held to develop a full treatment plan. The county/state worker, natural family, TFC parents, TFC Social Worker and relevant others (guardians, school counselor, and so forth) attend this meeting. Reports are heard from all disciplines represented. The team selects priority treatment needs as identified by individual disciplines and makes recommendations. If the youth is to remain in Family & Children's Center TFC program, the team identifies implementation responsibilities and treatment modalities. It also may consider a projected discharge date and permanency plans.

Each youth's progress and program are formally reviewed at a staffing held on a quarterly basis. Staffings may occur more often if necessary for intensive treatment needs, discharge planning, family or youth crisis times, or similar situations.

Staffings are scheduled well in advance to allow for treatment team involvement. At times, emergencies arise where we need to re-schedule staffings due to a team member not being able to attend at the pre-arranged date and time. In all cases, however, telephone contact is initially made and a follow-up notice is sent to encourage attendance.

Regardless of what type of staffing (initial or quarterly), the program emphasizes a team approach. All family members, county/state workers, school personnel, and staff have the opportunity for input and review of past, present, and future treatment plans. In most cases, all participants will have the opportunity to address their areas of responsibility and involvement in the treatment program discussed at the staffing. The Family & Children's Center TFC staff and parents prepare



a written Social Service Assessment following the initial staffing. In addition, a written summary of initial and quarterly staffing reports will be mailed to placing agency representatives and parents or guardians.

Each staffing documents a full assessment of the case:

- goal and interventions regarding daily living strengths and concerns
- goal and interventions regarding behavioral stability strengths and concerns
- psychiatric report
- therapeutic report
- medical summary
- goal and interventions regarding social skill strengths and concerns
- goal and interventions regarding community integration
- school progress and placement
- supervision and safety within the treatment foster home setting
- legal status and permanency, including family interaction

TFC PARENT INPUT:

At the 30 Day Assessment (as well as at subsequent quarterly staffings), the TFC parent is responsible for presenting a summary of the youth's behavior, attitude, and abilities in the home. This report will play a major role in determining goals for the youth during his foster care stay. Therefore, the parent has a responsibility to present the youth accurately, fairly, and completely. Since the TFC parent also represents Family & Children's Center, it is anticipated that they will be dressed appropriately and that the presentation and input during the staffing will be done professionally.

Please plan on a maximum of 20 minutes to present a summary of the following topics. If additional details are needed, other team members will ask for additional information and/or will contribute their own input from those areas. Ask the TFC social worker and/or coordinator if you have any questions or concerns about material to be presented.

NOTE: It is helpful to focus on both strengths and areas of concern for each topic.



Subsequent reports for staffings will follow goals that have been identified for each youth.

1. **Personal care skills:** Hygiene; clothing; room; personal possessions (by observation, Summary Logs).
2. **Personal safety:** In play; with peers; in community; etc., (by observation, Summary Logs).
3. **Leisure skills:** Abilities; interests; able to entertain self and/or interact with others (by Observation, Summary Logs).
4. **Social skills:** Note particular strengths and deficit areas from questionnaire and observation.
5. **Communication skills:** Note particular strengths and deficit areas from questionnaire and observation.
6. **Responsibility:** Note particular strengths and deficit areas from questionnaire and observation.
7. **Self-Concept:** Note particular strengths and deficit areas from questionnaire and observation.
8. **Behavior/Self-Control:** Note particular strengths and deficits from questionnaire and observation.

Please include examples as appropriate to help define strengths and areas of deficit and special incidents of note.

CLIENT ATTENDANCE AT STAFFINGS:

It is our philosophy that the child is a critical factor in terms of their success in FC. For this reason, they are encouraged and welcome to attend their staffings. The reasons for this are:

1. Children are more agreeable to a plan if they participate in its development.
2. Staffing allows the child to receive positive feedback on their progress in treatment, as well as information about areas in which they need to improve.
3. The child receives first-hand information from the social worker to minimize misinterpretation of issues of impact on the child.

Children attend staffing as appropriate. Generally, the following guidelines are adhered to unless there is evidence that the child's attendance is not in their best interest:



1. Children under the age of 12 are welcome to attend if they so desire and it is appropriate.
2. Children over the age of 12 are encouraged to attend staffing. They may be exempt if it is too emotionally difficult for them.
3. Adolescents (ages 14 to 19) are rarely exempt from attendance unless there is overwhelming evidence that their participation in staffing would be detrimental to them.

In the event of non-attendance of a child, a brief overview of issues and plans discussed may be provided to the child at the end of the staffing in a summary format, or after the staffing by a team member that was in attendance. This is done to allow any concerns or questions the child may have to be addressed.

GETTING HELP/SUMMARY

Any questions regarding interdisciplinary staffings ask the Coordinator.

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Procedure Name:	PROGRAM EXPECTATIONS & PROCESS FOR DOCUMENTATION
Procedure Number:	303
Domain:	MN Treatment Foster Care
Approved By:	Mary Jacobson, Director of Programs
Created/Written By:	Louise Campbell, Program Coordinator
Effective Date:	11/15/19
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand the process and expectations of documentation for TFC staff.

AREAS OF RESPONSIBILITY

All agency staff involved with the TFC program are responsible for knowing and understanding this process.

PROCEDURE

Documentation Requirements:

Thorough and accurate documentation must be completed for all contacts regarding youth in placement, license applicants, and staff supervision meetings.

Youth in placement:

TFC Social Workers are required to document all communication with license holders, youth, and other team members involved on the youth's team. Documentation must be completed within 48 hours of contact. This includes all forms of communication, including but not limited to phone, face-to-face, and email. This is done in order to best coordinate services for youth in placement.

All documentation regarding youth in placement must be completed in Procentive under the youth's name. Documentation should include information from the contact on important updates, client and foster parent demeanor, what was discussed during the contact and observations on interactions with family members (bio family of foster family) that were noticed during the meeting or were discussed during the meeting.

It is important for TFC staff to maintain confidentiality in all documentation. Information in the youth's file must only be about the youth. Names of other children must not be in the foster child's file and those youth should be referred to by first and last initial and birthdates for identification purposes. No information from the foster parent should be included in the placed youth's file if it is not regarding the youth specifically. For example, if a foster parent calls regarding both the youth's behavior as well as a licensing question, the only information that is



allowed in the youth's file is regarding their behavior. The foster parent's question related to licensing should be separated and kept in the foster parent's file.

Information on how to complete documentation related to youth in Procentive is below:

Go to <https://app.procentive.com/>. A link for Procentive can also be located on the FCC Depot.

- 1) Log into Procentive using the log in information you were given upon hire.
- 2) Click on "Clients" on the left side of the screen.
- 3) Click on the blue highlighted numbers of the client that you need to document for.
- 4) On the right side, under "Clinical/Charting", go to the bottom of the "Clinical/Charting" portion and click on "pop out".
- 5) Find the form that you need to document under and click on the blue highlighted date to open the form.
- 6) If you need to add a new form, click on "add form" at the top of the screen and select the form that you need.
- 7) After each face-to-face contact with the youth or anyone on the foster child's team, a note for Collateral Contact is needed.
 - Click the Date of the type of Collateral Contact that occurred
 - i.e. "Collateral Contact – Home Visit", "Collateral Contact – Office Visit", "Collateral Contact – Winona County", etc.
 - Scroll to the bottom of the screen and click "Add"
 - Complete the date, time, who was part of the contact, and the documentation for that contact
- 8) After each phone call with anyone on the foster child's team.
 - Click the Date of the type of collateral contact you had
 - i.e. "Collateral Contact – Foster Parent", "Collateral Contact – Social Worker", "Collateral Contact – School Staff", etc.
 - Scroll to the bottom of the screen and click "Add"
 - Fill in date, time, who was part of the contact, that it was a phone call, and complete the documentation for that contact
- 9) All forms that you receive from the foster parent:
 - Report Cards (Hard copy should also be kept in child's file)
 - Foster parents must send the foster child's report cards after each quarter and semester
 - Foster parents can either give you these in-person or via email.
 - If given in-person, scan document to email.
 - Once report card is in your email via foster parent or scanning, save the document to the computer in the Foster Child folder
 - The Foster Child's folder is located in the "MN TFC" on the desktop under the "Client Documents" folder



- Save the report card to Procentive by clicking on “Folder-Education” in Procentive under Client and upload the form
- Physician and Dentist Visits (Hard copy should also be kept in child’s file)
 - Once received from foster parent, scan to email, save in “Client Documents” folder on computer in shared TFC MN folder, and upload into the “Folder – Medical” folder in Procentive.
- MAPCY (Minnesota Assessment of Parenting for Children and Youth) Assessment (Hard copy should also be kept in child’s file)
 - Will need to be requested from the placing social worker.
 - A reassessment occurs six months after the first MAPCY, then annually after that.
 - Save in “Client Documents” folder on computer and upload into Folder-Legal in Procentive
- ROIs (Release of Information) (Hard copy should also be kept in child’s file)
 - ROIs need to be signed by foster child’s parents (if their rights have not been terminated)
 - If rights have been terminated, ROIs need to be signed by whoever the guardian of the foster child is.
 - These need to be resigned each year.
 - New ROIs are created in Procentive. There needs to be a ROI for all services child receives, i.e. school, dentist, hospitals, and therapies.
 - Click “Add Form” at top of the Clinical Documents (Clients/Foster Child/Pop Out)
 - Click the “Authorization for Use & Disclosure of Health Information” form
 - Fill out the Title at the top of the form
 - i.e. “ROI – Winona Health”, “ROI – Scenic Bluffs”, “ROI – Winona School District”.
 - In effective Date is 1 year from the date of signature
 - Fill out sections 1-7
 - At the bottom of the window, print off the ROI.
 - Once the ROI is signed by parent or guardian, upload the document into the created ROI form on Procentive.

Foster Parent Files:

Foster parent files are kept in physical file binders as well as uploaded into Procentive. The process for uploading documents into Procentive is:

Go to <https://app.procentive.com/>. A link for Procentive can also be located on the FCC Depot.

- 1) Log into Procentive using the log in information you were given upon hire.
- 2) Click on “Clients” on the left side of the screen.
- 3) Click on the blue highlighted numbers of the client that you need to document for.



- 4) On the right side, under “Clinical/Charting”, go to the bottom of the “Clinical/Charting” portion and click on “pop out”.
- 5) Select “Add Form”
- 6) On pop out screen, select the correct program, then select “Misc. Document”. Select “Okay”
- 7) Title the document as appropriate and select “Upload Attachment”

License Applicants:

A log detailing communication with foster care applicants is located in the MN shared folder, located on all TFC staff computers. The log should be completed for all communication that takes place with the license holder. TFC staff must also use the agency-tracking log, located in the shared MN TFC folder. This tracking form should be completed for all potential foster homes with signed applications.

Staff Supervision & Documentation:

Routine staff supervision will take place on a weekly basis. These supervision meetings will be documented by the Coordinator of Community Services. The purpose of these meetings is to review the social worker’s caseload, discuss individual cases and concerns, and review any needed administrative matters.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	QUARTERLY PERFORMANCE & QUALITY IMPROVEMENT (PQI) AND SEMI-ANNUAL FILE REVIEWS
Procedure Number:	304
Domain:	MN Treatment Foster Care
Approved By:	Mary Jacobson, Director of Programs
Created/Written By:	Louise Campbell, Program Coordinator
Effective Date:	11/15/19
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to understand the process and expectations for quarterly and semi-annual file reviews.

AREAS OF RESPONSIBILITY

All agency staff involved with the TFC program are responsible for knowing and understanding this process.

PROCEDURE

Performance & Quality Improvement (PQI):

On a quarterly basis (March, June, September, and December) Family & Children's Center completes a formal Performance and Quality Improvement (PQI) cycle. TFC staff will be required to review five parent files and five client files in order to identify if necessary information is present and up-to-date in the files.

The checklists for file reviews will be provided and updated as needed by the Coordinator.

Semi-annually:

On a semi-annual basis (December and June), TFC staff will complete full parent file reviews for all currently licensed homes. Staff will use the file review checklist provided by the MN state licenser. All currently licensed foster homes will be reviewed for completion, thoroughness, and any required updates.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	ATTACHMENT
Procedure Number:	401
Domain:	MN TFC
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Wisconsin Administrative Code: Ch. DCF 56 Foster Home Care For Children

STATEMENT OF PURPOSE

To provide knowledge and understanding in the topic of attachment and its effects on youth.

AREAS OF RESPONSIBILITY

All individuals working with the youth should know and understand the below information provided to help better understand the youth in the home.

PROCEDURE

Children feel an incredible sense of loss and confusion when they are separated from their families. They have lost the most important people in their lives — their parents, sometimes their siblings, other relatives, and individuals close to their family. They have lost their familiar pattern of living. They have lost their homes, pets, and the places and things that make up their world. Perhaps they even changed schools, uprooting them from their friends and neighborhood. They have lost the little things that comfort them, such as certain smells, maybe a favorite toy or stuffed animal, a special place in their home, the way their parent made a sandwich, or the way the world sounded when they were falling asleep. No matter how nice a foster home is, in the beginning, it will feel strange and uncomfortable to a child.

