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# Therapeutic Foster Care

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## Parent Handbook

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Shadow Mountain Behavioral  
Health System

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## INTRODUCTION

This handbook was designed to familiarize you, the foster parent, to the Shadow Mountain Therapeutic Foster Care Program. Various requirements, policies, and procedures are included so that you may be better aware of what you can expect as foster parents as well as what you can expect from foster care staff and the Agency.

We welcome any comments, suggestions, or questions you have to make our program better. It is our goal to provide quality services to our youth and foster families.

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Sherlyn Conlan, Director  
Therapeutic Foster Care

## Foster Parent Handbook

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## **Shadow Mountain Behavioral Health System Therapeutic Foster Care Program**

### **Program Purpose**

The Shadow Mountain Therapeutic Foster Care program provides specialized foster care for children and youth with special psychological, social and emotional needs who can accept and respond to the close relationships within a family setting but whose special needs require more intensive or therapeutic services than are found in traditional foster care. The additional service needs of the child require additional support services, such as training, consultation and respite care.

The heart of the therapeutic foster care program is clearly our foster parents. These parents are specially recruited and trained to work with the children and youth they accept into their home. Foster care staff meet with the foster parents regularly to provide support and assistance in securing needed services.

Unlike most foster family care, therapeutic foster family homes are not just places for children and youth to live until they can go back home. Therapeutic foster *family* care provides specialized care so that children and youth can learn to live in a family setting.

The goal of the TFC program is to develop an individual plan of care to best meet each child's needs. The goal for the child is to return to their natural family, adoption, independent living, or other permanency plan.

## **Program Philosophy**

Therapeutic Foster Care is consistent with the basic orientation and philosophy of Shadow Mountain to provide prescriptive care to families and children so that both can be restored to health and optimum use of the child and family's strengths. The treatment planning process will include an evaluation of the permanency needs for the child as well as sensitivity to the child's bonding with his/her family.

Foster Family Care is a planned therapeutic intervention whose ultimate objective should be the promotion of healthy personality development of the child and improvement of problems that have been personally or socially destructive. A foster family care program should provide for the child experiences and conditions that promote healthy and normal growth (care), a safe and secure home environment in which such growth can thrive (protection), and services to children and their families to help correct specific problems which have interfered with appropriate development (treatment).

We adhere strongly to standards of the Child Welfare League and the Foster Family Treatment Association in that foster family services should be designed to provide the kind of care that will be best suited to meet each individual child's social, emotional, physical and developmental needs, and that ultimately the child may be returned to his natural family whenever possible. When biological families are not a resource for a child, it is necessary to advocate for another alternative, which will provide security and stability, either through adoption, kinship care, long-term foster care, or independence.

For some of our children whose emotional obstacles are severe, families may not be able to resume full-time care. Such families, however, can be helped to be strongly connected team members in order to assure a child of every available family resource.

## **Service Goals**

ASSURE that quality specialized foster care is available to emotionally disturbed, delinquent, and/or developmentally delayed children/youth in the least restrictive environment.

PROVIDE a community-based family treatment model that will promote optimum growth in children and diminish problematic behavior.

PROMOTE the child's self-respect and maturity by building self-esteem.

PROVIDE structure and limits to encourage children in accepting responsibility and control of actions.

HELP resolve trauma from loss and separation.

PROVIDE role models.

PROVIDE family therapy to those children/youth and families who can be reunited. Where reunification is not possible, assist team members in developing a permanent plan for the child.

PROVIDE foster parents ongoing training and support to prevent repeated placement disruptions for children/youth that have already experienced multiple placements.

EDUCATE the community, courts, school, and DHS system about the continuing need to reassess programs in order to provide quality care for children/youth in need of special care.

PREPARE youth for independent living as an adult.

## **ABUSE (Allegations) REPORTING**

The agency will immediately report any suspicion of child neglect or abuse on behalf of any of its staff or ancillary service providers, including foster parents, to the local Department of Human Services' Child Welfare Office through the DHS Child Abuse Hotline. Failure to report is a misdemeanor offense and, upon conviction, punishable by law. A youth has the right to file a complaint alleging abuse or neglect.

This policy is intended to:

1. Minimize the risk of additional hurt to the youth; and
2. Help break the intergenerational cycle of abuse.

The Department's Division of Child Welfare is responsible for investigating all complaints.

The Oklahoma Department of Human Services, and local Child Welfare Office determines whether or not abuse/neglect occurred, based upon the investigative report, and recommends what [disciplinary] action should be taken. Any action taken by Shadow Mountain will be based, in part, on information provided by the above stated agencies. Protection of the youth who is in foster home care is of primary importance. The decision to remove the youth from a foster home is based upon risk of harm and/or recommendation of DHS.

## ALLOWANCE

Youth placed in therapeutic foster care will receive an allowance for the purpose of learning money management. Issue of allowance will be addressed during initial treatment planning and reviewed at a minimum, every six (6) months.

The amount of allowance given will be determined based on age, developmental level (cognitive), and method of disbursement. However, the following guidelines will be considered when determining amount given. Guidelines are based on weekly disbursement.

◆ 3 to 6 years	.50 to \$2.00
◆ 7 to 10 years	\$2.00 to \$5.00
◆ 11 to 13 years	\$5.00 to \$10.00
◆ 14 to 16 years	\$10.00 to \$20.00
◆ 17 to 18 years	\$20.00 to \$30.00

The amount may vary for youth 16 and older due to goals of independent living.

Youth should be encouraged to learn to save money. A percentage of the youth's allowance should be saved. If youth is age appropriate, a savings account should be opened with an established bank or credit union.

A portion of monies from allowance may be withheld as a consequence for inappropriate behavior. However, no more than half the monthly allowance may be withheld.

Foster parents are to document in monthly reports the amount of allowance given, when it is given, amount withheld (if any) and why.

Foster parents may choose to give the youth opportunity to earn additional monies. However, allowance is **NOT** earned. It is given per contract mandates.

## **AWOL**

A foster care youth can be immediately considered AWOL when he/she has left the foster home without permission.

The youth's TFC therapist and police are to be notified immediately. The police are to be informed that the youth is in DHS custody. The TFC therapist will notify the DHS liaison, DHS county worker and if applicable, the biological family. The foster parent is to complete an AWOL report and submit it to the TFC therapist.

If the youth returns, foster parents are to notify both the TFC therapist and the police to report the youth's return. The TFC therapist will notify the DHS liaison, DHS county worker and if applicable, the biological family to report the youth's return. Foster care staff is available to assist in any needed way upon the youth's return and to assess immediate needs.

## **CARE AGREEMENT**

Upon placement of a youth, a care agreement is signed by the foster parents and Shadow Mountain Staff. The agreement includes information on reimbursement as well as responsibilities of both parties (Agency and foster parents) while the youth is in placement. A copy of this Care Agreement is included on the following pages. Please take time to read this agreement as it contains valuable information.



**Shadow Mountain Behavioral Health System**  
Therapeutic Foster Care

**CARE AGREEMENT CONTRACT**

This agreement is made between Shadow Mountain, ("Agency") and \_\_\_\_\_, ("Foster Family"), to provide therapeutic foster home care, for the minor child listed below.

Youth: \_\_\_\_\_

WHEREAS, Agency is a for-profit behavioral health system certified as a Child Placing Agency by the Oklahoma Department of Human Services ("DHS") which has been contracted by DHS to act for them in the performance of their statutory responsibility to provide therapeutic foster care home services for children in their custody and

WHEREAS, Foster Family has a current license or authorization issued pursuant to the Oklahoma Child Care Facilities Licensing Act or meets the licensing standards as required by the Oklahoma Child Care Facilities Licensing Act and is otherwise approved by DHS,

THEREFORE, in consideration for the provision of therapeutic foster home care for youth placed by Agency on behalf of DHS, the Foster Family and Shadow Mountain agree to the following terms:

- I. Therapeutic Foster Family Responsibilities. Foster Family agrees to perform the duties and responsibilities as required by the Oklahoma Child Care Facilities Licensing Act. In addition, as a Therapeutic Foster Family, Foster Family agrees to the following duties and responsibilities as required by DHS:
  1. The Foster Family must meet all state standards for approved Foster Families. Foster Family agrees to participate in an initial assessment, which covers all elements required by state licensing standards and DHS foster care standards and guidelines. A member of Shadow Mountain Therapeutic Foster Care ("TFC") staff will assess the Foster Family home in accordance with DHS standards and guidelines, review these standards in person with the Foster Family during orientation, and provide the Foster Family with a copy of the standards and guidelines for their records and reference.
  2. The Foster Family agrees to not accept a non-relative child from any other source other than Shadow Mountain nor provide childcare on a regular basis.
  3. The Foster Family agrees to obtain DHS permission before involving Youth in any publicity that might identify them as the responsibility of DHS.
  4. Foster Family agrees to provide the daily childcare for the Youth rather than accessing day care for the Youth on a regular basis. Any exception to this requirement requires prior DHS administrative approval.

5. The Foster Family will complete Community CPR and First Aid within the first year following certification. In addition, the Foster Family is required to complete 18 hours of on-going training annually. Training will be provided as set forth in the foster parent handbook.
6. The Foster Family agrees to cooperate with the Agency in evaluating the care in their home and in the on-going supervision of the therapeutic foster care services provided.

The Foster Family agrees to cooperate with the Agency in foster home assessment and performance evaluation and annual updates.

7. The Foster Family agrees to complete Daily Logs on the forms developed by the Agency. Daily logs are to be submitted weekly and Monthly Progress Reports are to be submitted no later than 2 weeks following date of service.

The Agency staff will assist the Foster Family in completing forms upon request.

8. The Foster Family agrees to inform Agency two weeks in advance of vacations or special events whether planning to take the child or requesting arrangements be made for supervision of the child while foster family is absent. Court and/or DHS permission is required for out-of-state travel.
9. The Foster Family agrees to notify Agency forty-eight (48) hours prior to taking child out of county for an extended period of time (overnight or longer). DHS permission is required before taking Youth out of the county for an overnight stay.
10. The Foster Family agrees to notify the Agency at least two weeks in advance (except in an emergency), when requesting the removal of a child from the foster family's home.
11. The Foster Family agrees to NEVER use any form of physical punishment for any reason.
12. The Foster Family agrees to respect the rights of the child and those of the child's natural family including, but not limited to religion, language, communication, etc.
13. The Foster Family agrees to use seat belts and/or car seats according to the laws of the State of Oklahoma when transporting therapeutic foster children.
14. The Foster Family agrees to cooperate with the DHS during any investigation of reported child abuse/neglect, and during required monthly contact with the child and foster family in the TFC home.

II. Other Foster Family Duties and Responsibilities. In addition to the duties and responsibilities required by DHS, the Foster Family agrees to the following:

1. The Foster Family agrees to utilize the on-call paging system in the event of a crisis. A crisis is defined as, but not limited to, a child being removed by anyone without authorization, being taken into custody by law enforcement, suffering or committing a physical or sexual assault, committing a felony, being in an accident with injury or other medical emergency, AWOL's, charges, arrests, or protective orders involving any household member and/or any occurrence that has an impact on the care, supervision, or treatment of a child.

In the event of a crisis, the Foster Family will follow the crisis contact procedure as outlined in the Therapeutic Foster Parent Handbook.

2. The Foster Family agrees to contact the agency when a household member is alleged to have abused or neglected a child and/or is alleged to have committed a criminal act.
3. The Foster Family agrees to have the child present for monthly group therapy sessions. Ongoing training for the Foster Family will be provided while the child is attending group.

If the Foster Family is unable to have the child present for group, notification must be made to the child's therapist prior to group sessions. Notification may occur by phone conversation, voice mail message, or response to a page. If the foster family is unable to attend group every attempt should be made for the child to be transported by another foster family.