School changes, which often go hand-in-hand with placement in foster care, can be particularly difficult for children. School is where children learn to make friends and see people from their neighborhood. Moving to a new school increases the risk of losing the connections from the neighborhood or school. This is especially true for teenagers, for whom placement often means separation not only from family and peer groups but from after-school activities and jobs.

In addition to changes where they live and play, children placed in foster care must often learn what “normal” behavior is in their new foster home. Even though it may have been unsafe, children often see their family’s behavior as normal. Many children in foster care find their family’s behavior reassuring simply because it is familiar.

Sometimes children think that it is their fault they are placed in foster care. It is critical for foster parents to understand that children will experience many complex emotions that they will not understand. They will not typically welcome the idea of being placed in a new home with strange



people, noises, rules, and smells. The more patient and understanding foster families can be, the more likely it will be that the child will slowly adjust to his or her placement in the foster home.

In addition to patience and understanding, foster parents also need information on topics such as attachment to better help youth adjust to their new environment.

Attachment is the emotional connection that infants and children develop with their parents and other people who care for them. It is through a child's attachment to those around them that children begin to develop a sense of security, individuality and their place in the world.

Attachment develops over time as a person's needs are met by significant adults, typically one's parents. The more consistently a child's needs are met over time by trusted people, the stronger the attachment becomes. If a child's needs are met inconsistently, a child may learn that he or she can't depend upon the adults in his or her life. For children in foster care, attachment may not only be disrupted by patterns of abuse and neglect but also by the removal from their homes and placement into a foster home. Impaired attachment can significantly affect a child's ability to sustain relationships, become independent, achieve a positive sense of self-esteem, develop consciousness of how one's actions impact others, and develop self-discipline.

It's important to keep these key elements in mind when working with youth because although it may be just a sandwich to you—that sandwich may be a piece of home for them and stirs up emotions that they will need help managing.

GETTING HELP/SUMMARY

Attachment development and attachment disorders are very complex. Many agencies and organizations sponsor entire trainings on these topics. For more information, contact the Foster Care and Adoption Resource Center at www.wifostercareandadoption.org or 1-800-947-8074.

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Procedure Name:	CHILD DEVELOPMENT
Procedure Number:	402
Domain:	MN TFC
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Ch. DCF 56 : Foster Home Care for Children

STATEMENT OF PURPOSE

To provide a brief guide to child development in regards to typical as well as some atypical situations that may be seen in youth within the home.

AREAS OF RESPONSIBILITY

All individuals working with the youth should know and understand the below information provided to help better serve the youth in the home.

PROCEDURE

Healthy Development

The early years of a child's life are very important for his or her health and development. Healthy development means that children of all abilities, including those with special health care needs, are able to grow up where their social, emotional and educational needs are met. Having a safe and loving home and spending time with family—playing, singing, reading, and talking—are very important. Proper nutrition, exercise, and rest also can make a big difference.

Developmental Milestones

Skills such as taking a first step, smiling for the first time, and waving "bye-bye" are called developmental milestones. Children reach milestones in how they play, learn, speak, behave, and move (for example, crawling and walking).

Children develop at their own pace, so it's impossible to tell exactly when a child will learn a given skill. However, the developmental milestones give a general idea of the changes to expect as a child gets older.

Developmental Monitoring and Screening

A child's growth and development are followed—or monitored—through a partnership between parents and health care professionals. At each well-child visit, the doctor looks for developmental delays or problems and talks with the parents about any concerns the parents might have. In addition, doctors conduct developmental screening. Developmental screening is a short test to tell if children are learning basic skills when they should, or if they might have delays.

Children with special health care needs should have developmental monitoring and screening just like those without special needs. Monitoring healthy development means not only paying attention to symptoms related to a child's condition, but also to the child's physical, mental, social, and emotional well-being.

With the help of monitoring and screening professionals are able to get a peek into areas of a child's life that they may not have otherwise known based on if the youth are hitting the typical milestones the way that they should be. Below is a chart showing some of the differences someone may see in a typical versus atypical youth during each of the major milestones.

	Typical Child Development	Foster Care and Child Development	Effects of Abuse and Neglect on Development
First Year	<p>Infants are developing the capacity to experience dependency and trust.</p> <p>This is done by eye contact with caregivers, smiles, peek-a-boo games.</p>	<p>Preverbal children may react to loss and separation with extended periods of crying and distress followed by quieter despair.</p>	<p>Children learn to expect the environment to be unresponsive. They tend to be anxious and may have developed coping defenses that may interfere with building future relationships.</p>
Toddler Years (12-36 Months)	<p>Toddlers are learning to physically separate from parents. They alternate between clinging to parents and pushing away.</p> <p>Need to be successful at expressing feelings.</p> <p>Need reassurance of reasonable limits.</p>	<p>Verbal children may respond to loss initially by acting unconcerned.</p> <p>This initial response may be followed by unexpected episodes of anger, sadness, and irritation.</p>	<p>Children who did not receive sensitive responses to abuse and neglect may develop feelings of shame and be too easily humiliated.</p> <p>They may be stubborn, controlling, compulsive, and passive-aggressive</p>
Preschool Years	<p>Play is especially important at this stage. Through play, children learn to think versus acting on impulses.</p> <p>This is a very self-centered stage; children believe they are the most important person in the world.</p>	<p>Similar response to above.</p>	<p>Children who have had traumatic experiences as preschoolers may feel intense vulnerability.</p> <p>They may come to expect catastrophe and suffer from depression, hyperactivity, and aggression.</p>

	Typical Child Development	Foster Care and Child Development	Effects of Abuse and Neglect Development
Grade School Years	<p>Children learn self-control, delayed gratification, and how to plan ahead.</p> <p>Fairness is important and they have a rigid sense of right and wrong.</p> <p>Time with peers and being liked is very important.</p>	<p>May begin to think in a new way about foster care placement and may show signs of sadness.</p>	<p>Avoiding or repressing anger may lead to more mental health difficulties than any other single issue in this stage.</p> <p>If children reach this stage without developing in many areas, they may have difficulties with finishing things they start, using good judgment, and planning ahead.</p>
Adolescence	<p>Early adolescence is a time of discovering and exploring self identity.</p> <p>Moods are intense and unstable.</p> <p>Will seek to please peers and resist parents.</p> <p>Late adolescence is focused on gaining skills necessary for independence.</p> <p>May be exceedingly idealistic and turn from parental values.</p>	<p>Exceedingly difficult time to be placed in foster care.</p> <p>Need to be involved in process and may need to develop contracts with all involved adults.</p>	<p>Adolescents who have not been given the opportunity to explore self-identity and grow towards independence may lack a sense of self, have poor impulse control, and fail to think ahead.</p> <p>They may lack a sense of conscience or empathy and be emotionally repressed, defiant, or overly compliant.</p> <p>They may use defensive or controlling behavior to meet their needs.</p>

Typical Behavior versus Emotional Disturbance

Sometimes it is difficult to separate behaviors and concerns associated with foster care placement from those associated with a more serious emotional disturbance or mental health concern. Signs of emotional disturbance typically are behaviors and reactions that last too long, are exaggerated, or are consistently inappropriate for the situation or the child's stage of development.

Possible Signs of Emotional Disturbance

- It is logical that a child would get mad when someone calls him or her a name, but plotting to seriously hurt the person simply due to an insult is cause for concern.
- Two-year-olds typically throw themselves on the floor during temper tantrums; teenagers typically do not.
- It is normal to panic and flee from a fire, but not from a working elevator.
- Crying in reaction to separation and loss can be expected. Crying that goes on every day in school for 6 months is concerning.
- It is not unusual for a child to talk to himself or herself on occasion, but it is concerning when a child reports hearing voices or takes action based on what the voices are saying.



The above information is important to keep in mind when working with youth in the home as it provides a basic knowledge base of typical behaviors in development to give a better idea on what to watch and report as being concerning. It also helps provide understanding to those who have experienced abuse or neglect in their childhood so you can better understand and meet their needs.

GETTING HELP/SUMMARY

Child development can be very complex when looking at the many facets that play a role. Many agencies and organizations sponsor entire trainings on these topics. For more information, go to <https://www.cdc.gov/ncbddd/childdevelopment/>.

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Procedure Name:	GRIEF & LOSS
Procedure Number:	403
Domain:	MN TFC
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/1/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

This section discusses the different ways and stages that children process grief and loss in their lives. All children in foster care experience significant loss and grief when they are separated from their families, and some of the children in foster care have experienced even more loss prior to being placed in foster care. This section has suggestions for helping children work through their struggles of grief and loss.

AREAS OF RESPONSIBILITY

All individuals working with the youth are required to know the below information—staff, foster parents and supervisor. The supervisor will go over all of the below information during new-hire orientation as well as Foundations training for foster parents. The information will also be available for reference.

PROCEDURE

Below are the typical stages of grief and loss—note: they may not occur in order and some may be skipped, revisited, or a child may be in two stages at once.

Stage 1: Shock and Denial

When a child is first placed, he or she may be very eager to please, cooperative, and generally enjoyable to be around. Experienced foster families recognize these behaviors as the “honeymoon” stage. Other children in the shock and denial stage may have difficulty eating or sleeping or may revert to the behaviors of a much younger child.

Working Through the Shock and Denial Stage

- Receive the child calmly. Settle down to a regular routine as quickly as possible.
- Explain and discuss the reasons for placement in a way that the child can understand and in a soothing and reassuring tone. Repeat this information as often as needed.
- Give factual information about the placement and the location of the child’s parents and siblings.
- Respect the child’s feelings about what has occurred. Let the child know that you are available if he or she wants to talk.
- Respect the child’s family and the child’s loyalty to them.

- Help and support interaction with the child's family to the greatest extent possible.
- Let the child have his or her favorite things and provide a place to keep them.
- Focus on good behavior.
- Avoid threats. Warnings of "I'll tell your worker" or "I will give my 30-day notice" leave painful impressions and make a child feel insecure. The child has already lost one or more homes and may feel threatened by losing another. In the long run, this undermines the child's sense of attachment and security and is extremely hurtful.
- Give the child responsibilities in line with his or her age and ability: not too many and not too few. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 19

Stage 2: Bargaining

Children in this stage will do everything they can think of to go back home. Many believe that if they are good, they will go home. For example, a child may ask if he or she can go home if he or she does well in school and gets good grades. Or, he or she may decide to be "bad" so the foster family will want to send him or her home, to another foster home, or to another placement.

Working Through the Bargaining Stage

- Explain and discuss the reasons for placement again, but do not argue with a child who does not accept the reasons. Allow the child time and space to process what is occurring.
- Continue to help and support interaction with the child's family.
- Communicate the child's beliefs to his or her parents and other people involved with the case; when possible, develop a collaborative plan for helping the child work through this process.
- Continue to reinforce and practice tips given in the shock and denial stage. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 20

Stage 3: Anger

When bargaining does not appear to work, anger often sets in. Most children have difficulty expressing their feelings, so they act them out. Some may come to a foster home in the anger stage. They may refuse to follow house rules, break things, attempt to run away, or try to hurt themselves. The anger stage is typically the most difficult for foster families because it is hard to cope with the behavior, understand what the child is feeling, and find ways to support the child through this process. Foster families may need to discuss how the agency can provide additional support through respite or other resources during this stage.

Working Through the Anger Stage

- Tell the child that it's OK and normal to be angry.
- Teach the child acceptable ways to express anger.

- Remind the child of the rules and be consistent with consequences if the rules are broken.
- Find a safe place for the child to be angry.
- Help children understand that they are not to blame for their placement in foster care.
- If the child tells exaggerated stories, don't argue.
- Think of the challenging behaviors as messages of unmet needs: "I'm lonely," "I'm bored," "I have no power," "I don't feel safe," "You don't value me," or "I don't know how to tell you what I need."
- Work with the child's therapist, case worker, tribe (if applicable), parents, and other professionals to determine the best intervention strategies to help the child adjust to placement and his or her situation.
- Give the child time and space.
- Find supportive resources for both the child and your family. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 21

Stage 4: Despair

Eventually, reality sets in. The child may have a variety of reactions as he or she starts to understand and accept what is happening. Foster parents should pay attention to changing behaviors of the child, including loss of appetite or sleep, not wanting to be around the foster family or any other people, dangerous or risky behaviors, or other new or unusual actions.

Working Through the Despair Stage

- Encourage the child to talk about his or her feelings but also respect the child's choice to not talk or to talk about things at his or her own pace.
- Use dolls and pictures to help younger children act out feelings through play.
- Help older children express hurt and worry in their own ways.
- Get the child interested in creating a life book (discussed later in this chapter).
- Show respect for the child's feelings and provide reassurance through supportive gestures – for example, hugs or extra time and attention.
- Work with the child's caseworker, therapist, parents, and other professionals to develop the best plan for support. Regularly update everyone about the child's behaviors. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 22

Stage 5: Acceptance or Managing Loss

At this stage, children may begin to develop new friendships and accept the foster parents' role in their lives. They may be able to move into new situations more easily and experience less frustration. (Information in this section is adapted from Illinois and Iowa Foster Parent Handbooks)

Working Through the Acceptance Stage

- Provide the child with opportunities to develop new relationships.
- Continue to assist with reunification efforts or, if reunification is not the plan, support the permanence goal for the child.
- Allow the child to continue to remember and talk about his or her family.
- Continue to work on the life book with the child. Reminder: Foster children often move from one stage and then back again or even appear to display two stages at one time.
- A foster child's reaction to his or her experience in foster care will vary from child to child.
- Changes in permanency plans or life events may impact a child's grieving process. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 23

Other Ways to Help with the Adjustment Process

Understand Normal Behavioral Development:

Even experienced parents may forget the normal developmental stages and patterns of child behavior. Children in foster care may have behavioral or developmental challenges unlike other children their age. It can be helpful to recognize that many challenging behaviors are “normal” and that not all difficult behaviors are related to placement. Also, keep in mind that many foster children may function at a level more typical of a younger or older child. For example, a 7-year-old may have the social skills of a 3-year-old. Foster parents will have to work with the child on a 3-year-old level until the child's social skills increase.

Understand the Child's History:

Foster parents should refer to the Information for Foster Parents form provided by the caseworker and ask questions about the information provided. Understanding the child's experiences with his or her parents and other foster families may provide insight into the child's behaviors.

Provide a Supportive Home Environment:

A safe, nurturing, and predictable home can help a child work through feelings of fear, anxiety, loss, grief, and other emotions. Being predictable and consistent can also help a child who may have difficulty transitioning from one thing or one place to the next, and it can help foster parents develop an understanding of the cause and effect of his or her behaviors.

Try to Understand Problem Behavior:

Foster parents should try not to take a child's misbehavior personally. There are many reasons children behave the way they do. It may be that, in the past, acting out was the only way to get the attention of a parent or caregiver. It may be that the child thinks certain behaviors will get a

response from their caregiver. When a caregiver does not take a child's behaviors personally and remains calm, it is easier to think more objectively about how to respond.

Identify What Triggers the Problem Behavior:

When a child displays problematic behavior, foster parents should think about what happened before the behavior took place or the "trigger" for the child's behavior. Sometimes the child's behavior is an immediate response to the trigger. Other times the trigger may have occurred the day or week before the behavior. It can be hard to discover what events trigger a child's behavior, but foster parents should look for patterns. Working closely with the child's case manager, therapist, school staff, parents, and other professionals may help foster parents and the child's team to understand what triggers a child's behaviors and how to address those behaviors. State of Wisconsin Foster Parent Handbook (2008 ed.) Chapter 3 – p. 24

Bring Triggers to the Child's Attention:

Not every trigger is observable. Once a child has calmed down, it is good to ask them what they think led up to the behavior. Questions such as, "What happened right before you threw the toy?" and "How did that make you feel?" may allow the child to connect feelings to behavior and give foster parents information about what triggered a behavior. Foster parents need to address the situation with the child when the child is calm so that both the foster parent and the child can work together to find a solution. For example, a foster parent might say: "I've noticed that when I say that it's your bedtime, you usually seem to have a hard time getting your pajamas on. Is there anything we can do together to help you when it is time for bed?" By bringing these observations to children's attention, foster parents will help children understand the cause and effect of their behavior and give them ideas about how to react differently.

Try Not to Label a Child's Behavior:

It is easy to slip into a habit of using labels. For example, a foster parent may observe a child acting "depressed" and communicate that to the therapist or case worker. "Depressed" has different meanings to different people. Giving descriptions based on the behaviors observed is much more helpful to everyone. For example: "John stays in his room for most of the day and doesn't eat very much. He doesn't laugh or smile at all and doesn't want to play with other kids" is more helpful than saying "John is depressed."

Document Behaviors to Help You Understand and Respond:

Writing down observations and being specific can help identify what triggers the problem. Foster parents should write down what led up to the child's behavior, what behaviors or actions the child engaged in, and how the situation was addressed. A record of the behaviors also helps measure the child's progress. It allows the child's caseworker, therapist, parents, and the child to see how positive change has occurred over time, no matter how small the change may be. The



chart on the next page is an example of how to document a child's behaviors to try to determine what triggered the event and how to address those triggers and the child's response

GETTING HELP/SUMMARY

If you have questions about how to help youth with grief and loss, contact the Coordinator.

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Procedure Name:	PROHIBITED DISCIPLINE
Procedure Number:	404
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56 and Minnesota Rules, part 2960.3080, subp 8

STATEMENT OF PURPOSE

To provide a guideline of what is considered mistreatment of youth and what is prohibited discipline by statute as well as defined by the agency.

AREAS OF RESPONSIBILITY

TFC parents are mandated reporters as well as have to follow the below procedure. It is the responsibility of staff to ensure that there are not any of these forms of discipline being used by observing as well as checking in with both TFC parents and youth separately.

PROCEDURE

Discipline in the form of corporal punishment, abuse, neglect or mistreatment is strictly prohibited.

Abuse includes but is not limited to: kicking, striking, shaking, shouting, slapping, choking, shoving and other rough handling, or any action which would injure, damage, provoke, disturb, or upset a youth in any manner.

Neglect includes but is not limited to: failure to follow established treatment programs, failure to follow established procedures for feeding, bathing, dressing and medication, failure to maintain adequate supervision at all times, the use of unauthorized treatment procedures, or failure to report accident or injury involving a youth.

Mistreatment includes but is not limited to: the use of loud, harsh, profane, obscene or abusive language; teasing or taunting, excessive tickling, threatening to use, or the use of unauthorized physical restraint.

WISCONSIN: In addition, all licensing rules in DCF 56.09 (5) pertaining to discipline of foster children must be followed. The State of Wisconsin and this agency will not allow exceptions to these rules.

MINNESOTA: In addition, all licensing rules in Minnesota Rules, part 2960.3080, Subp. 8 pertaining to discipline of foster children must be followed. The State of Minnesota and this agency will not allow exceptions to these rules.



The use of any object or instrument with the obvious or implied intent to discipline or punish a youth is mistreatment whether such use is intentional, unintentional, incidental or through horseplay or a joke.

Instructing any youth to discipline another youth or condoning such, without making a determined effort to prevent such from occurring, is prohibited.

Any staff involved in abuse, neglect, or mistreatment as described above will be subject to the disciplinary procedures as set forth in the Personnel Procedures of the Family & Children's Center. Additionally, any TFC parents that are continually involved in accidents, injuries, overuse of time out placements, repeated complaints, or when general problems occur will be subject to specific review. We also will report incidents of child maltreatment to the local child welfare agency.

Consequences used in the treatment program should be fair and consistent with the Individual Treatment Plan of the youth, as well as be natural and logical in nature. However, in many situations, consequences may be already pre-determined for such behaviors as running away, physical aggression, and damage to property. TFC Parents and staff should strive to be fair and to provide a trusting atmosphere in which a youth can learn acceptable ways of behaving.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	ISSUE OF SEXUALITY
Procedure Number:	405
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Sexuality can be a common issue for youth entering out of home care and can be a difficult topic to address with youth as well as may look different for each youth. It is important to have a procedure to ensure treatment foster care parents and staff are discussing any issues or concerns as they arise and are comfortable doing so.

AREAS OF RESPONSIBILITY

All staff, Coordinator and treatment foster care parents all have a direct responsibility with this procedure. It is the responsibility of the treatment foster care parents to have direct supervision when and where appropriate.

PROCEDURE

One of the crucial skills of the TFC parent is to learn to help youth take delight in their sexuality, have pride in being either a boy or girl, and yet express that delight and pride in socially acceptable ways. Sexuality is not an area for shame and guilt. Among emotionally disturbed youth, sexual behavior is generally exaggerated in form and creates unique management problems. It is the responsibility of the TFC parents to provide a safe environment in which the psychosexual development of a youth can occur as naturally as possible. Supervision is the key element in providing a safe environment.

The TFC parents, along with the TFC Social Worker and/or Coordinator, will discuss issues of sexuality as age-appropriate. This may or may not be augmented in therapy and/or by the child's participation in a topic related group.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	REASONABLE & PRUDENT PARENTING
Procedure Number:	406
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Minnesota Statutes section 260.212, subd 14, Minnesota's Reasonable and Prudent Parent Standard Guidance

STATEMENT OF PURPOSE

The purpose of this procedure is to remove barriers to normalcy for foster children.

AREAS OF RESPONSIBILITY

Responsible social service and child placing agencies shall support a foster child or youth's emotional and developmental growth by permitting them to participate in activities or events that are generally accepted as suitable for children/youth of the same chronological age, or developmentally appropriate for a child. To remove barriers to participation, foster parents are permitted to apply the Reasonable & Prudent parenting standard to allow child's participation in extracurricular, social and cultural activities typical for a child's age, or that are developmentally appropriate.

PROCEDURE

The reasonable and prudent parenting standard is characterized by careful and sensible parenting decisions that maintain a child's health and safety; cultural, religious, and tribal values; and best interest, while at the same time encouraging a child's emotional and developmental growth.

When applying the standard to a parenting decision, caregivers must consider the following factors:

- A child's/youth's age, maturity and developmental level
- Risk of an activity
- Best interest of a child/youth
- Importance of experiences in a child's/youth's emotional and developmental growth
- Importance of a family-like experience
- Behavioral history of child/youth
- Wishes of the legal parent or guardian, as appropriate

All foster parents, child welfare social workers must be trained in applying the Reasonable and Prudent Parenting Standard.

Caregivers demonstrating compliance with the Reasonable and Prudent Parent Standard are not liable in a civil action if a child is harmed or injured because of participating in approved extra-curricular, enrichment, cultural and social activities.



Foster children/youth with disabilities shall be provided with an equal opportunity to participate in activities.

Foster youth are encouraged to:

- Work with foster parents to establish an allowance
- Participate in after-school clubs, community and cultural activities
- Travel with other youth as part of these activities
- Have a reasonable curfew
- Get a job

Funding support for Emancipation and Living Functionally (SELF) program funds may be available to support activities for a child age 14 and older.

Child's or youth's activities caregivers may approve with application of the Reasonable and Prudent Parent Standard:

Family & recreation:

- Outdoor recreational activities, such as swimming, fishing, skiing, canoeing, skateboarding, snowboarding, and skating
- Recreational vehicles, such as boats, all-terrain vehicles, bikes or snowmobiles must use required safety equipment. If operating, must be of the legal age and complete required safety training
- Movies and video games
- Lawn care equipment such as a mower, tractor or weed trimmer

School and extracurricular activities

- Early childhood education classes or other preschool activities
- School field trips, extra-curricular activities, school dances (prom)
- Music, theater or other arts activities
- Sports activities associated with a school or community, such as football and soccer, with appropriate safety equipment
- Caregivers may sign permission slips for a child to participate and apply for registration and scholarships

Overnights and planned outings

- Sleepovers with friends and overnight club activities
- Extracurricular activity, community or cultural group overnights
- Family weekend camping or going to the lake
- Background studies are not completed on adults supervising overnight school, community/cultural activities.

Social media and activities

- Use of internet/social media
- Use of phone
- Social events or activities with friends and family

Driving

- Caregiver and agency case manager shall assist a youth with enrolling/participating in a driver's education program
- Support a child's efforts to learn to drive a car, obtain learner's permit and driver's license
- Efforts shall be made obtain and maintain automobile insurance

Baby-sitting

- When arranging for a babysitter for foster children, a caregiver must ensure the babysitter:
 - Is over age 14 and suitable for the age, developmental level and behaviors of foster child
 - Understands how to handle emergencies, and has telephone numbers (case manager and physician)
 - Is informed of discipline and confidentiality Procedures for a child
- A foster child over age 14 may babysit, but a caregiver must ensure:
 - Foster children do not babysit other foster children
 - Sexually aggressive or physically assaultive youth may not babysit.

Transition to adulthood

- College campus tours
- Follow independent living plan

When must a caregiver get permission from an agency?

- Any activity that takes a child/youth out-of-state
- High risk activities, such as sky-diving or extreme sports
- Any activity that takes a child/youth out of the foster home for longer than three nights.

The childhood and youth activities identified are not intended to be an all-inclusive list, but rather, guidance for foster parents, facility and agency staff to use in implementation of the Reasonable and Prudent Parent Standard.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	MEDICAL PROCEDURE
Procedure Number:	501
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56.09

STATEMENT OF PURPOSE

To provide TFC parents an overview of expectations for routine and emergency medical care.

AREAS OF RESPONSIBILITY

TFC parent are responsible for ensuring all proper medical care is given to each child placed in their home and ensuring all stated standards are met regarding medical care.

PROCEDURE

Intake/Record Keeping:

- An Authorization for Medical Care will be signed by the child's guardian at the time of admission.
- An Admission Checklist will also be completed along with obtaining the dates of all immunizations. A visual, communicable disease screening and TB test must be completed within 72 hours of admission.
- A health assessment consisting of an examination by a physician, physician's assistant or a nurse practitioner within 30 days of placement. A health check is completed yearly thereafter. If a physical has recently been completed prior to admission, a copy of that needs to be provided.
- All health records for each child will be kept in their permanent file.

Use of Healthcheck Forms:

A Health Check form (available at the TFC office) is to be used for physicals upon admission, as well as for annual physicals. For children 12 years of age and younger, use the yellow form. If your placement is 13 years of age or older, use the green form.

The doctor should fill out the entire form. You should physically present this form to the doctor at the appointment. You may wish to retrieve it immediately following the doctor's appointment (preferred). Otherwise, the clinic will need to mail or fax it back to the agency.