4. Visits by the minor child's parents and significant family members shall be arranged through the agency.
5. The Foster Family agrees to notify the Agency immediately of any change in membership of family, address, employment, illness, sleeping arrangements, or any emergency regarding the child or circumstances/incidents seriously affecting the child or foster family's care, including allegations of abuse and/or neglect.
6. The Foster Family agrees to immediately notify the agency of all emergency and non-routine medical care. Psychotropic medication is a form of non-routine medical care and requires consent from DHS or legal guardian.
7. The Foster Family agrees to access Respite services through the appropriate TFC staff and will request respite at least one (1) week in advance of needed service.
8. The Foster Family agrees to notify Agency immediately if the whereabouts of the child are unknown
9. The Foster Family agrees to maintain confidentiality in regards to any information concerning the child, natural family and the Agency.
10. The Foster Family agrees to abide by all reasonable rules and regulations as may be enacted by the supervising agency in the home state of the minor child, provided such rules and regulations do not conflict with the law and public policy of the State of Oklahoma.

### III. Financial Matters

1. The Agency agrees to compensate the Foster Family the sum of thirty-three dollars and no cents (\$33.00) per day for each calendar day the child resides in foster family home. In addition, for each six months the child maintains residence in the foster family home, the daily rate will be increased by \$1.00 to a maximum of \$35.00 per day.

The reimbursement covers the cost of room and board, therapeutic services provided by the foster family, transportation to medical and therapy appointments and/or family visits, and the cost of extracurricular activities deemed appropriate to the healthy development of the child.

The Agency agrees to compensate Respite providers at the daily rate of thirty-three dollars and no cents (\$33.00) each day a child is in their home for respite services.

Payments to the Foster Family shall be made in the form of checks.

2. The Foster Family agrees to consult with the Agency in advance of any expenditure for which full or partial reimbursement will be requested.
3. Shadow Mountain shall not be responsible for payment of any medical or dental services.

- a. Routine medical, dental and eye services will be accessed through a Medicaid approved physician. The child's Medicaid number will provide payment. Routine medical, dental and eye services do not require prior consent.
- b. It is the sole discretion of the treating facility if emergency treatment is required for the continued health and well being of the minor child.

The Agency TFC therapist and/or on-call staff will be notified of the emergency or non-routine medical treatment immediately to assist in securing the appropriate approval for treatment of the minor child.

- 4. Shadow Mountain and the Foster Family agree that Shadow Mountain will not withhold on behalf of Foster Family sums for income tax, unemployment insurance, social security, or any other withholding; that all such withholdings are the sole responsibility of Foster Family; and that Foster Family will indemnify and hold Shadow Mountain harmless from any and all penalties or liability arising with respect to any such withholdings and benefits.

IV. Other Provisions.

- 1. Shadow Mountain and the Foster Family further agree that this agreement shall be construed according to the laws of the State of Oklahoma, and that in the event any individual clause of this agreement is found to be unenforceable that clause shall be excised from the agreement and the remainder of the agreement shall be enforced as written.

**Agreement**

We have read and understand the above terms of this Foster and Respite Care Agreement. We understand that we are agreeing to enter into an arrangement to provide appropriate room, board, supervision, transportation, clothing, allowance, recreation and opportunities for growth and development for accepted Youth.

We agree to cooperate with all parties involved in every way possible to meet the needs of Youth in our care and aid in the development of a plan for long term care.

Foster Family: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

**Signatures:**

\_\_\_\_\_  
 Foster Parent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Foster Parent

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Agency Representative/Title

\_\_\_\_\_  
 Date

## CERTIFICATION PROCESS

All therapeutic foster parents must meet all State standards for the therapeutic foster parents prior to their certification as therapeutic foster parents: the state minimum licensing standards for all foster care and the DHS DCFS foster care standards and guidelines. An initial foster home eligibility assessment of the foster family must be conducted which covers all elements of all these requirements. Shadow Mountain BHS will approve only those applicants who meet all of these requirements.

The foster parent eligibility assessment will include the family's ability to meet the special needs of the children served by the Agency and an assessment of the family's strengths and needs as to the competencies for therapeutic foster parents. The home study process will be conducted over a minimum of two (2) home visits using the prescribed DHS family assessment format. Each family member will be interviewed individually and privately regarding his/her view about fostering. If a family has previously fostered for another agency, a letter of reference is required from that agency.

The foster parent application grants Shadow Mountain BHS permission to contact references to include personal references, employment references, school personnel references (from the schools for the applicant's children), and mental health references (if applicable). Interviews with references will be conducted as prescribed by contract.

If the applicant has previously been in counseling or treatment for mental health or behavioral health care reasons, the agency shall obtain a letter from the mental health provider as to their ability to foster. In the event the mental health provider cannot be located, an appropriate alternate reference will be obtained.

Written requests for criminal background investigation along with completed fingerprint cards, with a signed release of information, shall be submitted to the DHS DCFS Fingerprint Processing Section on each foster parent and each person in the home, 18 years of age or older. An Oklahoma Department of Public Safety driving records check must be completed for each foster parent and each individual in the home who is 16 years of age or older. Required background check updated will be completed every three years. Shadow Mountain will submit written requests for the DHS search on all applicants. A JOLTS juvenile records check will be completed on all residents in the home who are between the ages of 13 and 18.

If the Department of Human Services states that DHS custody children may not be placed in a particular home, the agency will not certify the applicant or maintain the certification of a currently certified parent.

If an applicant received disability, the agency will verify the nature of the disability with the Social Security Administration, then assess if the disability has any impact on the applicant's ability to foster therapeutic children.

The agency shall obtain and review the military discharge papers of any applicant who served in the military.

Shadow Mountain shall update the foster home study, conduct interviews, and gather physical exams and background checks, on any person(s) who is staying in the home of the therapeutic foster parent for two weeks or longer.

### Continued Certification

Foster parents must continue to meet all state standards for therapeutic foster parents to maintain certification. If the Department of Human Services determines that DHS custody children cannot be placed in a particular home, the agency will not maintain certification of that home. In addition, foster parents must continue to meet state licensing standards and the DHS DCFS foster care standards and guidelines. Included in these requirements is ongoing training. Certified foster parents will complete eighteen (18) hours of in-service training each year.

All certification requirements are tracked by the Agency. Foster parents will receive notices when various requirements are due on a quarterly basis. If foster parents are non-compliant in these certification requirements, a compliance plan will be initiated. If foster parents are chronically non-compliant, an action will be initiated and could result in monies being withheld until certification requirements are met.

## CHILDREN'S RIGHTS – Key Principles

Shadow Mountain recognizes that all individuals have certain rights inherent to them. Children, particularly those who are in State custody are no exception. Agency policy promotes protection of those rights as specified on the attached form.

These rights are taken from the Oklahoma Child Care Facilities Licensing Act, "Requirements for Foster Family Homes" :

### 1. Visitation Rights

Children in placement will not be denied visiting rights with natural family unless the court orders such. Children in placement will be allowed privacy during visitation with family members unless the court orders otherwise or the treatment team determines it is in the child's best interest that visits be supervised. The treatment team can determine certain boundaries, such as time, place, and length of visit, in accordance with the capacities of the child and the parents. Denial of visitation cannot be used as a means of discipline. Plans for visitation should be stated in the treatment plan.

### 2. Communication Rights

It is the right of the foster youth to communicate privately by phone, mail, or through visitation with their attorney or guardian ad litem, clergy, personal physician, foster care staff, authorized representative of DHS, and/ or CASA representative.

It is the right of the foster youth to freely write or receive letters. Outgoing and incoming mail will not be opened except by the youth. If there is any question regarding the material in letters that might involve safety, the foster parent is to contact the assigned TFC therapist who will in turn contact the DHS worker. The foster youth has the right to receive or make telephone calls with family members at hours convenient to the foster family, unless this right is denied as an integral and reasoned part of the treatment plan. Foster parents are to make letter writing materials(pens, paper, envelopes, and stamps) available for the youth's use. The youth is to be encouraged to write letters, if appropriate, but the youth has the right to decline.

### 3. Freedom of Religion

The youth is protected, by law, to freedom of religion and to be taken to the church of his/her choice.

Foster parents have the authority to determine whether the youth will attend religious functions as a part of the foster family unit as long as they do not conflict with the religious preferences of the youth or natural parents.

A youth cannot be required to tithe any portion of his/her money to the church.



## STATEMENT OF RIGHTS OF CHILDREN

1. **Foster parents shall not subject children to exploitation in any form.**  
This means that the foster parents and Shadow Mountain will not do or say things, or make you do or say things that would be mean or take advantage of you.
2. **All children shall be provided an opportunity to participate in religious services.**  
This means that you are allowed to go to church services if you want to. The foster parents will take you.
3. **Each child shall be supplied with facilities and supplies for personal care, hygiene, and grooming.**  
This means that you will have a bedroom with private space, clothes, shampoo, soap, toothpaste and toothbrushes, comb and brush, and other things you need to take care of yourself, look and feel good.
4. **The home or agency shall see that each child is supplied with his or her own clothing and shoes appropriate to the season, age, activities, and individual needs which are comparable to that of other children in the community.**  
This means that you will have the clothes you need to have for playing, going to school, going to church, and for hot or cold weather, and that your clothes and shoes will be similar to other kids in your school and neighborhood.
5. **Except for infants, individual space in the foster home must be provided for the child's personal possessions and for a reasonable degree of privacy.**  
This means that you will have either your own room, or have your own space in a room that you share with another child. You will have a place to keep your clothes and other things that belong to you, like in a closet, dresser, or shelves. "Reasonable degree of privacy" means that you will have the space to be by yourself if you want it, like at bedtime, when changing clothes, and other times you just want to be alone.
6. **Foster parents shall allow the child to bring, possess, and acquire personal belongings subject only to reasonable household rules and the child's service plan.**  
This means that the foster parents will let you bring things from your own home, like some of your own clothes, shoes, toys, and other things that you want to have with you. The foster parents will let you spend your allowance to get things you want, and also will buy clothes, shoes, and some other things for you while you are living in their home.  
There may be some rules of the house and of your treatment plan that would keep you from having certain things. You will need to talk with the foster parents to find out what the rules are about the things that you want to get or bring with you.
7. **Personal belongings shall be sent with the child when he or she leaves the home.**  
This means that all of the things that you bring with you to the foster home, all of the things you buy for yourself with your allowance, and all of the things that are given to you at the foster home, will be yours to take with you when you leave the foster home.
8. **Foster parents shall only expect a child to perform household tasks, which are within the child's abilities, reasonable for the child's age, and similar to those expected of other household members of comparable age and ability.**

This means that you will have chores at the foster home but the chores that are given to you will be ones that you are able to do yourself or with a little help. They will not give you chores that are too difficult, that you do not know how to do, or that an adult should do.

9. **Children shall be given guidance in managing their own money.**  
This means that the foster parents will help you learn how to save your money and spend it wisely.
10. **Money earned by a child or received as a gift or allowance shall be his or her personal property.**  
This means that any money that is given to you for allowance or as a gift will belong to only you to do with as you please. But remember that you need to learn how to save and spend your money wisely.
11. **A child shall not be required to use earned money to pay for room and board unless it is a part of the treatment plan and approved by the parent or guardian and the agency.**  
This means that you will not have to use your allowance to pay for staying at the foster home or for your food unless it is part of your treatment plan that the agency therapist would have talked with you about.
12. **Children shall have the right to privacy in writing, sending or receiving correspondence unless restricted by the service plan.**  
This means that you do not have to show letters or cards to foster parents before sending them or after getting them in the mail.
13. **Children shall not be denied food, mail or visits with their families as punishment. Children shall have the right to visits with their families in accordance with their service plans.**  
This means that if you do something that you get in trouble for, the foster parents will not punish you by not letting you eat by taking your mail, or by not letting you visit your family.
14. **Children shall not be subjected to remarks, which belittle or ridicule them or their families.**  
This means that the foster family will not make fun of you for not being with your family, and will not make fun of your family.
15. **Children shall not be threatened with the loss of foster home placement.**  
This means that the foster family will not tell you that you will have to leave their home for a punishment.
16. **Children shall not be publicly identified to their embarrassment as wards of the agency.**  
This means that the foster family or anyone at Shadow Mountain will not make you feel embarrassed by telling people that you are in DHS custody or that you are a foster child.
17. **Children shall not be exploited or embarrassed by any publicity or promotional materials.**  
This means that neither foster parents nor Shadow Mountain will use your story or your picture to advertise for our program, or to tell other people about you. Your story is private and we will keep it that way.
18. **Children shall not be forced to acknowledge their dependency on the child placing agency or their gratitude to it.**  
This means that no one will make you tell the foster parents or Shadow Mountain that you are thankful for the family you are staying with or the things that Shadow Mountain does.
19. **Children shall have opportunity for private conversation with the agency's staff member responsible for their supervision, either at the child or agency's request.**  
This means that you can speak with your therapist at Shadow Mountain by yourself, without anyone else listening. You can ask to speak with your therapist whenever you want. After 5:00 in the evening, only call your therapist for

emergencies. During the day it is OK to call him or her anytime. Also, your therapist may ask to talk with you without anyone else listening.

- 20. **Educational opportunities shall be provided for each child in foster care in accordance with this plan of care.**  
This means that you will be enrolled in a school close to the foster home. It also means that you will get the teachers and classes that you need to do the best you can in school.
- 21. **Children shall have the right to participate in the development of his or her treatment plan as appropriate.**  
This means that you can say what things you think you need to work on while in foster care.
- 22. **Children have the right to develop in their own ethno cultural environment, to the extent possible.**  
This means that your foster parents will be sensitive to your values, beliefs, culture, and the setting you have grown up in.
- 23. **Children have the right to receive services in a humane psychological environment and to be protected from harm, abuse, and neglect. No client shall ever be neglected or sexually, physically, verbally, or otherwise abused.**  
This means that no one should hurt you or take advantage of you. If you feel at any time that you are being harmed, you have a right to report this to your therapist, worker, parent, school, police officer, or other trusted adult. You also have the right to contact the Shadow Mountain office to make a report and get help.

**Your Responsibilities**

- 1. **You have a responsibility to treat foster parents, their children, TFC staff and other foster kids with courtesy and respect.**
- 2. **You have the responsibility to behave in such a way as to protect yourself and others from exposure to or transmission of any infectious or communicable diseases, including those that are sexually transmitted.**
- 3. **You have the responsibility to make your concerns known to TFC staff or your foster parents and to ask questions when you need information.**

**I have read the above and understand its contents.**

_____	_____
Foster Child	Date
_____	_____
Foster Parent	Date
_____	_____
Foster Parent	Date
_____	_____
TFC Therapist	Date
_____	_____
Parent/Legal Guardian	Date

## CLOSURE OF FOSTER HOME

Closure of a foster home may occur due to the foster parents' request, a joint decision made by Shadow Mountain and the foster parents, or a decision made solely by Shadow Mountain. Regardless of the reasons, the following procedure will be followed when a foster home is closed.

### **PROCEDURE**

- A. When possible, face-to-face contact will be made with the foster parents to clarify the reason for the closure. If face-to-face contact is not possible, written notice will be given to the foster parents with a copy placed in the foster parent file. In the event that:
1. The foster parents request closure, personal contact with the foster parents may help clear up any misunderstanding about the reason for the closure request. The foster parents may have made the request for closure due to personal circumstances. The foster parents may be dissatisfied with the agency and believe their previous attempts to express concern have been disregarded. Every effort will be made to resolve concerns that the foster parents have about the agency and clarify misunderstandings. Whether or not the closure can be averted, the foster parents will be given the opportunity to work on the issues with agency staff.
  2. The foster parents and agency reach a mutual decision that closure is the best alternative, personal contact with the foster parents will give both the foster parents and the agency an opportunity to clarify the reasons for the joint decision.
  3. The agency determines that the foster home no longer meets agency standards and is to be closed, personal contact ensures that the foster parents understand the reason for the closure. The circumstances that led to closure will be fully and truthfully explained to the foster parents.
- B. The Agency shall document in writing, in the therapeutic foster home file and in writing to the therapeutic foster home parents:
- ◆ The reason (s) for closure
  - ◆ Any violations of licensing standards
  - ◆ Any violations of OHCA Provider Manual Rules
  - ◆ Any violations of the DHS placement agreement
  - ◆ Corrective action plan (s) implemented regarding violations and progress or lack of progress in fulfilling the corrective action plan requirement
  - ◆ The performance history with the Agency
  - ◆ Their right to access the Fair Hearing and Appeals process

This document will explain the reason for closure in clear, concise language.

## **CLOTHING**

Upon initial placement of a custody youth in therapeutic foster care, DHS may or may not provide a clothing voucher. It will be determined on a case-by-case basis. Foster parents are not to request a clothing voucher from DHS workers. Clothing obtained after initial placement is financed by the foster care reimbursement. It is not appropriate for foster parents to obtain clothing for TFC children/youth from organizations such as "Citizens Concerned for Children".

Foster parents are to provide youth with clothing in keeping with current styles and similar in appearance to other youth in the community, that is age appropriate and seasonally appropriate. It is Shadow Mountain's expectation that foster parents provide clothing and/or accessories on a monthly basis and will spend a minimum of fifty (50) dollars per month on such items. Failure to do so may result in a portion of your reimbursement being withheld.

An inventory of clothing and accessories will be completed at the time of placement and at the time of discharge. If it is determined that children leaving a foster home do not have appropriate clothing, foster parents are responsible for purchasing such clothing at the time of discharge. If foster parents refuse, a portion of the reimbursement check will be withheld and clothing will be purchased by the therapist and/or the new care provider. All receipts from clothing and accessories purchased will be submitted on at least a monthly basis.

## COMMUNICABLE DISEASE

All youth in DHS legal custody who are found to be at risk for acquired immunodeficiency syndrome (AIDS), HIV positive, or medically diagnosed as having AIDS or AIDS Related Complex (ARC), will be provided care and treatment according to current DHS policy.

This policy is founded on four basic principles:

1. The provision of therapeutic intervention for individuals found to be at risk of exposure to the human immune deficiency virus;
2. The protection of individuals by universal application of infection control procedures;
3. The prevention of transmission by informing individuals of how the HIV is transmitted and the precautions to be exercised to prevent transmission; and
4. The protection of the right to privacy.

Shadow Mountain recommends that foster parents and staff practice the following universal blood and body fluid precautions in caring for all foster children.

### **Physical Contact**

Persons who care for infectious disease clients and who may come in contact with their body fluids should take the precautions practiced with an infectious disease such as wearing gloves (particularly if the client is secreting fluids and the care giver has any open cuts on the hand).

### **Spills**

Blood or body fluids spilled on environmental surfaces should be cleaned with a 50-50 mix of water and common household bleach. Cleaning rags should be disposed of.

### **Clothing**

The Center for Disease Control (CDC) recommends no special treatment of clothing contaminated by the AIDS virus and suggests a normal laundry cycle with regular bleach concentration.

### **Note**

It is generally accepted by medical authorities that the AIDS virus dies easily and quickly outside the body. Therefore, clothing, bedding, and food utensils, if properly cleaned, pose no long-term threat.

If the child's TFC therapist determines that a child is at risk for HIV infection, Shadow Mountain will provide education, including precautions regarding the spread and transmission of HIV. Procedures for accessing to a specialized AIDS counseling service will be determined in the child's individualized treatment plan.

Furthermore, non-routine testing for infectious or contagious disease will not be provided or required by Shadow Mountain. At that time Shadow Mountain will refer him/her to an outside qualified agency who will be responsible for providing and informed consent, pre-counseling, testing and post counseling. A licensed physician has responsibility to recommend and proceed with testing and obtain an informed consent when necessary. Accessible test results will be placed in the child's confidential medical record.

## **CONFIDENTIALITY**

Information regarding the youth in care and his family is to be held in confidence. Only those authorized to have this information do not require releases of information. All persons providing services, including foster parents, are bound by confidentiality requirements consistent with State Statute, Title 10: Section 1125, Federal Regulation 45 CFR, Part 1340, and professional standards.

Issues of confidentiality are explained during the foster parent orientation training.

The purpose herein is to:

1. Protect the rights of each person to confidentiality; and
2. To comply with Agency policies and state and federal statutes.

## CRISIS MANAGEMENT

Foster parents are expected to keep the child's TFC therapist informed of all significant events pertaining to the foster child. Foster parents must have a working telephone in the home.

Crisis management is provided to provide assistance, support, direction, and to serve as a problem solving resource.

It will be the policy of Shadow Mountain Therapeutic Foster Care that at least one staff person will be "on-call" at all times. A cell phone will be carried by the on-call therapist to facilitate parent contact during times of crisis.

During working hours (Monday through Friday 8:30 a.m. – 5:00 p.m.) the foster parents are requested to notify the Shadow Mountain TFC therapist of any situation that impacts the care, supervision, or treatment of the foster child. This may include medical emergencies, injuries, behavioral crisis, allegations of abuse or neglect, or allegations of criminal activity of any member of the foster home.

Foster parents are to notify the on call therapist using the on call cell phone for their area when situations occur outside of normal business hours.

**Oklahoma City Area Crisis Phone      (405) 243 - 7876**

**Tulsa Area Crisis Phone                (918) 607 – 3113**

Shadow Mountain staff are available on a twenty-four hour basis to provide assistance and support. Foster parents are requested to use the crisis cell as an alternative when the therapist cannot be reached at work.

In the event of a psychiatric emergency, the Agency shall immediately contact the child's primary and secondary DHS workers and/or supervisors and/or county directors. Every effort will be made to stabilize the client while awaiting authorization for inpatient screening by Oklahoma's Health Care Authority's authorized agent.

If it is determined that the custody youth meets criteria for inpatient crisis stabilization, the Agency coordinates admission with the child's DHS worker and/or supervisor and/or county director and the Inpatient Psychiatric Care reviewer. If the child is found to be a child in need of mental health treatment by the court, the Agency shall coordinate the plan for inpatient care with the DHS worker prior to the discharge of the resident from therapeutic foster care. If it is determined that he child does not meet the criteria for inpatient care, the Agency shall provide crisis intervention services necessary to stabilize the situation.

## DAILY LOG INFORMATION AND INSTRUCTIONS

The Daily log gives us a day-by-day account of where the child/youth is regarding treatment plan goals and service areas. Its format responds directly to the treatment plan. With that in mind, each parent and therapist should continue to be familiar with what is documented on the treatment plan so that our daily interactions and instructions with our youth correspond with it.