The doctor completing the form must be a certified healthcheck provider. Please be sure to ask if the doctor you are using is a certified healthcheck provider prior to your appointment.

The completed Healthcheck form must be returned to the TFC office and placed in main client file.

Routine Medical Care:

TFC parents need to be especially sensitive to the medical needs of all children placed in their care. If in doubt, err on the side of caution when deciding to seek medical help for a child.

TFC parents are responsible for attending to the health of youth in our care. This includes general hygiene, diet, exercise, rest, and so forth. The TFC family is responsible for care of youth who may be sick or injured. Routine illnesses or injuries should be dealt with via the guidelines provided. Family activities of daily living should model and support a healthy lifestyle, stressing physical and emotional well-being. Routine first aid should be administered according to need, following instructions in first aid manual and first aid training.

Emergency Medical Care:

Each foster home shall anticipate the potential for severe illness and other emergency situations with foster children. A plan for getting children to the hospital should be thought out in advance. Emergency telephone numbers shall be easily retrievable and posted near the telephone. All family members shall be acquainted with the plan of action in case of an emergency.

Situations requiring emergency First Aid should be treated as taught in First Aid training. First Aid may be administered by persons who have received First Aid training certification. If further care appears necessary, once again, err on the side of caution and obtain indicated medical attention. Be certain to be able to provide necessary medical information to the medical facility including a list of prescribed medications and Medical Assistance card/insurance information.

Notify the TFC On call telephone of emergency medical treatment received immediately. The TFC on call social worker, along with the TFC parent, will contact the youth's guardian about the incident. There will be follow up reports verbally or written completed as well.

Permission for emergency medical care as well as routine care is validated by the child's authorization for medical care form.

If youth requires admission to the hospital, notify the child's biological parents and the TFC Social Worker.

Medications:

TFC parents must monitor safety regarding medications by keeping them in a safe place. The agency strongly requires that all medications, prescription and over-the-counter, are kept in a locked medicine box that is inaccessible to all foster children and visitors to your home. Dosages



should be carefully monitored by parents to determine that the child is receiving the appropriate dose as directed by the physician. Medication distribution procedures are as follows:

Give the youth their medication at the appropriate time with a glass full of water. Observe the youth swallowing the medication and drinking at least 4 ounces of water (although a full 8 ounces is better).

In the case of medication administration error, or if medication is ever unaccounted for, TFC parents must immediately contact the TFC social worker. If you suspect a youth is not swallowing the medication, discuss with your TFC social worker a different approach to assuring the youth ingests their medication.

Dental Care:

Dental exams for children in foster care need to occur twice per year. There are very few dentists across the state of Wisconsin & Minnesota that accept MA for dental care. Therefore it is extremely important that you build and keep good working relationships with these dentists. They are not reimbursed 100% for their work with foster children. FCC staff and TFC parents have built positive relationships with dentists in this area so please talk with FCC staff if you are struggling to make connections with providers. If you do not maintain positive relationships with dentists who accept MA and therefore aren't able to take your TFC youth there any longer, you will be required to find another provider for that youth at your own expense.

Eye Examination:

Eye examinations will occur every two years or on an "as needed" basis.

General Guidelines:

The best approach to teaching healthful eating habits is by example. The family is expected to encourage the child to participate in meal planning and preparation. The TFC family needs to set a good example for appropriate and well balanced meals.

The following guidelines have been developed as general dietary Procedures:

- Generally speaking, snacks should not be used as rewards/consequences, particularly with children having eating disorders or other issues around eating.
- If a youth refuses to eat, they are still encouraged to sit at the table until the meal is completed.
- Youth should be encouraged to try a little of everything.

Routine Sunburn Treatment:

Prevention is the number one treatment. Youth who are extremely sensitive to the sun should wear shirts when playing outdoors. Sun blocking lotion is available and should be used frequently, especially on all-day outings. Limit the length of initial exposure at the beginning of warm weather each year. Avoid excessive exposure (from mid-morning to mid-afternoon) when the amount of ultraviolet radiation is greatest.

If youth does become sunburned: apply Lanacaine or aloe vera. If burns appear severe, seek medical attention. Keep youth well hydrated.

Please note that youth taking Phenothiazine medications are extremely sensitive to the sun and extra precautions need to be taken.

GETTING HELP/SUMMARY

Any questions regarding the above medical procedure, contact the Coordinator.

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Procedure Name:	GENERAL FIRST AID
Procedure Number:	502
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is for foster parents to be able to refer back to for general first aid, foster parents still have the expectation to have the live training every two years.

AREAS OF RESPONSIBILITY

The Treatment Foster Care parents are responsible for following this procedure and following up with the Treatment Foster Care Social Worker and/or Coordinator.

PROCEDURE

General First Aid:

Routine first aid should be administered according to need following instructions in First Aid manual and First Aid training.

- First aid may be administered by persons who have received First Aid training/certification..
- Supplies used for first aid should be kept in a medicine cupboard away from reach of youth.

Emergency First Aid:

Situations requiring emergency first aid should be treated as taught in First Aid training. Be certain to be able to provide necessary medical information to the medical facility including prescribed medication and Medical Assistance card/insurance information.

Notify the TFC social worker of emergency medical treatment received by calling the on call telephone any time a TFC youth requires emergency medical care. Permission for emergency medical care as well as routine care is validated by the child's authorization for medical care form. If youth requires admission to hospital, notify the child's biological parents and the FC social worker.

Seizure Procedure (handling of Seizures):

Convulsive Type:

- Protect youth's head and body from fall.
- Belts, buttons and other items constraining breathing should be loosened.

- Turn body to side to allow saliva to flow and to aid in maintaining an adequate airway (**DO NOT** use tongue blade).
- Do not restrict body movements other than continuing to protect head.
- Talk to youth when they become conscious - reassuring them of time, place and happening. Allow them to sleep if warranted.
- Observe and record:
 - length of seizure
 - intensity of seizure
 - body parts involved
 - length of post seizure sleep
 - if a youth was incontinent during seizure
 - activity and mood preceding seizure
 - check for injury after seizure (if injured, give appropriate first aid) use provided seizure reports to record seizures.

Non-Convulsive Type:

- Observe and record:
 - length of seizure
 - appearance and activity during episode (facial tic, eye blinking, vocalization, staring, etc.)
 - activity and mood preceding seizure.
 - use provided seizure reports to record seizure.

When to Consult Physician:

- If a seizure doesn't stop - one seizure running into another - call 911.
- If having difficulty breathing or if youth doesn't regain consciousness fully after seizure, call 911.
- If it is the first seizure a youth has or if seizures had been controlled, take youth to nearest hospital.
- If a youth sustains a type of injury during seizure that requires doctor's attention, seek medical help.



GETTING HELP/SUMMARY

Any questions regarding general first aid contact ask the Coordinator.

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Procedure Name:	BLOOD BORNE PATHOGENS
Procedure Number:	503
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56

STATEMENT OF PURPOSE

The intent of this procedure is to ensure that all treatment foster care parents are aware of what is expected of them in regards to blood borne pathogens training, exposure and reporting.

AREAS OF RESPONSIBILITY

Treatment foster care parents and staff are responsible for following all of the guidelines below.

PROCEDURE

WHAT IS HBV?

Hepatitis B virus (HBV) is a potentially life-threatening blood borne pathogen. Centers for Disease Control estimates there are approximately 280,000 HBV infections each year in the U.S.

Approximately 8,700 health care workers each year contract hepatitis B and about 200 will die as a result. In addition, some who contract HBV will become carriers passing the disease on to others. Carriers also face a significantly higher risk for other liver ailments which can be fatal, including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissues. Anyone with occupational exposure to blood is at risk of contracting the infection.

Employers must provide engineering controls; workers must use work practices and protective clothing and equipment to prevent exposure to potentially infectious materials. However, the best defense against hepatitis B is vaccination.

WHO NEEDS VACCINATION?

The new OSHA standard covering blood borne pathogens requires employers to offer the three-injection vaccination series free to all employees who are exposed to blood or other potentially infectious materials as part of their job duties. This includes health care workers, emergency responders, morticians, first aid personnel, law enforcement officers, correctional facilities staff, launderers, as well as others. Due to this standard the agency also offers this series to all treatment foster care providers.



The vaccination must be offered within 10 days of initial assignment to a job where exposure to blood or other potentially infectious materials can be “reasonably anticipated”. The requirements for vaccinations of those already on the job take effect July 6, 1992.

WHAT DOES VACCINATION INVOLVE?

The hepatitis B vaccination is a noninfectious yeast-based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from other blood borne pathogens nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first and the third injection six months after the initial dose. More than 90 percent of those vaccinated will develop immunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point, it is unclear how long the immunity lasts, so booster shots may be required at some point in the future.

The vaccine causes no harm to those who are already immune or to those who may be HBV carriers. Although employees may opt to have their blood tested for antibodies to determine need for the vaccine, employers may not make such screening a condition of receiving vaccination nor are employers required to provide prescreening.

Each employee/foster parent should receive counseling from a health care professional when vaccination is offered. This discussion will help an foster parent determine whether inoculation is necessary.

WHAT IF I DECLINE VACCINATION?

Workers/foster parents who decide to decline vaccination must complete a declination form. Employers must keep these forms on file so that they know the vaccination status of everyone who is exposed to blood. At any time after an employee/foster parent initially declines to receive the vaccine, he or she may opt to take it.

WHAT IF I AM EXPOSED BUT HAVE NOT YET BEEN VACCINATED?

If an employee/foster parent experiences an exposure incident, such as a needle stick or a blood splash in the eye, he or she must receive confidential medical evaluation from a licensed health care professional with appropriate follow-up. To the extent possible by law, the employer is to determine the source individual for HBV as well as human immunodeficiency virus (HIV) infectivity. The employee's/foster parents blood will also be screened if he or she agrees.

The health care professional is to follow the guidelines of the U.S. Public Health Service in providing treatment. This would include hepatitis B vaccination. The health care professional must give a written opinion on whether or not vaccination is recommended and whether the foster



parent received it. Only this information is reported to the employer. Employee medical records must remain confidential. HIV or HBV status must NOT be reported to the employer.

TFC PARENT GUIDELINES FOR BLOOD BORNE PATHOGENS

TFC parents are at risk to the exposure to blood borne pathogens, most notably HIV (Aids) and HBV (Hepatitis B virus). The following guidelines are to be followed:

HBV Vaccine:

All TFC parents, at their routine physical, can ask for the HBV vaccine. If your insurance will not pay, FCC will pay the charges for the vaccine for both the primary and the support parent. However, if you choose to have your biological children vaccinated, you are responsible for payment. A Hepatitis B Vaccination Record will be on file within thirty (30) days of initiation of employment. This will remain on file for thirty (30) years. If you opt not to have the vaccine, you will need to sign a Declination Statement and it will also be maintained on file.

Training:

Training will occur before working with children commences. This training will cover FCC procedures regarding blood borne pathogens. It will consist of a webinar on Relias covering: 1) explanation of symptoms and mode of transmission of blood borne pathogens; 2) handling of potentially infectious material; 3) protective measures; 4) action and reporting procedures; and 5) post-exposure procedures.

Exposure Incidents:

When an exposure incident occurs, notify the TFC Coordinator immediately and seek medical care. An incident report is filed and signed by the attending physician and kept on file by the employer. A Special Incident Report, a blood borne pathogens exposure incident report, and an employee accident/injury report must be completed for any exposure incident.

Housecleaning:

The living area will be clean and sanitary. Contaminated surfaces can be cleaned with 1/3 cup bleach to one quart of water.

Laundry:

Whenever possible the child who dirtied the laundry (i.e., urinated in the bed) should handle his own laundry. When this is not possible and/or the laundry is dripping, the dirtied laundry should be transported in an appropriate laundry tub. All equipment then will be appropriately sanitized with bleach solution (please refer to housecleaning).



GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator. This procedure does not encompass all of BBP training, so it is important to ensure you understand how to handle these situations and complete the training in a timely manner as well as ongoing.

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Procedure Name:	BEHAVIOR MANAGEMENT
Procedure Number:	601
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	DCF 56

STATEMENT OF PURPOSE

Treatment Foster Care (TFC) at Family & Children's Center (FCC) expects each foster child in care to reside in an environment in which the child is valued, respected and well cared for. TFC is responsible to ensure that high quality care is provided to all children living in FCC treatment homes. FCC and TFC procedures and rules define high standards for the care of children and licensed providers are required to obtain on-going training to help them meet these standards for excellence.

Children in care in TFC, like all children, should be guided and instructed so that they may grow to become adults who demonstrate self-control, compassion, respect for others and an ability to care for themselves. FCC and TFC endorse national best practice standards which encourage adults working with children to set clear expectations and limits, develop regular routines, encourage cooperation and problem solving, and use a full range of positive interventions before using more intrusive interventions. Interventions with children which are designed to modify their behavior should be respectful, related to the issue at hand, flexibly applied and designed to help the child master age and developmentally appropriate skills.

AREAS OF RESPONSIBILITY

TFC Parents must comply with discipline and physical restraint requirements contained in the Wisconsin Administrative Codes: DCF 56 and Minnesota Foster Care Licensing Rules.