**The Daily log also meets the Child Welfare contract requirements for daily documentation as well as FEDERAL MEDICAID documentation mandates for payment of services. The importance of daily documentation via this form should never be underestimated. *Failure to submit logs within two weeks of completion may result in withholding the treatment portion of your reimbursement.***

### **BASIC LIVING SKILLS (Must be 30 minutes a day):**

Please note that you must record the time frame in the space provided. The focus here is what we can teach the child/youth to prepare them for independent living. Independent living skills are those skills that promote the child's/youth's ability to care for self, property and home maintenance. We want to provide goal directed activities designed for each child/youth to learn, restore, retain, and improve those basic skills necessary to independently function in the home and community. As parents we know you can never start too early. While this is a very broad area, we must keep in mind the age and development of the child/youth. The treatment plan addresses this area specifically as to what will be worked on during the time frame of the treatment plan. These may or may not change during the three-month treatment plan period. However, as foster parents, you are assessing them daily. You work with your child throughout the day on basic living skills and it needs to be reflected on the Daily log by showing your involvement. The following phrases may be helpful to show your involvement: **Worked with Susie on; Discussed with Susie; Helped Susie practice; Redirected Susie on; Teaching Susie to; Role-played with Susie on how to; Instructed Susie on; Demonstrated how to.** Some examples of basic living/independent living skills are, *personal hygiene, bathing, brushing teeth, using deodorant, cleaning fingernails, applying make-up or topical medications to a sore or rash, food planning and preparation, maintenance of living environment, household management, personal and household shopping, community awareness and familiarization with community resources, job application and resume writing.* On the Daily log document what the child did in positive terms as well as any problem areas that need to be looked at. These could be behavioral or developmental. By documenting them, it is a reminder to you and to the therapist of possible areas to monitor. Each daily entry must be signed by the Treatment Parent Specialist.

### **BASIC LIVING SKILLS (must be 30 minutes a day):**

Please note that you must record the time in the space provided. The focus here is what we can teach the child/youth to prepare them for independent living. Independent living skills are those skills that promote the child's/youths ability to care for self, property, home maintenance. We want to provide goal directed activities designed for each child/youth to learn, restore, retain, and improve those basic skills necessary to independently function in the same home and community. As parents we know you can never start too early. While this is a very broad area, we must keep in mind the age and development of the child/youth. The treatment plan addresses this area specifically as to what will be worked on during the time frame of the treatment plan. These may or may not change during the three month treatment plan period. However, as foster parents, you are assessing them daily. Some examples of basic living/independent living skills are *personal hygiene, bathing, brushing teeth, using deodorant, cleaning fingernails, applying makeup or topical medications to a sore or rash, food planning and preparation, maintenance of living environment, household management, personal and household shopping, community awareness and familiarization with community resources, job application and resume writing.* On the daily log document what the child did and how the child responded to teaching/intervention by the treatment parent. The treatment parent should also document any problem areas that need to be addressed. These could be behavioral or developmental. By documenting them, it is a reminder to you and to the therapist of possible areas to monitor.

### **SOCIAL SKILLS (Must be 1 hour a day):**

Please note that you must record the time frame in the space provided. The focus here is to provide goal directed activities designed for each child/youth to restore, retain and improve the self help, communication, socialization, and adaptive skills

necessary to reside successfully in home and community based settings. These skills/behaviors should promote healthy relationships with others in the home, community, workplace, and school. The skills should be discussed, explained and modeled by the foster parents as well as other persons involved in their lives, with appropriate feedback for optimum learning. Some examples of such skills and behaviors to focus on would include, but not be limited to, *appropriate table manners, initiating appropriate conversation, communication skills, learning general greeting and response skills, appropriate verbalizing of emotions, peer interaction, problem solving skills, anger management, decision making, self esteem issues*. Again, demonstration, verbal explanations, practice and role-playing can teach these skills. Teach our youth the importance of learning these skills and remember to provide opportunities for them to practice what they are learning. Be specific in your charting of these skills and the child's/youth's response to instruction. Specific social skill redevelopment areas are listed on your child's treatment plan.

#### **RECREATIONAL ACTIVITY:**

Providing recreation is an opportunity for a child/youth to have some fun and to practice on social and living skills. Recreation is part of a well-balanced life and is a very broad area. Please be sure you ask for the child/youth's input. Recreation is what they enjoy doing. Some examples would include, *movies, video games, swimming, hiking, scouts, school clubs, sports activities, playing with friends, picnicking, dancing, playing in the sandbox, swinging, taking a family vacation, youth groups activities, etc.* RECREATION IS NOT ATTENDING CHURCH.

#### **THERAPEUTIC HOLD / INTERVENTION:**

If you have had to use any type of supportive hold, this should be recorded and an occurrence report completed. **Remember that the graded steps for de-escalation should ALWAYS be used prior to using a therapeutic hold.** Therapeutic holds should only be used in the case of harm to self or others. Document the steps used in the occurrence report. If you have to use a therapeutic hold, record the beginning and ending time. Any person using a hold should always be very careful. Putting a child in a prone position (on the floor, face down,) should never occur. Deaths have occurred with such holds.

**SUBSTANCE ABUSE / PREVENTION EDUCATION (Must be 45 minutes a month):** Substance abuse packets will be provided at monthly group meeting. Your TFC therapist will assist you in individualizing this information as indicated for the child in your home. If a child is identified with a chemical dependency problem, we must provide treatment in addition to substance abuse prevention/ education. If they do not have a problem with alcohol/drugs, we will provide education in areas relating to this as mandated by OHCA. Examples they have given include; *self esteem issues, conflict resolution, anger management, etc.* You do not have to wait for your therapist to bring you information if you have some yourself. You must document the time and the activity provided. Listed below are some guidelines based upon developmental age of the child:

##### **Preschool:**

They love new experiences and exploring the world. Begin letting them make choices. Review dangers of prescription/non-prescription drugs. Spend time with them.

##### **Kindergarten to 3<sup>rd</sup> Grade:**

Review healthy and unhealthy practices as related to drugs/alcohol. Review family/school rules concerning drugs/alcohol and the reasons for these rules. Role-play situations where the child may need to learn to say no.

##### **4<sup>th</sup> through 6<sup>th</sup> Grades:**

Decision making skills, firm guidance and honest interactions with adults will enable the child to avoid being a follower. Encourage child/youth to participate in after-school activities, keep them from boredom!

##### **7<sup>th</sup> through 9<sup>th</sup> Grades:**

Remind child/youth it is illegal for them to smoke/drink. Reinforce the immediate side effects. Emphasize that everyone is not doing it. Know where your child is. Monitor friends. Invite friends to your house for a fun-filled drug-free time!

##### **10<sup>th</sup> through 12<sup>th</sup> Grades:**

Continue education. Talk about damage caused by alcohol-related accidents. Provide an atmosphere that encourages youth to call you if they make a bad decision and find themselves in danger. Keep youth involved in some family activities. Know where youth is and who their friends are.

**ALLOWANCE:** Giving an allowance is not an option. Allowance is not earned. The purpose of giving an allowance is for children to learn about money, budgeting, saving, etc. The amount of allowance given will be determined based on age, developmental level, cognitive level, whether the youth is working on budgeting and independent living skills, etc (guidelines are included in the foster parent handbook). The method of disbursement is preferred weekly but every other week is acceptable if agreed upon during treatment planning. Disbursement of allowance should not be once a month. The date and amount of allowance should be documented in the space provided on their log.

**MEDICAL:** All medications given to youth must be documented in the space provided on the log with dosage and times given. All medical appointments that a child receives should be documented on their log. In addition, please attach the medical verification form signed by the Doctor.

**VISITATION: Please document any visits from caseworkers, attorneys, CASA worker, etc. in the space provided on the log.**

**CLOTHING:** Children/youth are to have clothing in keeping with current styles and similar in appearance to other youth in the community and school, that is age appropriate and seasonally appropriate. A minimum of \$50.00 a month is to be spent on clothing or accessories. Receipts are to be attached to your Daily log when clothing is purchased. A portion of your reimbursement may be withheld if receipts are not provided. Clothing is to be purchased with the reimbursement paid to foster parents. Clothing vouchers are not issued to TFC foster parents and foster parents are not to ask for them. Foster parents are not to provide clothing for foster children via agencies that give clothing away to custody children.

**TFC PROVIDER NOTES/COMMENTS:** This space is provided for you to include any information not already given but you feel the therapist needs to be aware of. Do not limit yourself to as to what you write. Did your child do something extra wonderful or receive a reward of some kind? Is your child experiencing anxiety or new problems? Did they have a family visit or did the DHS worker visit? How did they respond? Praise your foster child here. Please attach additional sheets if needed.

**SHADOW MOUNTAIN B.H.S. DAILY LOGS - EXAMPLE**

Name of Child: \_\_\_\_\_ Tx Plan Period: \_\_\_\_\_ through \_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

**Basic Living Skills Needs (30 minutes per day)**

**Social Skills Needs (60 minutes per day)**

1	Learn age appropriate hygiene and self care.	4	Learn to prepare for the day	1	Learn communication skills:	4	Learn social skills of sharing and taking turns.
2	Learn about nutrition and health	5	Learn to care for personal space and belongings.	2	Maintain appropriate physical boundaries	5	Learn to use words to express feelings.
3	Client will learn about basic meal preparation	6	Improve study skills and academic effort.	3	Follow adult directives appropriately.	6	

**BLS: In Home Strategies to address above needs**

**Social Skills: In Home Strategies to address needs**

1. Direct instruction and supervision for daily hygiene tasks, study skills, and household chores.	1. Teach appropriate social skills and personal boundaries.
2. Model and reinforce taking care of one's self, personal property, and personal space.	2. Model appropriate, healthy social interactions with other adults, peers, and client.
3. Praise positive and appropriate actions by client and encourage client to make appropriate choices.	3. Reward and praise client for client pro-social actions and compliance with adult directives.
4. Redirect client in a consistent manner when making inappropriate choices by offering other choices	4. Offer choices of appropriate options /activities for client to meet needs without intruding on others.
5. Stop inappropriate or ineffective actions and provide consequences when necessary.	5. Intervene at the early stages of frustration to redirect client and/or assist her in expressing her emotions in appropriate ways.
6.	6. Draw client's attention to the positive social skills demonstrated by siblings and peers.

**Day One**

<b>BASIC LIVING SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____ : ____ - ____ : ____ <b>AM / PM</b> (30 mins. required)
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What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child:  Modeled;  Guided;  Taught; Other: \_\_\_\_\_  
 Skill Completed:  Refused  W/ Assistance  W/ Minimal Assistance  No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Treatment Parent Signature** **Date**

<b>SOCIAL SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____ : ____ - ____ : ____ <b>AM / PM</b> (60 mins. required)
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What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child:  Modeled;  Guided;  Taught; Other: \_\_\_\_\_  
 Skill Completed:  Refused  W/ Assistance  W/ Minimal Assistance  No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Treatment Parent Signature** **Date**

Important events or behaviors today at home or school: \_\_\_\_\_  
 \_\_\_\_\_

**TP managed behaviors today by:**

Guided redirection # \_\_\_\_\_;  Verbal redirection # \_\_\_\_\_;  Positive Reinforcement # \_\_\_\_\_;  Prompts to use coping skills # \_\_\_\_\_;  
 Time Out -duration: \_\_\_\_\_;  Restriction--duration: \_\_\_\_\_;  Observed trigger & required action by parent to prevent escalation # \_\_\_\_\_

Day Two

<b>BASIC LIVING SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (30 mins. required)
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What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child:  Modeled;  Guided;  Taught; Other: \_\_\_\_\_  
 Skill Completed:  Refused  W/ Assistance  W/ Minimal Assistance  No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

\_\_\_\_\_  
**Treatment Parent Signature** **Date**

<b>SOCIAL SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (60 mins. required)
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What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child:  Modeled;  Guided;  Taught; Other: \_\_\_\_\_  
 Skill Completed:  Refused  W/ Assistance  W/ Minimal Assistance  No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