PROCEDURE

Positive Behavior Support:

All TFC Parents licensed by FCC must practice positive behavior support strategies for children in care. Positive behavior support is based on respect, dignity and offering choices (as appropriate to the child's age and developmental level). Positive behavior support helps children develop effective strategies for getting their needs met and helps reduce behavior problems.

Components of positive behavior support include:

1. Supportive environment: A supportive environment ensures children get their needs met when they use socially acceptable behaviors. It reduces a child's need to use problem behaviors to obtain an adult response. Adults in a supportive environment:
 - a) Acknowledge the child's abilities and accomplishments;



- b) Notice what the child does right and encourage more of that behavior;
 - c) Balance predictability and consistency with an ability to respond quickly to changes in the child's life and behavior; and
 - d) Recognize stressful circumstances (such as poor sleep, hunger, illness, parental visits, or court dates) and make reasonable adjustments in expectations for the child.
2. Skill development: Adults increase behavioral control skills in children by:
- a) Explaining what is expected;
 - b) Redirecting ineffective behavior;
 - c) Offering choices;
 - d) Modeling how to negotiate and problem solve;
 - e) Supporting the child's efforts to effectively control her own behavior;
 - f) Being aware of and managing their own responses to challenging behaviors;
 - g) Providing a daily structure which supports the child's need for consistency;
 - h) Developing a list of response options and matching the intensity of the adult response to the seriousness of the child's behavior;
 - i) Giving consequences for unacceptable behavior;
 - j) Encouraging each child to be appropriately involved in school and community activities; and
 - k) Making sure each child has opportunities to form significant, positive friendships and family relationships.
3. Health care: Prompt assessment and treatment of any ongoing or suspected medical condition allows adults to better understand what behaviors can reasonably be expected of a child. Adults ensure appropriate health care by:
- a) Acting on concerns they have about a child's health;
 - b) Obtaining for the child a yearly health-check and dental exams per licensing standards;
 - c) Keeping all scheduled medical and therapeutic appointments;
 - d) Educating themselves about the nature of the child's illness or condition and its expected effects on the child's behavior;
 - e) Following the instructions of the doctor, psychiatrist, or pharmacist;
 - f) Educating themselves about prescribed medications and possible side effects; and
 - g) Sharing medical and prescription information with other caregivers, including respite providers.

Behavior Management Strategies:

Certain children will require behavioral interventions beyond those generally appropriate for the child's age and developmental level. These children are behaviorally reactive in ways that may pose a continuing serious threat to themselves, to others or to property. This section provides information that will help with managing these behaviors with the goal of assisting the child to

gain control of his or her own behavior.

Some examples of appropriate TFC parent interventions are listed below:

1. Intervening physically to ensure safety when a child demonstrates dangerous, impulsive behavior. An example of this is physically holding a child who has suddenly tried to dart into the street.
2. Intervening physically to remove a child from a situation that is so stimulating the child is overwhelmed. An example of this is physically removing a child who is having a tantrum from a supermarket floor to the quiet of the car.
3. Following steps outlined in an alternative behavior management plan for developmentally disabled children when a separate plan has been developed.

Interventions Which Are Prohibited:

The following interventions are **prohibited** in all licensed TFC homes:

1. Corporal punishment of any kind. Examples of corporal punishment include but are not limited to: spanking with a hand or object, biting, jerking, kicking, shaking, dragging, pulling hair, or throwing the child;
2. Behavioral control methods that interfere with the child's right to humane care. Examples of methods which interfere with humane care include but are not limited to: deprivation of sleep, providing inadequate food, purposely inflicting pain as a punishment, name-calling or using derogatory comments about the child or his/her family, verbal abuse, or actions intended to humiliate;
3. Depriving a child of the components of humane care. Examples of the components of humane care include but are not limited to: necessary clothing, personal hygiene, adequate shelter, adequate food, and necessary medical or dental care;
4. Depriving the child of necessary services. Examples of necessary services include but are not limited to: contact with the assigned social worker, contact with the assigned legal representative, family contacts and/or therapeutic activities which are part of the child's service and/or safety plan;
5. Use of medication in an amount or frequency other than that which has been prescribed by a physician or psychiatrist;
6. Giving medications that have been prescribed for another person;
7. Physically locking doors or windows in a way that would prohibit a child from exiting;
8. Physical restraint techniques which restrict breathing;
9. Physical restraint techniques that inflict pain as a strategy for behavior control;
10. Mechanical restraints used as a punishment; and any activity that interferes with the child's basic right to humane care, protection, safety and security.

Least Restrictive Interventions:

TFC parents must use the least restrictive procedure that adequately protects the child, other



persons, or property. Potentially dangerous situations may often be defused if the care provider is alert, intervenes early to change the environment if appropriate, and uses active listening and de-escalation techniques.

Least restrictive interventions must be tried before more restrictive interventions are used unless there is serious threat of injury to the child or others. Less restrictive interventions may be repeated many times to allow opportunities for learning to occur and the behavior to change.

Selecting A Behavior Management Strategy:

TFC parents must be able to select a behavior management strategy or approach that is appropriate for the child, the behavior and the setting. In order to select an effective response that is appropriate to the level of risk posed by the behavior, TFC parents must understand the following behavior management concepts:

1. Challenging behavior may be an indication of the child's need for greater positive adult support and attention.
2. A child may break rules in a premature effort to assume responsibility rather than in defiance of adult authority.
3. Adults may still provide effective guidance when they:
 - a. Allow the child to make mistakes as part of the learning process;
 - b. Occasionally ignore behavior; and
 - c. Allow the child to learn by experiencing the natural consequences of the behavior. Allowing natural consequences to occur is not an appropriate strategy if the consequence poses additional risk to the child. For example, it would not be appropriate to let a youth walk home at 10:00 PM because he spent his bus money.
4. Positive activities such as shooting hoops or journal writing can help children redirect excess energy or anger.
5. Challenging behaviors can often be redirected through the use of active listening and verbal de-escalation techniques.
6. Early intervention with risky behaviors may be necessary to prevent further acting out and reduce risk of harm to the child or others.
7. All behavior change strategies selected must be appropriate to the child's ability to understand; and
8. Greater objectivity and effectiveness may be gained by consulting with other team members in selecting a strategy.

Giving Consequences as a Response to Inappropriate Behavior:

Giving a child a consequence for inappropriate behavior is considered a "less restrictive" intervention. The types of consequences used should be discussed with the child during a calm

time whenever possible. All care providers are required to obtain training in general behavior management strategies. Developmentally disabled clients may require a different approach or strategy than those described below. Consult with the TFC social worker/Coordinator/case manager as appropriate.

1. TFC parents may assign consequences for inappropriate behavior.
 - a. When consequences are used, they must be discussed with the child in such a way that they help the child gain self-control skills and encourage the child to make positive behavior choices.
 - b. The assigned consequence must not pose additional risk to the child. For example, a TFC parent may not make a child spend the night outside because she came home after curfew.
 - c. TFC parents assigning a consequence must keep in mind the child's unique circumstances, history, age, developmental level, mental health issues, and cognitive abilities.
 - d. If the chosen consequence isn't working, adjust it quickly. Do not give up on the behavior plan. Find consequences that are effective.

2. Examples of consequences that are permitted include:
 - a. Allowing events to occur which are a natural or logical outcome of the behavior;
 - b. Giving a timeout (briefly sending the child to a common area such as a bedroom or a special chair in the living room.
 - c. Meetings to discuss the behavior and strategies for change;
 - d. Extra chores appropriate for the child's age and abilities;
 - e. Loss of privileges such as television or telephone;
 - f. Early bed time/early curfew;
 - g. Time limited restriction from planned recreational activities;
 - h. Restricted access to areas generally available to the children in care;
 - i. Increased adult supervision;
 - j. Temporary removal of personal property used by the child to inflict injury on self or others;
 - k. Restricting the child from possessing certain items; and
 - l. Searches of personal property for restricted items.

Permitted Restrictive Strategies:

FCC expects that TFC parents will work cooperatively, as part of a team, with social workers and other treatment team members to develop appropriate plans for management of a child's behaviors.

1. Specialized training is required before a restrictive strategy may be used by a FC parent. Each FC parent using a restrictive strategy must have completed Crisis Prevention/Intervention Training and a general behavior management training. Behavior



management training must be documented and available for review and comment by FC staff.

2. Restrictive behavior management strategies permitted in TFC settings after appropriate training has been completed include a physical restraint if there is an immediate safety risk, as described in WI DCF 56 to prevent a child from:
 - a. Seriously injuring self or others; and
 - b. Harm when needing to safely move a child to a less risky location.
3. Efforts to redirect or diffuse the situation must be attempted before using a physical restraint unless the child's behavior poses an immediate risk to physical safety.
4. Physical restraint may not be used as a form of punishment.
5. Physical restraint techniques which restrict breathing or which inflict pain as a strategy for behavior control are prohibited.
6. Physical restraint may be used only:
 - a. For a short time to provide the physical control that the child is unwilling or unable to provide for himself; and
 - b. For the purpose of promoting safety.
7. When the child verbally or non-verbally demonstrates an ability to control his behavior, the restraint is to be ended.
8. If escalated behavior persists, other options should be considered, as available. Psychiatric hospitalization or police involvement should be considered if the child's presentation and behavior appear to meet the criteria for involvement by those resources.
9. Children being restrained must be continually monitored, ideally by someone not involved in the restraint, to ensure the child's health and safety. Immediately subsequent to the termination of all physical restraints, the TFC Parent will:
 - a. monitor the child's breathing for at least 15 minutes;
 - b. ascertain that the child is verbally responsive and motorically in control; and
 - c. shall ensure that the child remains conscious without any complaints of pain.
9. Each use of physical restraint must be documented in writing using a Special Incident Report and submitted to the TFC Coordinator, who will notify the child's referring social worker and Wisconsin DCF.
10. When an emergency physical restraint has been used on a child, the TFC parent and a TFC Social Worker and Coordinator must consult about:
 - a. Immediate strategies for behavior management;
 - b. Whether the service plan adequately identifies and meets the needs of the child; and
 - c. Whether the child will remain in the current placement.

GETTING HELP/SUMMARY

Any questions regarding behavior management ask the Coordinator.

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Procedure Name:	CRISIS INTERVENTION
Procedure Number:	602
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Family & Children's Center respects and maintains the rights of the youth we serve. Family & Children's Center is opposed to physical intervention as a common course of action. We use a pro-active approach by using crisis prevention techniques. Physical Intervention may only be used as a last resort and the youth must be in immediate danger of hurting themselves or others. Family & Children's Center staff and foster parents will be provided with in-service training emphasizing pro-active crisis prevention techniques; diffusing and de-escalating situations without physical intervention; and the use of safe physical intervention techniques.

AREAS OF RESPONSIBILITY

It is the responsibility of the Coordinator to ensure all staff and TFC parents receive the required and proper training to give them the tools they need to de-escalate clients.

PROCEDURE

The definition of physical intervention is a time limited act of restricting a person's movement or actions through physical contact with that person. It is used only to prevent a person from physically harming themselves or others, or major destruction of property.

It is required that all TFC parents and staff will attempt to use pro-active programming and crisis prevention techniques as our first choice for behavior management. Youth presenting behavioral challenges will be assessed and program plans drawn up to address the challenges in the least intrusive manner available. Whenever possible, program plans will be implemented and reviewed with the intent of avoiding physical intervention and promoting the progress of the youth. Physical intervention will be the last resort and will be used only under these conditions:

1. To protect the youth from injuring self.
2. To protect others from injury by the youth.

Any physical intervention will follow these guidelines:

1. Occur only after other non-physical alternatives have been attempted and have not been effective or other non-physical alternatives are not feasible.
2. The dignity of the youth is protected.
3. The physical intervention will be for as short a time period as is possible.
4. The safety of the youth and staff is ensured.



5. The physical intervention is performed by CPI certified staff.
6. The youth is monitored regularly and frequently during the intervention.
7. The physical intervention will be performed in a calm, non-retaliatory, matter-of-fact manner.
8. The techniques used will be the least restrictive possible and according to CPI guidelines.

Staff/Foster Parent Training:

All new staff and foster parents will be presented with the procedure at orientation. Staff/foster parents will be provided training prior to removal of probationary status. Crisis Prevention Intervention is the training provided by the agency. A review of the training will occur once each year after licensing.

Documentation:

Any use of physical restraint must be documented in a weekly log report and submitted to the TFC Social Worker/Coordinator within 24 hours.

PHYSICAL CONTROL TECHNIQUE

When a youth loses self-control to the point where they are about to harm themselves or others, as the last resort, physical control should be used until the youth is able to regain self-control. With the proper attitudes and support, physical control can be an effective method of intervention.

Family & Children's Center uses and recognizes specific techniques in holding residents. Each holding technique has a procedure for implementation and specific guidelines regarding when and with whom these techniques are used.

The authorized methods for maintaining physical control of a youth are presented and taught at Crisis Intervention Training for all TFC parents and staff.

- A. Staff should maintain control until the resident is able to remain safe. Staff should talk in a calm voice, if speaking at all. This is not the time to begin a power struggle, nor is it the time to discuss feelings or respond to inappropriate comments.
- B. Once the youth appears to be ready, let them know they will be released. Always release the youth slowly and give them back control of self.
- C. After youth has settled down, talk to them about the crisis that happened. Learn from the crisis. Find out what triggered them. If one approach didn't work, learn from crisis and try a new approach if it happens again.