\_\_\_\_\_  
**Treatment Parent Signature** **Date**

Important events or behaviors today at home or school: \_\_\_\_\_

**TP managed behaviors today by:**

Guided redirection # \_\_\_\_\_;  Verbal redirection # \_\_\_\_\_;  Positive Reinforcement # \_\_\_\_\_;  Prompts to use coping skills # \_\_\_\_\_;  
 Time Out -duration: \_\_\_\_\_;  Restriction--duration: \_\_\_\_\_;  Observed trigger & required action by parent to prevent escalation # \_\_\_\_\_

Day Three

<b>BASIC LIVING SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (30 mins. required)
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What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child:  Modeled;  Guided;  Taught; Other: \_\_\_\_\_  
 Skill Completed:  Refused  W/ Assistance  W/ Minimal Assistance  No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

\_\_\_\_\_  
**Treatment Parent Signature** **Date**

<b>SOCIAL SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (60 mins. required)
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What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child:  Modeled;  Guided;  Taught; Other: \_\_\_\_\_  
 Skill Completed:  Refused  W/ Assistance  W/ Minimal Assistance  No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

\_\_\_\_\_  
**Treatment Parent Signature** **Date**

Important events or behaviors today at home or school: \_\_\_\_\_

**TP managed behaviors today by:**

Guided redirection # \_\_\_\_\_;  Verbal redirection # \_\_\_\_\_;  Positive Reinforcement # \_\_\_\_\_;  Prompts to use coping skills # \_\_\_\_\_;  
 Time Out -duration: \_\_\_\_\_;  Restriction--duration: \_\_\_\_\_;  Observed trigger & required action by parent to prevent escalation # \_\_\_\_\_

Day Four

<b>BASIC LIVING SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (30 mins. required)
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What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child: Modeled; Guided; Taught; Other: \_\_\_\_\_  
 Skill Completed: Refused W/ Assistance W/ Minimal Assistance No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

<b>Treatment Parent Signature</b>	<b>Date</b>
<b>SOCIAL SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (60 mins. required)

What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child: Modeled; Guided; Taught; Other: \_\_\_\_\_  
 Skill Completed: Refused W/ Assistance W/ Minimal Assistance No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

<b>Treatment Parent Signature</b>	<b>Date</b>
Important events or behaviors today at home or school: _____	

**TP managed behaviors today by:**  
 Guided redirection # \_\_\_\_\_;  Verbal redirection # \_\_\_\_\_;  Positive Reinforcement # \_\_\_\_\_;  Prompts to use coping skills # \_\_\_\_\_;  
 Time Out -duration: \_\_\_\_\_;  Restriction--duration: \_\_\_\_\_;  Observed trigger & required action by parent to prevent escalation # \_\_\_\_\_

Day Five

<b>BASIC LIVING SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (30 mins. required)
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What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child: Modeled; Guided; Taught; Other: \_\_\_\_\_  
 Skill Completed: Refused W/ Assistance W/ Minimal Assistance No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

<b>Treatment Parent Signature</b>	<b>Date</b>
<b>SOCIAL SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (60 mins. required)

What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child: Modeled; Guided; Taught; Other: \_\_\_\_\_  
 Skill Completed: Refused W/ Assistance W/ Minimal Assistance No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

<b>Treatment Parent Signature</b>	<b>Date</b>
Important events or behaviors today at home or school: _____	

**TP managed behaviors today by:**  
 Guided redirection # \_\_\_\_\_;  Verbal redirection # \_\_\_\_\_;  Positive Reinforcement # \_\_\_\_\_;  Prompts to use coping skills # \_\_\_\_\_;  
 Time Out -duration: \_\_\_\_\_;  Restriction--duration: \_\_\_\_\_;  Observed trigger & required action by parent to prevent escalation # \_\_\_\_\_

Day Six

<b>BASIC LIVING SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (30 mins. required)
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What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child: Modeled; Guided; Taught; Other: \_\_\_\_\_  
 Skill Completed: Refused W/ Assistance W/ Minimal Assistance No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

\_\_\_\_\_  
 Treatment Parent Signature Date

<b>SOCIAL SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (60 mins. required)
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What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child: Modeled; Guided; Taught; Other: \_\_\_\_\_  
 Skill Completed: Refused W/ Assistance W/ Minimal Assistance No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

\_\_\_\_\_  
 Treatment Parent Signature Date

Important events or behaviors today at home or school: \_\_\_\_\_

**TP managed behaviors today by:**

Guided redirection # \_\_\_\_\_;  Verbal redirection # \_\_\_\_\_;  Positive Reinforcement # \_\_\_\_\_;  Prompts to use coping skills # \_\_\_\_\_;  
 Time Out -duration: \_\_\_\_\_;  Restriction--duration: \_\_\_\_\_;  Observed trigger & required action by parent to prevent escalation # \_\_\_\_\_

Day Seven

<b>BASIC LIVING SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (30 mins. required)
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What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child: Modeled; Guided; Taught; Other: \_\_\_\_\_  
 Skill Completed: Refused W/ Assistance W/ Minimal Assistance No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

\_\_\_\_\_  
 Treatment Parent Signature Date

<b>SOCIAL SKILLS</b>	<b>Date:</b> _____ <b>Time</b> ____:____ - ____:____ <b>AM / PM</b> (60 mins. required)
----------------------	---

What skill did you work on? 1 2 3 4 5 6 Strategy: 1 2 3 4 5 6 or Other: \_\_\_\_\_  
 How TP worked on the skill with child: Modeled; Guided; Taught; Other: \_\_\_\_\_  
 Skill Completed: Refused W/ Assistance W/ Minimal Assistance No Assistance Needed  
 How did Child Respond (What happened?): \_\_\_\_\_

\_\_\_\_\_  
 Treatment Parent Signature Date

Important events or behaviors today at home or school: \_\_\_\_\_

**TP managed behaviors today by: =**

Guided redirection # \_\_\_\_\_;  Verbal redirection # \_\_\_\_\_;  Positive Reinforcement # \_\_\_\_\_;  Prompts to use coping skills # \_\_\_\_\_;  
 Time Out -duration: \_\_\_\_\_;  Restriction--duration: \_\_\_\_\_;  Observed trigger & required action by parent to prevent escalation # \_\_\_\_\_

**Recreation Activities Based on Child's Talents, Hobbies, & Chosen Interests:**

Sports  Video Game  Free Play Inside  Free Play Outside  Arts / Crafts  Park  Dance  Music Activity  
 Other: \_\_\_\_\_  Child's Chosen Activity: \_\_\_\_\_

**Visitations For Week**

With:  Bio parent(s);  Siblings;  Extend Family;  Caseworker;  Adopt. Parent(s);  Agency Staff

Type:  Phone;  Mail  In person Where: \_\_\_\_\_

Names/Date: \_\_\_\_\_

**Medical Appointments**

Routine Medical Date: \_\_\_\_\_ Provider: \_\_\_\_\_;  Eye Exam Date: \_\_\_\_\_ Provider: \_\_\_\_\_

Dental Date: \_\_\_\_\_ Provider: \_\_\_\_\_;  Psychiatric Date: \_\_\_\_\_ Provider: \_\_\_\_\_;

ER (must do an incident report) Date: \_\_\_\_\_;

Copy of Visit Results Sent to Agency & Placed in Lifebook

Medications were changed (*notify agency immediately to obtain approval prior to giving medication to child*)

**Medications Given**

Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  S  M  T  W  R  F  S  
Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  S  M  T  W  R  F  S  
Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  S  M  T  W  R  F  S  
Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  S  M  T  W  R  F  S  
Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  S  M  T  W  R  F  S

**ILS Activities for the week for: 16 and up**

Job Skills: \_\_\_\_\_ Length of Activity: \_\_\_\_\_

Cooking Skills: \_\_\_\_\_ Length of Activity: \_\_\_\_\_

Nutrition / Diet: \_\_\_\_\_ Length of Activity: \_\_\_\_\_

Community Resources: \_\_\_\_\_ Length of Activity: \_\_\_\_\_

Transportation Tools: \_\_\_\_\_ Length of Activity: \_\_\_\_\_

Financial – Budgeting Skills: \_\_\_\_\_ Length of Activity: \_\_\_\_\_

Educational Assistance: \_\_\_\_\_ Length of Activity: \_\_\_\_\_

How TP worked on the skill with child:  modeled;  guided;  taught; Other: \_\_\_\_\_

Skill Completed:  Refused  W/ Assistance  W/ Minimal Assistance  No Assistance Needed

**UNSUPERVISED TIME**

Amount of Unsupervised Time This Week: \_\_\_\_\_ hours

Activities / Reason: \_\_\_\_\_

**Lifebook Addressed:**  Report cards, school awards, educational info.  Pictures added;  Medical Services added;  Stories added;

**Allowance Given:**  S  M  T  W  R  F  S Amount: \$ \_\_\_\_\_ ct initials

**Clothing Total for Week:** (Min of \$50 each month) Amount \$ \_\_\_\_\_ ct initials  
 Receipts attached

**Assessment of Behavior for This Week** (see attached key for scale)  
 1  2  3  4  5  6  7  8  9  10

\_\_\_\_\_  
Treatment Parent Signature Date  
Please turn in Incident Reports when required

\_\_\_\_\_  
Review Clinician's Signature Date  
\*\*To be submitted within 24 hours of the incident\*\*

**SUBSTANCE ABUSE EDUCATION & PREVENTION**

**Name of Child:** \_\_\_\_\_ **Tx Plan Period:** \_\_\_\_\_ through \_\_\_\_\_

\_\_\_\_\_ # of hours of substance abuse education that must be completed every month for this child.  
In home activities for substance abuse education / prevention from the treatment plan: \_\_\_\_\_

<b>EDUCATION / PREVENTION PROVIDED</b>	<b>Date:</b> _____ Time ____:____ - ____:____ AM / PM (45 mins. each month required)
--	--

1. Please indicate the type of substance abuse education / prevention you provided:

- Self-Esteem Building Activity     General Education     Tobacco  
 Alcohol                                       Drugs                                       Inhalants

2. Please indicate the materials that you used in providing this treatment (must include title).

- Audio or TV Program..... Title: \_\_\_\_\_  
 Brochures / Literature..... Title: \_\_\_\_\_  
 Workbook / Coloring..... Title: \_\_\_\_\_  
 Audio Tape..... Title: \_\_\_\_\_  
 Reading Stories..... Title: \_\_\_\_\_  
 Discussion / Lecture..... Title: \_\_\_\_\_  
 Other: \_\_\_\_\_

3. Child's response and concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Smoke detectors and fire extinguishers checked this week:**     Yes     No *(Smoke detectors & fire extinguishers must be checked at least once per month.)*

\_\_\_\_\_  
**Treatment Parent's Signature**

\_\_\_\_\_  
**Date**

## DISCIPLINE AND BEHAVIOR MANAGEMENT

The Agency recognizes that all children need to be disciplined or corrected from time to time. However, due to the psychological and legal liabilities involved with physical punishment, Agency policy prohibits the use of physical punishment, including spanking. The Agency and foster parents also adhere to the standards set forth by the "Terry D" Consent Decree.

The word discipline comes from a Latin word meaning "to teach". Foster parents serve as teachers and guides to children in foster care. It is also important to understand that discipline is a long process that evolves to meet the changing needs of the growing child and it has desired outcomes. Discipline is intended to result in a child's development of self-control, self-respect, responsibility and orderliness.