NO MECHANICAL RESTRAINTS OF ANY TYPE MAY EVER BE USED.



GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	INDEPENDENT LIVING
Procedure Number:	603
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To understand independent living assessment provided in the treatment foster care programs in Wisconsin and Minnesota.

AREAS OF RESPONSIBILITY

All staff, Coordinator and treatment foster parents should understand the independent living assessment. The Social Worker and treatment foster parents are responsible for administering the assessment, helping complete the assessment, assign goals and measure progress. Progress will be measured quarterly.

PROCEDURE

Independent Living Skills will be addressed with all youth fourteen years of age and older. For these youth, within one month of placement or one month of their fourteenth birthday, an initial assessment will be given to each youth and their foster parent. The assessment used will be the Casey Life Skills assessment. This assessment will focus on identifying the youth's strengths and measuring the youth's skills in specific areas. Based on this information, specific goals regarding the development of independent living skills will be included in the youth's treatment plan and will be reviewed quarterly. Some of these skills are addressed in educational programs in the schools. For others, the TFC parent will work with their foster child on topics such as budgeting money, acquiring and managing an apartment, shopping, cleaning, cooking, locating community resources, caring for their health, and employment skills. Follow-up assessments will be given as needed.

All children placed in TFC through Family & Children's Center are enrolled in school. When it is not possible for a teenager to graduate, they are enrolled at the local technical college to work on their GED. Their academic progress is closely monitored by the treatment team and documented in their quarterly treatment plan.

Vocational opportunities are provided through school programming and by part-time jobs, if academic grades are acceptable.



In Wisconsin, at 17.5 (if still in care), an Independent Living Specialist will become involved in the case to work with the youth about future planning once the youth ages out of the home. This worker will stay involved until 21 if the youth chooses.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	EMERGENCY PROCEDURES
Procedure Number:	701
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is for treatment foster parents to understand the process to follow in emergency situations.

AREAS OF RESPONSIBILITY

Both treatment foster care parents and staff have a role in ensuring all the right team members are contacted immediately during an incident.

PROCEDURE

Should an emergency arise, follow the procedures in sequence as outlined:

BEHAVIORAL/EMOTIONAL EMERGENCIES

1. Between the hours of 8 a.m. and 5 p.m. call Family & Children's Center and notify:

WISCONSIN

Coordinator	(608) 785-0001
Chrystal Stegen, Social Worker	(608) 785-0001
Ellen Daubert, Clinical Supervisor	(608) 785-0001
Jennifer Eads, Administrative Specialist	(608) 785-0001
Director	(608) 785-0001

MINNESOTA

Coordinator	(608) 785-0001
Hana El-Afandi, Case Manager	(608) 785-0001
Director	(608) 785-0001

2. After hours these staff may be reached by cell phone:

After Hours Emergency Cell: (608) 790-5729

3. If, in your best judgment, immediate professional help is needed, call for assistance from the police or sheriff to determine appropriateness/legality.

NOTE: Send the child's MA card and Authorization for Medical Care form. List the child's Home County as the party responsible for financial obligation.



- a. Contact one Family & Children's Center staff person as listed above; this staff should then contact the county social worker or on-call worker.
- b. Ensure that child's biological parent(s) have been notified if appropriate.

PHYSICAL EMERGENCIES

1. Seek the attention of the child's physician immediately or:

Take the child to the walk-in care, Urgent care, or emergency room, choosing the clinic/hospital where the child's medical records are available. If there is a life-threatening incident, immediately call an ambulance.

Note: Take the child's MA card and Authorization for Medical Care form. List the child's Home County as the party responsible for financial obligation.

2. If hospitalization occurs or other situations warrant, immediately notify the child's biological parents/guardian (when appropriate) and one of the above listed TFC staff. This staff should then contact the county social worker or intake worker.

Note: For both behavioral and physical emergencies, the TFC Social Worker may notify the child's social worker in their Home County and also the child's parent(s).

RUNAWAY PROCEDURES

When a child is away from the foster home for any reason without permission it is considered a runaway situation, if you are not sure when to contact police, call the on-call number, as under some circumstances depending on the youth's age and capabilities we may allow them a small time frame to return to the home prior to calling the police department.

1. Phone local police or County Sheriff (appropriate to your setting).
 - a. Identify yourself, giving your address and phone number. Also give them the Agency's name and phone number. On the weekends this would be the on-call telephone number and during the week you would give them your TFC social worker's name and cellular or office number.
 - b. Report runaway's name, age, physical description, clothing worn, and the circumstances of the run.
 - c. Report time of run and any other pertinent information.
 - d. Give possible destinations if known.
2. Call the TFC Social Worker.
3. Call the biological parent(s) if appropriate.



4. The TFC Social Worker will notify the child's placing social worker.

GETTING HELP/SUMMARY

Any questions regarding the above emergency situations ask the Coordinator.

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Procedure Name:	SUICIDE PROTOCOL
Procedure Number:	702
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To provide guidance and expectations for treatment foster care parents, in regards to suicidal threats/ideation/attempt situations.

AREAS OF RESPONSIBILITY

All individuals working with the youth should be familiar with the information below in regards to a suicide situation. The foster parent, social worker and Coordinator are responsible in ensuring this protocol is followed in the event a suicide situation were to occur.

PROCEDURE

All threats of suicide or self-harm by youth are taken seriously. Take precautions at once to provide for the safety of the child involved. In any situation where a youth is in immediate danger of harming him (her) self or others, stay with the child and send for help. Call the police at once. If in doubt, err on the side of safety. Those in the La Crosse County area may also contact 608-784-HELP and have a Mobile Crisis Responder help with assessing the situation.

(Credit to: Alan L. Berman, 1989, Washington Psychological Center P.C., Washington, D.C. 20008).

*Non-clinicians are invaluable "first-finders" in the process of making appropriate assessment-referrals to the mental health system. What follows are suggestions "to do" and "not to do" in making interactions with the potentially suicidal youth less anxiety-provoking and more efficacious:

Things to Do:

1. Stay as calm as possible; encourage the youth to talk to you, utilizing the questions which follow.
2. Clarify the problem and the youth's intended solutions through these questions.
3. Talk about the youth's thoughts in a direct way.
4. Take your time, speak softly, simply...



5. If you are concerned that acting on the suicidal impulse is an imminent possibility, do not leave the youth alone; make arrangements for someone to be with him/her at all times; deliver (go with) the youth to the referral you contact.

Things Not To Do:

1. Do not express shock at anything you hear.
2. Neither belittle nor negate the reasons for the crisis or the youth's experience of the crisis.
3. Do not stress the shock or embarrassment that suicide would cause his/her family.
4. Do not engage in a philosophical debate on the moral aspect of suicide; you may both lose the debate and the person.
5. Do not get over-involved. Keep perspective on your limits and your competence.

Behavior Clues to Suicide:

Any given behavior involves four significant components - feelings, thinking, acting and physiology. A youth at risk of suicide is experiencing a crisis, and in each of the four components, which make up a total behavior, there are common clues which parent should assess. Look for the following things in the four components of a total behavior:

- Feeling
 - sad, helpless
 - lonely
 - guilty
- Thinking
 - "I wish I were dead"
 - "The world would be better off without me"
 - "I'm beyond help"
 - "There is no hope"
- Acting
 - Lethargic

- Withdrawn
- taking drugs, drinking
- acting impulsively, without concern for personal safety
- Physiology
 - neglecting personal hygiene
 - drastic change in normal sleep patterns
 - has no appetite

When many of these clues are present from each component of a total behavior, the TFC Parents should be alerted to the potential - not the likelihood - of a suicide risk. At this point it is essential to identify if the youth is contemplating some self-injurious behavior.

Planning with Suicidal Youth:

Once you have assessed the risk of suicide in the youth, it is time to plan or contract an agreement that will reduce the immediate risk of suicide. Although there are several key components to a good plan, the chief component would be to get a verbal commitment from the person-at-risk that they will do nothing to harm themselves for the duration of the plan. This type of contract has proven to be a reliable tool for reducing the immediate risk of death by suicide, and provides the time to inform the TFC Social Worker.

Finally, appropriate steps will be taken to ensure the youth's safety:

1. May need to search room, belongings.
2. Restrictions may be placed on participation in activities, visits, and so forth.
3. Possible placement in a psychiatric setting.

GETTING HELP/SUMMARY

Questions about suicide situations should be directed to the Coordinator.

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Procedure Name:	EMERGENCY RESPITE
Procedure Number:	703
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To share an overview of what emergency respite is as well as how/when these services are referred and carried out.

AREAS OF RESPONSIBILITY

The staff for each of the programs are responsible for understanding when and how respite is carried out as well as helping provide the service. In Wisconsin any emergency respite referred by counties will be handled by the respite specialist. In Minnesota all respite will be handled by the case manager.

PROCEDURE

Family & Children's Center believes that providing emergency respite services are crucial in order to offer support to families, prevent family violence and child abuse, and reduce stress. All parents-whether they are parents by birth, adoption, fostering, step-parents, guardians, or kinship-need to take care of themselves in order to care for their children. The more challenging the needs of the child, the more necessary the need for caring for the caregiver.

TFC offers both emergency and ongoing respite services. These referrals are often youth who are not currently in one of our TFC homes, are often placed by county human service staff to assist families in the community who are having difficulty parenting, due to the high needs of the child as well as family dysfunction. However, respite requests are also made directly by adoptive parents and/or TFC parents who require a temporary break from their child, but are unable to find highly skilled respite providers.

Emergency respite is provided by TFC Parents and Respite Care Providers, who are trained to do the type of specialized care required for children with behavioral or emotional needs. The type of respite home that is used is based on the respite provider's experience, the child's behavioral, physical, or emotional needs, the ability to keep the child safe, the child's ability to interact with other children in the respite home, and the geographic location to the child's family.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator. There are also separate procedures that further explain respite that can be referenced.

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Procedure Name:	GUIDELINES FOR LEGAL VIOLATIONS
Procedure Number:	704
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

The purpose of this procedure is to provide a general guideline for foster parents to follow when youth in their care commit legal violations.

AREAS OF RESPONSIBILITY

All TFC parents must be familiar with this procedure to ensure they are following the correct guidelines as well as contacting the right people.

PROCEDURE

Below are the guidelines for specific protocol to follow for legal violations.

PHYSICAL AGGRESSION

When angry, children in your care may escalate from verbal to physical aggression.

If the child:

- demonstrates behavior that is dangerous to himself or others, and
- if all efforts to de-escalate him fail, then call the police. Do not attempt to determine if an offense that has occurred is serious enough to report, as that is for the police to determine after their response to your call.

STEALING

Generally speaking, theft of small amounts of money, candy bars, shampoo, and so forth within the foster or respite home does not constitute a reportable stealing incident. Consequences are routinely handled within the home. If children are in respite, follow-up consequences may take place in the foster home.

If items are stolen from a commercial store and/or money or other valuables stolen from the foster home, respite, school environment, or other similar situations, this is considered a reportable incident and police should be called.

SMOKING

Smoking will not be allowed by any foster children. Police may be called to issue citations to any youth caught smoking. Smoking materials should be confiscated. (Wisconsin specific statutes regarding smoking fall under State of Wisconsin Acts: 48.983, 134.66, and 778.25)

SEXUAL ABUSE

In evaluating situations involving sexual contact, many factors have to be considered such as: age and age difference between individuals involved, issues regarding force and coercion, consent, intellectual functioning, and so forth. In reporting sexual abuse to the authorities, it is recommended that TFC Parents contact the TFC Social Worker and/or Coordinator before making the report.

(Refer to the TFC Manual section regarding Child Abuse/Neglect Reporting Procedure.)

RUNAWAY

If a youth is away from the home without permission, refer to "Emergency Procedures". Each report needs to be tempered with your good judgment; each child's situation is different. If the child returns on his own initiative, simply call the police and cancel the runaway report.

NOTE: As with any situation concerning FC children, it is better to "enter the realm of caution". If questioning to report to the police, call the FCC on-call phone to discuss the situation. Report concerns or incidents and let the Police determine the level of legal involvement.

GETTING HELP/SUMMARY

Any questions regarding legal violations ask the Coordinator.

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Procedure Name:	TFC RESPITE GUIDELINES
Procedure Number:	801
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	MN DHS 2960.3070, 2960.3330, 2960.3080

STATEMENT OF PURPOSE

All respite situations involve a primary caregiver (the treatment foster care parents), a dependent in need of supervision or care (the foster child), and respite care provider. The respite provider cares for the child on a daily basis (occasionally hourly), either in the provider's own home or in the home of the primary caregiver. The purpose is to arrange for needed time off for the TFC parents. The pressures and stress of providing ongoing and consistent care for children with special needs 24 hours a day, seven days a week are many. This is a needed service to prevent burnout of the foster parents. Additionally, this gives foster children another avenue for care giving by a different provider.

AREAS OF RESPONSIBILITY

It is the responsibility of all staff, foster parents and respite providers to understand the below information.