### **Prohibited Forms of Discipline:** (not to be considered all-inclusive)

Foster Parents may **NOT** use the following:

- ◆ Physical punishment inflicted on the body
- ◆ Ridicule, verbal abuse or threats, or derogatory or humiliating remarks directed at either the foster child or his/her family
- ◆ Punishment for bedwetting or actions related to toilet training
- ◆ Delegation of punishment to another child or group of children
- ◆ Denial of any elements of the Individualized Treatment Plan
- ◆ Denial of mail, communication, or visits with their biological family as punishment
- ◆ Shaking of a child, no matter what age
- ◆ Requiring the child to remain silent for long periods of time
- ◆ Placement of a child in a locked room
- ◆ Group punishment for the misbehavior of an individual child
- ◆ Delegation of discipline to persons not known to the child
- ◆ Threats of removal from the foster home
- ◆ Requiring the child to remain in a room for long periods of time

### **Acceptable Forms of Behavior Management:** (not to be considered all-inclusive)

Foster parents **MAY** use the following:

- ◆ Praise and encouragement should be used as the prime motivation
- ◆ Time out periods
- ◆ Withholding privileges for short periods
- ◆ Behavior Management

One of the most successful tools for producing behavior change, particularly in children who do not or cannot respond to a cognitive approach, is behavior management. Its basic assumption is that both adaptive and maladaptive behaviors are learned, and can therefore be "unlearned."

Behavior contracting, charts and rewards, natural and logical consequences can be useful tools in targeting a child's behavior. Foster parents should develop behavior management systems in conjunction with the child's assigned TFC therapist.

Passive Physical Restraint is the only allowable method of restraining a child. You may only use physical restraint for the following reasons:

- ◆ Self-protection
- ◆ When a child is out of control and a harm to themselves
- ◆ Protection of another person from the foster child
- ◆ Protection of valuable property from damage

The foster parent (s) must use the least restrictive physical restraint necessary to control the situation.

The foster parent (s) must notify Shadow Mountain staff immediately following the use of physical restraint.

The foster parent (s) are required to submit a detailed, written report of the incident to Shadow Mountain staff following the use of physical restraint.

## FAIR HEARING AND APPEALS PROCESS

Upon closure of a therapeutic foster home, therapeutic foster parents have access to a fair hearing and appeals process. The following steps will be followed:

- ❑ Foster parent will complete a grievance form indicating their desire to access the fair hearings and appeals process.
- ❑ The request must be filed within thirty (30) days of home closure and must include any supporting documentation.
- ❑ The Grievance Coordinator of Shadow Mountain Behavioral Health System will review documentation and respond to foster parent in writing within fourteen (14) days of receipt of request.
- ❑ Foster parent may appeal response within fourteen (14) days to the Chief Operating Officer (COO) of Shadow Mountain Behavioral Health System. Foster parent may request to meet with the COO.
- ❑ The COO will review documentation and respond to foster parent in writing within fourteen (14) days of receipt of request. This will be considered as the final response in the appeal process with Shadow Mountain Behavioral Health System.
- ❑ A file of all Fair Hearing and Appeals Process documentation will be maintained.

## **Fire / Disaster Plan**

Each foster home must have a specific plan for evacuation of their home in an emergency. This plan must be posted in a place familiar to foster children placed in your home. Regular, periodic drills will be conducted in the implementation of this plan.

Shadow Mountain will provide training to foster families regarding actions to be taken during emergencies including fire, severe weather, and other circumstances that compromise the safety of the living environment.

When a youth is placed, the foster parents are to make sure the youth understands how to get out of the house in case of an emergency, such as a fire.

Each foster home is responsible for devising their own specific plan. Minimal information shall include:

1. A plan of escape from each room of the house in case of fire;
2. A designated meeting place upon exiting the house; and
3. Instruction for safety in case of severe weather.

In the case of injury, damage, or risk to the living environment (including, but not limited to, loss of utilities), foster parents will immediately contact their Shadow Mountain therapist or the on-call therapist to advise of actions taken to ensure the safety and wellbeing of all household residents.

## FOSTER CHILD ADMISSION CRITERIA

The State Department of Human Services (DHS) refer youth to Shadow Mountain Therapeutic Foster Care (TFC) Program. These youth are in the custody of DHS.

Quality home care is provided for youths ages 3 to 18 who are in need of out-of-home placement because of their inability to adapt in their own homes or because their homes are not able to adequately meet the youth's needs.

The youth best served by this program are those with special psychological, social and emotional needs who can accept and respond to the close relationships within a family setting but whose special needs require more intensive or therapeutic services than are found in traditional foster care.

All clients admitted to therapeutic foster care must be determined eligible to receive services, according to the medical necessity criteria, by an OFMQ reviewer prior to admission with the exception of clients referred through private contracts.

Youth considered appropriate for referral to therapeutic foster care may exhibit any combination of the following descriptors:

- Runaway
- Mild or moderate delinquent-type behavior
- Difficulty in school, both academic and social
- Inappropriate sexual behavior, including sexual aggression
- Verbal aggression
- Sporadic or occasional physical aggression toward others and/or property
- Severely disturbed emotional functioning
- Substance abuse related problems which do not require detox and/or residential treatment
- Behaviors associated with attachment disorders
- Minimal retardation and/or developmental delay, related to non-organic variables, e.g. emotional problems or environmental neglect, requiring limited support services through the Division of Developmental Disabilities Services, Home and Community Based Waiver.

Youth who are not appropriate include:

Those with serious and repeated delinquent behaviors who appear to need intensive residential or group care treatment programs, which provide 24 hour, awake supervision.

Youth who are so severely emotionally disturbed that they require hospitalization or intensive residential or group care treatment programs, which provide 24-hour, awake supervision.

**Shadow Mountain Behavioral Health System**  
**Therapeutic Foster Care**

**Foster Home Annual Assessment**

Foster Family \_\_\_\_\_

Date \_\_\_\_\_

1. Did the foster parent(s) receive pre-service, in-service or other training since the last re-evaluation? If yes, was the name of the trainer & training, and the number of hours received documented in the foster parent file?  YES  NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_
2. Was the OSBI, MVR, and FBI background check completed on the foster parent(s) and all adults residing in the home within the past 3 yrs?  YES  NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_
3. Does the foster family carry state mandated automobile liability insurance within minimum limits of 10-20-10?  YES  NO  
Company/Policy Number: \_\_\_\_\_  
\_\_\_\_\_
4. Does the foster family's car have adequate/proper automobile car seats / seat belts for foster children riding in the car?  YES  NO
5. Does the driver(s) of the foster family's car have a valid driver's license?  YES  NO
6. Are physical examinations and information from counseling for foster parent(s) and family members in the home completed within the last 3 years?  YES  NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_
7. Has a financial statement been completed within the last 3 years?  YES  NO  
Comments: \_\_\_\_\_  
\_\_\_\_\_
8. Did the foster parent(s) agree to and sign a statement that they will abide by the Department's policy on religion?  YES  NO
9. Did the foster parent(s) agree to and sign a statement that they will abide by the Department's policy on discipline?  YES  NO
10. Did the foster parent(s) agree to and sign a statement that they will abide by the  YES  NO

Department's policy on confidentiality?

11. Do the foster parent(s) provide transportation to visits, appointments, etc?  YES  NO  
(#12 thru #25 must be in paragraph form)
12. List date(s) of home visit(s) and individuals interviewed (all household members).
13. Describe the family's feelings about foster parenting. Is it rewarding, strenuous. What affects has it had on the family, etc?
14. Describe any problems that the family has had with the Agency. Have they felt that communication is adequate to resolve conflicts? Did they feel they received support from staff when needed, etc.?
15. Describe any changes that have affected the family's children or other household members.
16. Are there any changes in the family's financial status (loss of job, furthering education, disability, etc.)? When significant financial changes occur that limit the family's income, a new financial statement is completed.
17. Are there any changes in the family's health (physical or mental) that would hamper their ability to care for the children, etc.?
18. Are there any changes in household, sleeping arrangements, addition or loss of household members, etc.?
19. Are there smoke detectors and fire extinguishers in appropriate locations and are they in working condition? When was the last time the batteries were changed in the smoke detectors?
20. List the children currently in the home and the children kept during the year. List the child's first name, age, ethnicity, gender, date of placement, progress made and difficulties encountered in the home, methods of managing behavior of a child, use of independent living services and training, etc.
21. What are the arrangements for care of children when foster parents are unavailable? Discuss any regular care by others, i.e. child care or substitute caregivers, as well as plans for emergency care. (Update Substitute Caregiver Profile, if applicable).
22. How has the bridge resource family helped the child remain connected to the birth family and community? How has the bridge resource family assisted the birth family in working towards reunification?
23. Have there been any policy violations/concerns, written plans of compliance initiated or abuse/neglect referrals made and investigated? Describe action taken.
24. Make additional comments or discuss other issues that should be addressed (purchase of clothing, preparation of child's life books, and foster parents cooperation in addressing permanency planning for children, special skills, etc.)
25. How were the items listed as "Needs" or "Training Needs" on last year's evaluation addressed and what is the current status of those concerns.

**RECOMMENDATION:**

Does the home meet standards for continued approval? Describe the type of child who is appropriate for placement in this home and include the age and gender. Also list the characteristics of a child the family will not accept.

\_\_\_\_\_  
TFC Therapist/Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Placement Coordinator

\_\_\_\_\_  
Date

Clinical Coordinator

Date

## Shadow Mountain Behavioral Health System

### Foster Home - House Assessment Checklist

Family Name \_\_\_\_\_ Date Completed \_\_\_\_\_

- |  |     |     |       |
|--|-----|-----|-------|
| 1. Do the physical facilities of the home present any safety hazards?<br>The physical facilities of the home must present no hazards to the safety of a child. | Yes | No  | NA    |
| a. Are there weapons in the household:   |     | Yes | No NA |
| b. If yes, are they stored in a locked cabinet?  | Yes | No  | NA    |
| c. If no, describe storage. _____  |     |     |       |
| d. Are household cleaning supplies out of reach of children?   | Yes | No  | NA    |
| e. Are medicines properly stored?  |     | Yes | No NA |
| f. Are medicines stored out of reach of children?  | Yes | No  | NA    |
| g. Is there adequate indoor space for play activities?   |     | Yes | No NA |
| h. Is there adequate and safe outdoor space for play activities?   |     | Yes | No NA |
| If no, explain: _____  |     |     |       |
| i. Is the yard fenced?   | Yes | No  | NA    |
| j. Is the physical structure of house good?  |     | Yes | No NA |
| k. Is the appearance of the home clean and orderly?  |     | Yes | No NA |
| l. Does the cleanliness and appearance of the house present safety/healthy hazards?  | Yes | No  | NA    |
| m. Does the cleanliness and appearance of the yard present safety/health hazards?  |     | Yes | No NA |
| n. Does the home have at least one working smoke detector in the vicinity of the sleeping area?  |     | Yes | No NA |
| o. Does the home have a working fire extinguisher in the kitchen area?   | Yes | No  | NA    |
| q. Are there traffic hazards due to the location of the home?  | Yes | No  | NA    |
| r. If the home is not on a municipal system, is there a toilet and bathing water supply and garbage and sewer disposal system?                                 |     | Yes | No NA |
| s. Are there safety issues related to the bathroom?<br>(e.g. leaky faucets, no water drips, open-faced heaters)  | Yes | No  | NA    |
| t. Do the electrical outlets have covers?  | Yes | No  | NA    |
| u. Do the foster parents smoke inside the home?  | Yes | No  | NA    |
| v. Do any other members of the household smoke inside the home?  | Yes | No  | NA    |
| 2. Does the family have or are they willing to provide age appropriate child care equipment for a child?<br>(cribs, high chairs, car seats)                    | Yes | No  | NA    |
| 3. Does the family have a working telephone?   | Yes | No  | NA    |

Home \_\_\_\_\_ Work \_\_\_\_\_ Emergency \_\_\_\_\_

\*Area Codes and Phone Numbers

## House Assessment Checklist (cont)

- |    |   |     |    |    |
|----|---|-----|----|----|
| 4. | Does the home have adequate bedrooms for additional children?                           | Yes | No | NA |
| a. | Number of bedrooms available for additional children. _____                             |     |    |    |
| b. | Does the home have adequate beds for additional children?                               | Yes | No | NA |
| c. | What is the number, age and gender of children who share a bedroom with other children? |     |    |    |

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- |    |  |     |    |    |
|----|--|-----|----|----|
| d. | Does the home have adequate storage space for foster child's clothes and belongings? | Yes | No | NA |
| 5. | If the foster home has any of the following items, assess for safety hazards:        |     |    |    |
| a. | Stairs or steps: Are guards and/or rails present?                                    | Yes | No | NA |
| b. | Fireplace: does it have a screen, guard, etc. for protection?                        | Yes | No | NA |
| c. | Wood burning stove: does it have a screen, etc., for protection?                     | Yes | No | NA |
| d. | Floor furnace: does it have a screen, etc. for protection?                           | Yes | No | NA |
| e. | Open-faced space heater: does it have a screen, etc., for protection?                | Yes | No | NA |
| f. | Are bathrooms in working order?  | Yes | No | NA |
| g. | Are there any pets?  | Yes | No | NA |

If yes, how does the family assure a child's safety/protection from the pet? (pens, cages, etc.)

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	If yes, are rabies vaccinations current?	Yes	No	NA
--	--	-----	----	----

- |    |                      |     |    |    |
|----|----------------------|-----|----|----|
| h. | Other safety issues? | Yes | No | NA |
|----|----------------------|-----|----|----|

If yes, specify:

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- |    |                     |     |    |    |
|----|---------------------|-----|----|----|
| 6. | First Aid Supplies? | Yes | No | NA |
|----|---------------------|-----|----|----|

- |    |                         |     |    |    |
|----|-------------------------|-----|----|----|
| 7. | Evacuation plan posted? | Yes | No | NA |
|----|-------------------------|-----|----|----|

Additional comments: \_\_\_\_\_

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## **FOSTER PARENT BONUS**

Certified foster parents will receive a one-time bonus of \$300.00 for the referral of prospective foster parents. Payment will be made when the home is certified.

Upon certification, the Program Specialist will initiate payment to the referring foster parents.



**Shadow Mountain Behavioral Health System**  
Therapeutic Foster Care

**Foster Parent Financial Statement**

**A. Employment**

Father: \_\_\_\_\_  
Current Employer Occupation Hire Date

Employer Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Employment: \_\_\_\_\_

Mother: \_\_\_\_\_  
Current Employer Occupation Hire Date

Employer Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Previous Employment: \_\_\_\_\_

**B. Income:**

Father's Take Home Pay: \$ \_\_\_\_\_ Mother's Take Home Pay: \$ \_\_\_\_\_

Additional sources of income. Include child support, adoption subsidy, etc.

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Per: \_\_\_\_\_

**Total Household Monthly Income: \$ \_\_\_\_\_**

Number of people support on this income: \_\_\_\_\_

**C. Expenses:**

List average monthly expenses.

\$ _____ Mortgage / Rent	\$ _____ Charge Accounts
\$ _____ Child Support	\$ _____ Clothing
\$ _____ Automobile Payment	\$ _____ Medical / Dental
\$ _____ Automobile Payment	\$ _____ Car Maintenance / Gas
\$ _____ Utilities	\$ _____ Recreation / Entertainment
\$ _____ Phone	\$ _____ Charitable Contributions
\$ _____ Food	\$ _____ Other

**\$ \_\_\_\_\_ Total Monthly Expenses**  
*\*Please attach a copy of all sources of income received.*

\_\_\_\_\_  
 Father's Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Mother's Signature

\_\_\_\_\_  
 Date

## **FOSTER PARENT GRIEVANCE POLICY**

It is the policy of the Shadow Mountain TFC that foster parents are encouraged to discuss their problems or complaints with appropriate staff and that such matters are referred to subsequently higher levels of supervision for final decision if necessary.

When the foster parent presents a complaint, they should be assured that they may do so freely and without fear of retaliation.

Whenever a foster parent presents a complaint in writing, the grievance coordinator, in addition to responding verbally, will give the foster parent a written response. Meetings for discussion of a complaint will be held in a private place.

In the operation of any company, problems may occasionally arise from misunderstandings as to the application of rules, policies & procedures, and dissatisfaction with treatment. Shadow Mountain philosophy is that, in general, we are best equipped to resolve and address foster parent concerns, and that most problems can be resolved to the satisfaction of all concerned. This policy and procedure describes a method, which is intended to develop satisfactory solutions to those problems, which arise in the working relationships.

### **PROCEDURE FOR HANDLING COMPLAINTS**

#### **A. Step One**

- When a foster parent has a question or problem it should be brought to the attention of the grievance coordinator.
- The grievance coordinator may or may not be able to give an immediate answer at the time. However, normally the grievance coordinator should give a response to the foster parent within two (2) working days.
- To assure prompt attention and to facilitate the gathering of actual information, the complaint should be submitted within fifteen (15) days of the event prompting the complaint.

#### **B. Step Two**

- Should a foster parents questions or problems not be resolved by discussion with the grievance coordinator, it may be discussed further at a higher level.
- At this point the complaint must be in writing.
- The grievance coordinator will make arrangements for the foster parent to further discuss the matter with the first level authority. The first level decision maker has 5 working days following receipt of the grievance to respond to the grievance coordinator with either a target date of resolution, or a resolution to the issue.

#### **C. Step Three**

- If a foster parents questions or problems are still not resolved by discussion with the first level authority, the grievance coordinator submits the grievance, along with all relevant documentation or information, to the appropriate Director within two working days.
- The Director has seven working days following receipt of the grievance to respond to the grievance coordinator with either a target date for resolution, or a resolution to the issue.
- Within two working days of the receipt of the response from the Director, the grievance coordinator meets with the foster parent to inform them of the proposed resolution and to inform them of their right to take the grievance to a higher level. The Director may meet with the foster parents along with the grievance coordinator.

#### **D. Step Four**

- If the foster parent does not accept the proposed resolution and desires to take it to the third and final level, the grievance coordinator submits the grievance, along with relevant documentation or information, to the Chief Executive Officer or designee within one working day.

- The CEO, or designee, responds to the foster parent in writing with the final decision in the matter via the grievance coordinator.
- The grievance coordinator informs the foster parents of the final decision within two working days of receipt of the decision, and provides the foster parents with a copy of the final decision. This concludes the grievance process and the foster parent's appeals have been exhausted.

## **RIGHT TO CEASE**

The foster parent (during the process) shall have the right to cease the proceedings at any time as indicated below:

- The foster parent feels that the problem has been resolved;
- The foster parent indicates either verbally or in writing that he no longer wishes to pursue resolution;
- The foster parent fails to take action by proceeding to the next step.

Management shall not cease any problem resolution procedure until it has been carried through all steps and the Administrator or his designee has made a final decision.

**Shadow Mountain Behavioral Health System**  
Therapeutic Foster Care

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**FOSTER PARENT**  
**NOTICE OF GRIEVANCE RIGHTS**

Grievances can be filed by foster parents approved by the Shadow Mountain Behavioral Health System. Policies describing this grievance system are found in the foster parent handbook as well as in Therapeutic Foster Care Policy #100.27.

In the operation of any company, problems may occasionally arise from misunderstandings as to the application of policies, rules and procedures, and dissatisfaction with treatment. The Shadow Mountain philosophy is that, in general,

**Who may file a grievance:** Any foster parent approved and certified by Shadow Mountain Behavioral Health System may file a grievance without fear of reprisal or discrimination.

**What complaints are considered:** The complaint may be about any policy, rule, decision, behavior, action, or condition made or permitted by Shadow Mountain or it's employees.

**What steps are involved in filing a grievance:** When a foster parent has a complaint, it should be brought to the attention of the Local Grievance Coordinator in writing within 45 days of the event prompting the complaint. Please contact the Local Grievance Coordinator for the appropriate form.

**What happens next:** The Local Grievance Coordinator will attempt to resolve the problem or concern informally within 2 working days. If the informal problem resolution is unsuccessful, then a first level decision-maker, as determined by the Local Grievance Coordinator, will review the grievance and respond within 5 working days. The Local Grievance Coordinator will review the response with the grievant within 2 working days. If the response is unacceptable to the grievant, the grievance will go to a second level review process. If this process is unsuccessful, the grievance will become a contested grievance and is reviewed by the Appeals Committee.

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For more information about grievance procedures, contact your Local Grievance Coordinator at (918) 585-3083.

This notice was explained to me on \_\_\_\_\_.

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_

Shadow Mountain Employee Signature

Date

**Shadow Mountain Behavioral Health System  
Therapeutic Foster Care**

**Statement of Grievance and Resolution**

Date of Submission \_\_\_\_\_ Case Number \_\_\_\_\_

Grievant's Name \_\_\_\_\_ Location \_\_\_\_\_

Statement of Grievance: \_\_\_\_\_  
\_\_\_\_\_

Grievant's Proposed Resolution: \_\_\_\_\_  
\_\_\_\_\_

Grievant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Proposed Resolution: \_\_\_\_\_  
\_\_\_\_\_

Were Resolutions Adopted?  Yes  No  
Does Grievant Accept Proposed Resolution?  Yes  No  
Will Grievant Appeal to Director?  Yes  No

Grievant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**Resolution on First Appeal**

Grievance Resolution by:  Coordinator  Director

Proposed Resolution: \_\_\_\_\_  
\_\_\_\_\_

Were Resolutions Adopted?  Yes  No  
Does Grievant Accept Proposed Resolution?  Yes  No  
Will Grievant Appeal to Board?  Yes  No

Grievant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

# **THERAPEUTIC FOSTER PARENT**

## **Job Description**

As team members with Shadow Mountain staff in service provision to children/youth and families, foster parents assume responsibility both to the agency and to the service recipients. Your duties as a foster parent are an extension of your normal responsibilities as a parent..... to provide a caring, consistent, and stable family environment. The list of therapeutic duties represents your agreement to work closely with the professional staff of Shadow Mountain in serving the educational and treatment needs of the children/youth placed in your home.

### **Duties as a Foster Parent**

As a foster parent, you agree to provide basic care and supervision to the child including:

1. Room and board and personal care items
2. A warm, stable, secure and loving environment;
3. Clear and fair limits and ground rules;
4. Adequate supervision for the child's abilities and needs;
5. Clothing needs (Agency policy is a minimum of \$50.00 monthly with receipts);
6. Transportation to needed services for the child;
7. Yearly medical, eye, and dental checkups;
8. Actions to make sure that your foster child receives any follow-up care recommended by a dentist or doctor and notify the TFC therapist of follow-up needed;
9. Discussion with the TFC therapist in advance (at least 2 weeks) of plans to leave the area so proper authorization can be obtained for the child to accompany you;
10. Discussion with the TFC therapist in advance of any changes in status, i.e., moving, new phone number, new individuals living in your home, taking a new job, etc, to assess possible impact on the child/youth;
11. Notification to the TFC therapist immediately of any medical or behavioral emergency and/or any other emergency;
12. Continuing to meet the needs of your own family while sharing your family with the child in your care;
13. Treat any personal information about the child and his/her family in a confidential manner;
14. Comply with agency's discipline policy; and
15. Maintain minimum safety and health standards in the home.

### **Duties as Certified Therapeutic Foster Parent(s)**

To fulfill the Therapeutic Parent role on the service team, Therapeutic Parents agree to do the following:

1. Implement treatment programs in the home.
  - a. Assisting other team members (TFC therapist, DHS worker, biological parents when appropriate) to set realistic goals and objectives.