PROCEDURE

TFC Respite Provider Hire Information: Couples families, and single people all serve as respite providers. They are individuals interested in providing a quality environment that best meets child and family needs and meet the requirements in Minnesota Rules, part 2960.3090. Once an application is filled out the following background checks are completed; criminal, driver's license, and reference checks are done. After these checks are cleared without problem, an interview/training meeting is completed. If the respite provider chooses to provide care in their own home, the parent(s) completes licensure as a foster home. If the applicant chooses to provide care in the foster parents' home only, then the provider must be deemed able to meet the needs of TFC children, and will receive a Respite Care Certificate and provider number.

General for Respite Providers:

- On a respite job, you may feel there are better ways of doing things than the way they are being done. It is not your responsibility to make changes. It is the Respite Care Providers job to be consistent and follow the TFC parent's expectations as closely as possible. However, you may make suggestions to the TFC parent regarding the clients.
- As a Respite Care Provider, do not talk about your own personal problems. You are giving, not receiving care.



- Follow directions for administering medication and initial the Respite Care Agreement Form after medication is given Administration of the medication should be carefully monitored by the respite provider. Should you have any questions, contact the TFC parent. Medication should be kept in a safe location. Although it is not mandatory for medications to be kept in a locked area while children are at respite it is highly recommended for their and your safety. This includes all prescription and non-prescription medications.
- For the safety of all children when providing respite care, two or more children are not allowed to be behind a closed door without adult supervision at any time.
- Respite Care Providers must follow manufacturer guidelines. For example, movie ratings, recreational vehicles, etc. Additionally, if a Respite Care Provider wishes to participate in an activity that puts a child at a moderate or higher level of risk it is recommended that they talk to the Treatment Foster Care Parent in advance to be sure the child has parental/guardian permission to participate in that activity. Some examples are swimming in a private pool, hot tub, boating, motorcycling, etc. No child under the age of 14 years of age may be permitted to operate any hazardous machinery or equipment. Children over the age of 14 years may operate hazardous machinery or equipment only if a written agreement has been signed by the child, the child's parent/guardian, the treatment foster care parent, and the youth's social worker at Family & Children's Center, with a copy provided to all parties to the agreement.
- If you are providing respite care on a regular basis and you realize that on a scheduled date you are unable to provide respite, please give the TFC parent two weeks' notice. This may not always be possible; however, giving advanced notice will be appreciated. Respite Care is a commitment on your part. Therefore we ask that you honor the dates whenever possible.
- You must maintain strict confidentiality to protect the privacy of those families and individuals for whom you provide respite care.
- Respite care providers must follow all child safety restraints (seatbelts/car seats) when transporting children per state law.
- Transportation of the child to and from respite is the responsibility of the treatment foster care parent or primary caregiver, although sometimes respite providers offer to provide transportation one way. If the Respite Care Provider agrees to help with transportation, this is not reimbursable by Family & Children's Center unless pre-approved by the Treatment Foster Care Coordinator. If the respite provider is providing care within the foster parents' home, it is the responsibility of the respite provider to provide their own transportation to the foster home.
- Transportation, entertainment, food, etc., expenses during respite care are the responsibility of the Respite Care Provider. It is advised that Respite Care Providers consult with a qualified tax accountant for up to date information regarding applicable tax deductions.



- Per state law, smoking is prohibited when treatment foster care children are present. This includes smoking in vehicles when treatment foster care children are present.
- Any property damage that occurs in the respite provider's home during a respite episode is the financial responsibility of the respite provider. If you are providing respite care in the primary caregiver's home and you break or damage any property, you will be responsible for replacement or payment for the breakage. We will ask the primary caregiver to furnish us with receipts for the damage and it will be your responsibility to cover this cost and make payment directly to the primary caregiver.
- Each respite client needs to be provided with his or her own bed. Sofa sleeper and/or hid-a-bed couch can be considered beds during respite episodes.
- Boys and girls are not allowed to sleep in the same room with each other. Additionally, children who are more than five years apart in age cannot sleep in the same room.
- Respite Care Providers should take steps to protect themselves and confidential data. Please consider putting a block on long distance calls and on "on-demand" services accessible in your home. This should include, but are not limited to, pay per view and internet services. Please lock all confidential, personal, and financial data.
- An Independent Contractor Agreement and Business Associate Agreement must be signed before providing respite care. The Independent Contractor Agreement states that you are not eligible for any benefits such as unemployment, insurance, workman's compensation, etc.
- Any change of name, address, phone number and/or persons living in your home must be reported to the TFC Coordinator before respite may occur. If background checks are needed they must be completed and approved before respite may occur.

Emergency:

- If circumstances arise and you cannot get in contact with the emergency contact person listed on the respite agreement form use your best judgment depending upon the severity of the situation. If you feel you are threatened or in danger, do not hesitate to contact police. Ask questions and have the TFC parent explain and show you how to do special tasks. Incident reports are to be filled out by the provider when unusual circumstances arise with the respite client (such as seeking medical attention, physical acting out, or requiring legal intervention).
- The TFC parents have been instructed to include emergency names and numbers on the back of the respite care agreement form. In the event of illness/emergency, attempt to contact the primary caregiver or persons listed on the respite care agreement form. If they cannot be reached, take the necessary steps to obtain appropriate care, medical or other. Remember to take the client's MA card with you to the hospital/clinic. If an injury has occurred, an incident report is to be completed.



- All respite care providers must follow guidelines in the treatment foster care emergency disaster plan whenever possible in the event of an emergency.

Respite Care in Treatment Foster Care Home:

- Your main goal is to care for the dependent person(s) to whom you have been assigned. If providing care in the primary caregiver's home, only household tasks that affect the client's well-being would be considered your responsibility.

Respite for Acute Conflict:

- When a child in placement is displaying extreme acting out behaviors, a temporary placement outside the TFC home may be warranted. At this time, emergency respite can be implemented. This provides for a "cooling off" period and enables the team and the child to sort out issues. This also allows time for the treatment team to research and determine if the placement should continue. Emergency respite can also be provided for severe illness or family crisis. When emergency respite is needed approval must be given by the TFC Coordinator.
- If the decision is made by the TFC Coordinator to use a TFC parent for crisis respite, the TFC parent requesting respite will contact the TFC parent providing respite. The TFC Coordinator will notify the child's county/state social worker and biological parents/guardian of the temporary change in placement as soon as reasonably feasible to do so.

Time Allotted to TFC Respite:

- Respite time is allotted according to level of care of youth. More time can be allotted during a crisis situation, but it must be approved by the TFC Coordinator. Respite is also provided for the foster parents 9 extra days to use on top of what is approved of monthly. The 9 days is prorated when applicable.
- If the TFC parent is using hourly respite for the TFC youth, every eight hours used will be counted as a full day of respite. If the TFC parent will need to use this option, it is suggested that everyone is in agreement in advance.
- Any respite time not used in a given month due to children being on home visits, etc., should not be used during another month, but exceptions can be made and approved by the TFC Coordinator. It also may not be used for another TFC youth.
- As a general rule, during the first two weeks a child is placed in treatment foster care, no respite is taken. This gives the child an opportunity to adjust to their environment without disruption.



Rates Paid to TFC Respite Caregivers:

Respite Care: \$50.00 per day (8-24 hour period) and 6.25 per hour (up to 8 hours)

Emergency respite care is a service provided for youth that are not enrolled in the Family & Children's Center's TFC program.

- Completed respite care agreement forms need to be submitted to Family & Children's Center (either at the Winona office or mailed to the La Crosse office) by the first of the month following a respite episode. Your check will then be post marked by the 10th of that month.
- Respite income is taxable. In January you will receive a 1099 Misc. form if your income was in excess of \$600 of the previous calendar year. We suggest that if you have any questions you should contact a qualified tax consultant.

TFC Parent Providing Respite:

TFC parents can provide respite. There is a limit of two TFC youth in the home at any time.

Guidelines for Arranging Initial Respite:

1. The TFC social worker and/or Coordinator and the TFC parent will establish an appropriate match for the TFC child with the providers available.
2. The TFC parent will contact the prospective provider to ensure availability and to review initial information on the child(ren) to be cared for.
3. Following the initial respite, the TFC parent and provider may arrange any future respite and the TFC social worker and/or Coordinator continues to be available for questions or concerns.

Guidelines for Matching Client and Provider

The following factors, but not limited to, are used when matching appropriate providers with clients:

- Others living in the provider's home including biological children and/or other respite recipients. This factor will be reviewed with the TFC social worker and/or Coordinator.
- Number of children on a given respite episode. No more than two TFC placements can be cared for during respite.
- The respite children must have their own sleeping accommodations. These accommodations must have two exits.
- Experience of provider. This factor will be discussed with the TFC social worker and/or Coordinator and the TFC parents, and the decision will be made accordingly.

Duties of the TFC Parent Regarding Respite:

- Schedule respite with the TFC respite provider
- Provide a completed TFC respite form, including medical release to the respite care provider along with the child's MA and/or medical insurance card. A copy of this card is acceptable.
- Provide the respite provider with written and verbal information regarding the specifics of the care needs of each foster child prior to each respite episode.
- Be certain that all medications are clearly labeled and available for the respite provider.
- Medications should be given directly to the respite provider by the TFC parent.

Discipline Procedures:

- Respite care providers must follow discipline procedures as written in Minnesota Rules, part 2960.3080.
- Children must not be subjected to:
 - corporal punishment, including, but not limited to: rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects at the child, or spanking;
 - verbal abuse, including, but not limited to: name calling; derogatory statements about the child or child's family, race, gender, disability, sexual orientation, religion, or culture; or statements intended to shame, threaten, humiliate, or frighten the child;
 - punishment for lapses in toilet habits, including bed wetting or soiling;
 - withholding of basic needs, including, but not limited to: a nutritious diet, drinking water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing, or medical care. However, a child who destroys bedding or clothing, or uses these or other items to hurt the child's self or others, may be deprived of such articles according to the child's case plan;
 - assigning work that is dangerous or not consistent with the child's case plan;
 - disciplining one child for the unrelated behavior or action of another, except for the imposition of restrictions on the child's peer group as part of a recognized treatment program;
 - restrictions on a child's communications beyond the restrictions specified in the child's treatment plan or case plan, unless the restriction is approved by the child's case manager; and



- requirements to assume uncomfortable or fixed positions for an extended length of time, or to march, stand, or kneel as punishment.
- The license holder:
 - must not require a child to punish other children;
 - must follow the child's case plan regarding discipline;
 - must not use mechanical restraints or seclusion, as defined in part 2960.3010, subpart 38, with a foster child;
 - must ensure that the duration of time-out is appropriate to the age of the child; and
 - must meet the requirements of part 9525.2700, subpart 2, item F, regarding the use of aversive or deprivation procedures with a foster child with a developmental disability.

GETTING HELP/SUMMARY

Any questions regarding training contact the social worker or Coordinator.

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Procedure Name:	RESPITE INDEPENDENT CONTRACTOR
Procedure Number:	802
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Program
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To ensure that all respite providers understand how to complete respite agreement forms.

AREAS OF RESPONSIBILITY

It is the responsibility of the respite care providers to understand the below agreement, sign and date and follow the practices, procedures and guidelines.

PROCEDURE

I have read, understand, and agree to abide by the practices, procedures, and guidelines as written in the Respite Providers Handbook, including the following:

- Respite Care Providers Guidelines and Procedure
- Minnesota Rules, parts 2960.3090
- Service Provider Status Agreement
- Conduct and Ethics Agreement
- Emergency Disaster Plan
- Behavior Management Guide for TFC Parents

I understand that as a Certified Respite Care Provider and an Independent Contractor of Family & Children's Center, I am required to hold as confidential all information concerning clients. I also understand that disclosing confidential information can subject me to termination of certification. I further understand that information regarding clients shall only be disclosed to agencies or persons in accordance with current state and federal laws.

INDEPENDENT CONTRACTOR

Signature

Date

FAMILY & CHILDREN'S CENTER

Signature

Date



GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	RESPITE CONDUCT & ETHICS AGREEMENT
Procedure Number:	803
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

To ensure that all respite providers understand the code of ethics agreement.

AREAS OF RESPONSIBILITY

It is the responsibility of the respite care providers to understand the below agreement and to abide by all expectations.

PROCEDURE

- I. QUALITY OF CARE
 - a. I, as a Respite Care Provider, have a commitment to provide the highest quality care for those who are entrusted to me
 - b. I dedicate myself to the best interest of my clients
 - c. I will seek the advice and counsel of the client's primary caregiver and TFC Coordinator whenever such consultation is in the best interest of the client.
- II. CONFIDENTIALITY AND PRIVACY
 - a. I, as a Respite Care Provider, will respect the privacy of clients and hold in confidence all information obtained in the course of professional service.
 - b. Information received in confidence can be revealed to appropriate workers (physicians, police) after careful deliberation, and when there is clear and imminent danger to an individual.
- III. PROFESSIONAL COMPETENCE/PROFESSIONAL DEVELOPMENT
 - a. I, as a Respite Care Provider, have a commitment to assess my personal strengths, limitations, and effectiveness on a continuing basis.
 - b. I shall strive for self-improvement and professional growth.
- IV. MORAL AND LEGAL STANDARDS
 - a. I, as a Respite Care Provider, must show sensible regard for all social codes and moral expectations of the community.
 - b. I, as a Respite Care Provider will maintain high standards of personal conduct in the capacity of care provider.
 - c. I, as Respite Care Providers, will not exploit relationships with clients for personal advantage.



GETTING HELP/SUMMARY

Any questions regarding the above agreement, please contact the Coordinator.

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Procedure Name:	RESPITE AGREEMENT
Procedure Number:	804
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Program
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	Respite Agreement

STATEMENT OF PURPOSE

To ensure that all foster parents and respite providers understand how to complete respite agreement forms.

AREAS OF RESPONSIBILITY

It is the responsibility of the foster parents and respite providers to fully complete correctly and turn in a timely manner to ensure they are paid for their care.

PROCEDURE

INSTRUCTIONS FOR USE:

A. PARENTS/CAREGIVERS:

It is your responsibility to provide a signed respite care agreement form to the provider for each respite episode. Please see that the following steps are followed:

1. Fill in the respite client's complete name on the line provided in the box.
2. Fill out individual forms for each person in your household receiving respite.
3. As parent/caregiver, you must sign and date each form before the respite episode begins. If respite occurs in the respite provider's home, a signed form must accompany the client to the respite provider's home.

B. RESPITE CARE PROVIDERS:

1. Sign each respite form including the respite start and end dates and times, and the total number of days and hours of care.
2. File in your provider number on the form each time respite occurs. It may help to cut out the number and carry it in your purse or wallet. A correct number is important in the computer system to correctly generate your check and yearly accounting records.
3. Return completed Respite Care Agreement Form to Family & Children's Center, 66 East Third Street, Winona, MN 55987. **Respite forms are due on the 1st of the month.** They will then be emailed to the Coordinator located in the La Crosse office to process. **Checks will be mailed by the 10th business day of the month.**



4. Follow directions for medications and initial when administered. Should you have any questions, contact the TFC parent. If the TFC parent is not available during respite care, the secondary contact person should be called.

GETTING HELP/SUMMARY

Any questions regarding the above procedure, please contact the Coordinator.

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Procedure Name:	SERVICE PROVIDER AGREEMENT
Procedure Number:	805
Domain:	MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/17
Date(s) of Revision:	
References:	

STATEMENT OF PURPOSE

Family & Children's Center contracts with Respite Care Providers as Independent Contractors for the performance of certain tasks

AREAS OF RESPONSIBILITY

It is the responsibility of the respite care providers to understand the below agreement and to abide by all expectations.

PROCEDURE

The Independent Contractor declares that he/she is engaged in an independent business and has complied with all federal, state, and local laws regarding business permits, licenses, and certifications of any kind that may be required to carry out the said business and the tasks to be performed under this agreement.

THEREFORE, IN CONSIDERATION OF THE FOREGOING REPRESENTATIONS AND THE FOLLOWING TERMS AND CONDITIONS, THE PARTIES AGREE:

- SERVICES TO BE PERFORMED.** Family & Children's Center engages the Independent Contractor to perform the following tasks or services: To provide primary caregiving to dependent person(s) for a temporary period of time. Respite Care is the provision of temporary or periodic services to relieve the usual caretaker from the continuous care of a dependent person.
- TERMS OF PAYMENT.** Family & Children's Center shall pay the Independent Contractor according to the following terms and conditions: fee arrangement is dependent upon dependent person's needs and/or the rate structure established. The Independent Contractor shall submit Respite Agreement forms to the Family & Children's Center for the payments called for in this paragraph.
- INSTRUMENTALITIES.** The Independent Contractor shall supply all basic necessities and equipment. It is the Treatment Foster Care parent's responsibility to provide other needed equipment or tools. Family & Children's Center is not responsible to provide any equipment involved in any respite situation(s).
- CONTROL.** The Independent Contractor retains the sole and exclusive right to control or direct the manner or means by which the work described herein is to be performed.



Family & Children's Center retains only the right to control the ends to insure its conformity with that specified herein.

5. **PAYROL AND EMPLOYMENT TAXES.** No payroll or employment taxes of any kind shall be withheld or paid with respect to payments to the Independent Contractor. The payroll or employment taxes that are the subject of this paragraph include, but are not limited to, FICA, FUTA, federal personal tax, state personal income tax, state disability insurance tax, and state employment insurance tax.
6. **WORKER'S COMPENSATION.** No worker's compensation insurance and no unemployment insurance has been or will be obtained by the Family & Children's Center on behalf of an Independent Contractor.
7. **GRIEVANCE/COMPLIANT PROCEDURE.** If a respite provider has a concern or complaint, that person can request a copy of the agency's Grievance Procedure. The first step in resolving any concern or complaint is to first informally discuss the issue with the Coordinator. If the issue is still not resolved, the complaint may choose to contact Melissa Duin, Human Resources Associate at Family & Children's Center.

GETTING HELP

Any questions regarding the above agreement, please contact the Coordinator.

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Procedure Name:	STAFF TRAINING
Procedure Number:	901
Domain:	WI & MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	Wisconsin Child Welfare Professional Development System

STATEMENT OF PURPOSE

To ensure that all staff understand training requirements for the treatment foster care programs

AREAS OF RESPONSIBILITY

Staff and Coordinator should follow these guidelines for training. As well as any other state requirements that may evolve.

PROCEDURE

1. Agency Orientation Part 1(one time-NEW EMPLOYEES)
2. Agency Orientation Part 2(one time-NEW EMPLOYEES)
3. Mental Health First Aid Adult or Youth (one time-NEW EMPLOYEES)
4. Introduction to Trauma Informed Care (Relias-one time-NEW EMPLOYEES)
5. No Hit Zone (one time-NEW EMPLOYEES)
6. Welcome to Relias (one time-NEW EMPLOYEES)
7. Defensive Driving (Relias-one time-NEW EMPLOYEES)
8. CPI-I during first year of hire and Crisis Intervention-Refresher annually thereafter
9. CPR (including infant) & First Aid (required every other year)
10. Blood-borne Pathogens (REL-ALL-0-BBPATH)
11. FCC Exposure Control Plan (FCC-ECP)- One time- NEW EMPLOYEES
12. Diversity Training
13. CMS Fraud, Waste and Abuse Compliance Training (FCC-CMS-FWA-COMP)
14. Minimum of 1-hour Wellness/Self-Care event/presentation/training
15. Beginning second calendar year of employment & annually thereafter-Trauma Informed Care Training (min. 1 hour)



New Employees- First Day:

1. Agency Orientation which includes: Agency Overview, Human Resources

Information, Privacy & Confidentiality, Ethics & Boundaries, Mandated Reporting, Computer Security, Training & Education Overview, and Relias Learning Management System

1. Welcome to Relias (REL-HR-0-WRLMS)
2. Defensive Driving (EL-DD-COMP-0)
3. CMS Fraud, Waste and Abuse Compliance Training (FCC-CMS-FWA-COMP)
4. Blood-borne Pathogens (REL-ALL-0-BBPATH)
5. FCC Exposure Control Plan (FCC-ECP)- One time- NEW EMPLOYEES

Within 2-3 months after hire:

1. Attend Agency Orientation Part 2 – topics to be revealed at a later date

Within 3 months of hire

1. CMS Fraud, Waste and Abuse Compliance Training (FCC-CMS-FWA-COMP)
2. No Hit Zone (FCC-NOHITZONE)

Within 3 months of hire (FT) or within 6 months of hire (PT):

1. Mental Health First Aid-Youth (FCC-YMHFA)
2. Introduction to Trauma Informed Care (EL-TIC-BH-0)

WI Treatment Foster Care staff also needs to complete the following:

1. Register as a new worker on [Wisconsin Child Welfare Professional Development System](#)
2. Complete the following trainings on the above website:
 - a. [Pre-Service](#)
 - b. [Child/Adolescent Strengths and Needs Assessment](#)
 - c. [Confirming Safe Environments](#)
3. Coordinators should also complete the above trainings if not complete already as well as complete the [Foster Care Coordinator Pre-Service](#)

Both Wisconsin and Minnesota staff that are Certified or Licensed Social Workers in their perspective states need to ensure they are also in compliance with their CEU requirements.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	SOCIAL WORKERS/ CASE MANAGER CONTACT
Procedure Number:	902
Domain:	WI-MN Treatment Foster Care
Approved By:	Vanessa Southworth, Director of Wisconsin Youth & Family Programs
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/14/2017
Date(s) of Revision:	
References:	DCF 56.18, DCF 56.19

STATEMENT OF PURPOSE

For Staff and Foster Parents to understand requirements of contact with youth that are placed in foster homes as well as contact with foster parents. This procedure also provides a general outline about contact with other service providers.

AREAS OF RESPONSIBILITY

Staff, Foster parents and Coordinator are responsible for following the procedure. Foster parents specifically to ensure they are cooperating when staff are scheduling visits and allowing appropriate time with the staff. Staff and foster parents are responsible for ensuring that all treatment team members are informed of updates. Staff is responsible for documenting visits in youth's contact log on the electronic health record system, procentage.

PROCEDURE

WISCONSIN:

Contact with Foster Parents is as follows:

- The agency must have 2 in person contacts a month with foster parents who are licensed as level 3 or 4. One of those contacts must be in the foster home.
- If a child is placed in a level 3 or 4 home but is a lower level, the licensing agency needs to have one in person contact with the foster parent.
- If a foster home with a Level 3 to 5 certification has not had placement of a child for 3 or more months and the agency has not seen the foster parent in the foster home during that time, the agency shall have an in-person contact with the foster parent in the foster home before a child is placed in the foster home or within 24 hours of the child's placement in the foster home.

The purpose of contact is to focus on the safety, permanence, and well-being of the child to evaluate the compatibility of the child with the foster parent and other household members and the ability of the foster parent to meet the needs of the child in a safe manner. The contacts shall include discussion of any additional support needed by the foster parent to safely maintain any child in foster care living in the foster home.

Contact with Youth is as follows:



- The agency is to have an in-person contact with a child placed in a foster home with a Level 3 or 4 certification at least every other week. At least one contact per month shall be in the child's foster home.
- If a child with a level of need below 3 is placed in a foster home with a Level 3 or 4 certification, the agency shall have at least one in-person contact with the child each full calendar month that the child is in the foster home.
- More than 50 percent of the agency in-person contacts with a child between October 1 of one year and September 30 of the following year shall be in the child's foster home.

The purpose of contact with the youth is to focus on the safety, permanence, and well-being of the child; be of sufficient duration and substance to address the goals of the child's case plan; permanency plan; or treatment plan; and provide an opportunity for the child to speak privately with the agency representative.

MINNESOTA:

Minnesota statute states the agency must have contact with the foster parents and youth once per month for the first six months of placement. For best practice standards, the agency will follow the above procedure for the Minnesota program as well.

In general, the caseworkers for both programs will have ongoing contact with all other service providers involved in the youth's treatment team. The caseworker will send out updates when appropriate as well as ensure all treatment team members are invited to staffing meetings. See interdisciplinary staffing procedure for more details regarding these meetings.

GETTING HELP/SUMMARY

Any questions regarding the above statement, please contact the Coordinator.

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Procedure Name:	BILLING
Procedure Number:	WI TFC: 1003
Domain:	WI-MN Treatment Foster Care
Approved By:	Tita Yutuc, LCSW, President/ CEO
Created/Written By:	Kristen Kingery, Coordinator of Community Services
Effective Date:	12/29/2017
Date(s) of Revision:	
References:	WI Billing Spreadsheet ; MN Billing Spreadsheet ; MN Foster Parent Placement Record

STATEMENT OF PURPOSE

For the Coordinator to understand the purpose and procedure around monthly treatment foster care billing.

AREAS OF RESPONSIBILITY

The Coordinator is responsible for completing the below procedure. If unable to, it would then be the Director's responsibility.

PROCEDURE

Wisconsin:

On the last day of every month the billing excel spreadsheet needs to be completed for each youth placed in a treatment foster care; hyperlinked above. The billing folder can be found in the RWshare folder and labeled Billing. For Wisconsin billing only the administrative rate needs to be completed on the spreadsheet due to the County Agency's paying the foster parents directly. On the second page of billing is to be completed for any corrections from previous months if applicable. Once completed, the Coordinator will type their name in the approved by box on the bottom of the spreadsheet and they will email this to the Billing Supervisor and/or revenuecycle@fccnetwork.org.

Minnesota:

Much like Wisconsin, the same spreadsheet needs to be completed, but for Minnesota the agency continues to pay foster parents directly, the spreadsheet is linked above. The spreadsheets are located in the MNshare file, in a folder labeled MN TFC Billing. It is important to have the correct daily MAPCY rate from the region agency for each placement. Once completed, same instructions above, also email to the Billing Supervisor and/or revenuecycle@fccnetwork.org.

Along with the billing spreadsheets the foster parent placement records also need to be completed by the Coordinator; also hyperlinked above. The Coordinator will fill in each placement with the days of placement for the month, multiplied by the daily rate along with the total and then the grand total for the bottom. These sheets are to be printed and brought to parent support for signatures. If that does not work, they can be scanned in and emailed to the Winona front desk staff who will print them for foster parents to stop in and sign and then will be sent



back to the Coordinator. The Coordinator will then print them and sign and date for the last day of the month. These are due monthly and fall in accordance with the Accounts Payable deadline.

GETTING HELP/SUMMARY

Any questions regarding billing, contact the Coordinator.

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