- b. Support treatment plan by regular conferences with treatment team and by attendance at foster care meetings.
  - c. Carrying out the treatment or education program in your home, keeping the TFC therapist fully informed of any difficulties and progress encountered weekly.
  - d. Assisting team members in identifying and encouraging any and all of the child/s strengths and skills.
  - e. Maintaining an appropriate rate of praise, recognition, and support.
  - f. Assisting the child/youth to maintain an appropriate amount of contact with his/her biological family as determined by DHS and to be supportive of the family's efforts.
  - g. Arranging activities and hobbies for the child/youth, which are appropriate to his/her age and level of development.
  - h. Trying to be persistent and not giving up prematurely on the child/youth or the treatment program (especially during times when progress is slow or non-existent and the child/youth appears ungrateful).
  - i. Confer with referral sources and representatives of agencies with legal custody, including the courts, when requested to do so.
  - j. Completing necessary paperwork, including daily logs, occurrence reports, etc., by due date.
  - k. Meet with TFC therapist every two weeks to review daily logs.
2. Support the child in programs outside the home:
- a. Actively participating in the child's school program by keeping in close touch with his/her teacher and by attending functions concerning or involving the child/youth at the school.
  - b. Advocating (standing up) for the child, when appropriate, to community agencies and programs for needed educational, medical, or other services.
3. Responsibilities to the agency:
- a. View therapeutic foster care as a planned, temporary placement for children/youth with the goal of reuniting the family, preparing for adoption, preparing for independent living, or an alternate permanent plan.
  - b. Participate in the annual evaluation of the foster home and the annual foster parent performance evaluation.
  - c. Utilize the foster care reimbursement for the care and maintenance of the child/youth placed in the home.
  - d. Provide at least two weeks notice (except in emergency) requesting the removal of a child from your home.
  - e. To be supportive of the agency to other foster parents and the community.
  - f. To share concerns regarding the agency and/or program issues to your assigned therapist and/or program director.
4. Possess the following qualities/traits/attitudes:
- a. A good measure of nurturance and enjoyment of children/youth.
  - b. A high degree of tolerance, patience, perseverance, and understanding of the child's way of looking at his/her circumstances.
  - c. Good communications and interpersonal skills (with the child and community). You are representing the agency to the community.
  - d. Clear and firm limits for behavior.

e. A very healthy SENSE OF HUMOR!

**Shadow Mountain Behavioral Health System  
Therapeutic Foster Care**

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## Foster Parent Performance Evaluation

**Foster Parents** \_\_\_\_\_

**Date** \_\_\_\_\_

**TFC Specialist: Please read each item carefully and circle the number to the right which most accurately reflects your assessment of the relative strength/weakness of the Therapeutic Foster Parent named above. A '5' is the highest rating and means you rate the parents as "Strong" in the area described by the item. A rating of '4' means "Pretty Strong"; a '3' means "Average"; a '2' means "A Little Weak", and a '1' means "Weak". Please add any comments you may have regarding specific responsibility/task areas in the spaces provided following each major area.**

**RESPONSIBILITIES / TASKS**

**Physical Care**

	RATING				
	Strong			Weak	
Provides adequate personal space for child	5	4	3	2	1
Feeds child nourishing meals on a regular basis	5	4	3	2	1
Regularly checks child's clothing needs and keeps child well clothed	5	4	3	2	1
Provides child's personal care items; sees that child is clean & well groomed; teaches personal care skills as needed	5	4	3	2	1
Assures child's medical & dental health needs are regularly checked and met	5	4	3	2	1
Provides adequate supervision	5	4	3	2	1
Assures child follows a healthy, predictable daily routine	5	4	3	2	1
Sees that the child gets regular and sufficient exercise	5	4	3	2	1
Comments:					

**Logistics**

	RATING				
	Strong			Weak	
Notifies TFC Therapist of emergencies	5	4	3	2	1
Transports (or provides for) child to necessary services & activities as needed	5	4	3	2	1
Submits documentation on time	5	4	3	2	1
Discusses important status changes in advance with TFC Therapist.	5	4	3	2	1
Comments:					

**Socialization / Self-Esteem Building**

	RATING				
	Strong			Weak	
Encourages child's involvement in social activities	5	4	3	2	1
Encourages child to develop hobbies, skills, talents and personal interest	5	4	3	2	1
Comments:					

**Nurturance / Empathy**

	RATING				
	Strong			Weak	
Includes child in family; gives fair and equal treatment	5	4	3	2	1
Expresses affection; is warm; likes children and shows it	5	4	3	2	1

Says positive things about child to others	5	4	3	2	1
Understands/cares about child's feelings	5	4	3	2	1
Avoids hurtful, sarcastic comments; does not criticize child in front of others	5	4	3	2	1
Takes pride in how child looks and presents self to others	5	4	3	2	1
Seeks to establish supportive relationship with child's birth parents	5	4	3	2	1
Supports child's positive relationship with birth parents	5	4	3	2	1
Advocates for child with school and other community agencies	5	4	3	2	1
Comments:					

**PATIENCE, PERSERVERANCE & FLEXIBILITY**

	Strong			Weak	
Tolerates minor problems; doesn't over-react	5	4	3	2	1
Flexible; adjusts expectations to fit child	5	4	3	2	1
Avoids win/lose power struggles; stays calm under stress	5	4	3	2	1
Does not use or threaten physical punishment		5	4	3	2
1					
Perseveres; doesn't give up prematurely	5	4	3	2	1
Gives adequate lead time if requesting a child be moved	5	4	3	2	1
Comments:					

**TREATMENT / TEACHING**

	Strong			Weak	
Observes and records identified behaviors per treatment plan	5	4	3	2	1
Participates in treatment planning	5	4	3	2	1
Explains/negotiates consequences well	5	4	3	2	1
Praises child more than criticizes	5	4	3	2	1
Negotiates well in conflict, planning and problem-solving with child	5	4	3	2	1
Listens well	5	4	3	2	1
Submits daily logs and monthly reports on time	5	4	3	2	1
Communicates teaching efforts to birth parents as agreed	5	4	3	2	1
Assists birth parent learning	5	4	3	2	1
Comments:					

**TEAM WORK**

	Strong			Weak	
Cooperates; supports work of others with child including school	5	4	3	2	1
Attends treatment team and other meetings on child's treatment & schooling	5	4	3	2	1
Encourages child's positive attitude toward & participation in school.	5	4	3	2	1
Attends monthly group meetings regularly	5	4	3	2	1

Additional Comments:

\_\_\_\_\_  
TFC Therapist Signature

\_\_\_\_\_  
Date

**Strengths:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Needs:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Training Needs:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Plan of Action:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
TFC Parent

\_\_\_\_\_  
TFC Parent

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Date

**FOSTER PARENT RIGHTS**  
**REGARDING COMPLAINTS AND ALLEGATIONS**

A therapeutic foster parent may report to the Office of Advocate Defender or the Department of Human Services, an allegation that an employee of the Department or the Agency has threatened the therapeutic foster parent with removal of a child from the therapeutic foster parent, harassed or refused to place a child in the therapeutic foster parent's home, or disrupted a child's placement as retaliation or discrimination towards the therapeutic foster parent who has filed a grievance with the Agency, provided any information to any state official or Department employee, or testified, assisted or participated in an investigation, proceeding or hearing against the Department or the Agency. Any person who knowingly and willfully makes a false or frivolous report or complaint or a report that the person knows lacks factual foundation may be subject to the loss of foster parent certification or licensure status. The Office of Advocate Defender will not investigate, and is not required to investigate, any other types of complaints from foster parents.

This shall not be construed to include any complaints resulting from administrative, civil or criminal action taken by the employee or Department or child-placing agency for violations of law or rules, or contract provisions by the foster parent.

**ADDITIONAL STATEMENTS:**

Per House Bill 2133, a hotline has been established. This hotline has two purposes: to provide general information regarding foster care and to report to the Advocate Defender certain situations for investigation. The hotline numbers are, 1-800-376-9729 for calls that would be long distance or 522-1722 for local calls.

Foster parents and the respective child-placing agency should make every attempt to resolve grievances by following the Agency grievance procedure before making complaints to the Office of Advocate Defender.

## **FREEDOM OF RELIGION**

Children/youth under 12 years of age may be incorporated into your family's religious practices unless the biological parents still have rights and request the child attend a particular denomination. If this occurs, foster parents are responsible for seeing that children placed in their home attend per that request. Children/youth age 12 and over will maintain the right to decide whether or not they choose to participate. However, should the foster parent feel the child is not attending out of teenage rebellion as opposed to a firm religious belief; the foster parent may handle the situation as they would with their own teenage opposition.

Foster parents will not require that children placed in their home practice the foster family's religious beliefs.

Foster children/youth may not decide to "join" any church without the natural family's and/or DHS approval.

A foster child/youth CANNOT be required to tithe any portion of his/her monies.

## **GROUP REHABILITATION**

All children/youth placed in therapeutic foster care are required to have one hour of group therapy per month. Foster parents are responsible for seeing that foster care children/youth are present for each session. Agency staff will provide date, time and location of group. Failure to have your child at monthly group sessions may result in a portion of your reimbursement being withheld.

While the children/youth are participating in group rehab with therapists, foster parents will meet with the Program Director and/or trainers to participate in mandated training as well as learn of any new program and/or contract information. Group for foster parents also allows foster parents the opportunity to meet and network with other foster parents.

## **INDEPENDENT LIVING SKILLS**

In addition to the redevelopment of basic living skills, the Agency will provide Independent Living Skills to age appropriate youth. Foster parents as well as Agency staff provide these services by use of an approved training curriculum. Foster parents provide basic living skills redevelopment on a daily basis in the home.

In addition the Agency will address area including but not limited to:

1. Daily living skills. Competencies include, but are not limited to: nutrition, menu planning, grocery shopping, meal preparation, dining etiquette, kitchen clean up and food storage, home management and home safety.
2. Housing and Community Resources. Competencies include, but are not limited to: housing, transportation, community resources and awareness of the legal system.
3. Money Management. Competencies include, but are not limited to: beliefs about money, saving, income tax, banking and credit, budgeting and spending plan and consuming.
4. Self care. Competencies include, but are not limited to: personal hygiene, health, consuming alcohol, drugs and tobacco, sexuality, person development, cultural awareness, communication, relationships and leisure time.
5. Personal Development. Competencies include but are not limited to: cultural awareness, communication, relationships, and leisure time.

## **IN-SERVICE TRAINING**

Following certification all therapeutic foster parents must satisfactorily complete a minimum of eighteen (18) hours of in-service training per calendar year to maintain certification, whether or not a child is placed in the home. Of those eighteen hours, fourteen hours must be provided by the agency, unless an exception is given by the Program Director. Failure to complete 18 hours of in-service training per year could result in a portion of your reimbursement being withheld.

In-service training will be based on training needs identified in the foster parent evaluation as well as services therapeutic foster parents are to provide and will be relevant to the population served. In-service training may include a variety of formats and procedures including in-home training provided by Agency Staff.

First Aid and CPR training may count as no more than 8 hours of in-service training within the first year of certification. First Aid and CPR re-certification training may count as no more than 4 hours of the required 18 hours of in-service training annually. First Aid re-certification is required every 3 years based on the date listed on the First Aid card. CPR recertification is required by the expiration date listed on a foster parent's CPR card.

Foster parents will be notified at least ten days prior to in-service training.

## **LIABILITY**

Shadow Mountain is not responsible for any injuries to foster parents or other people or for damage to property or vehicles, which may result from caring for foster youth. As required by Licensing standards, all foster parents are to carry liability insurance.

## **LIFE BOOKS**

Regardless of the child's age, foster parents are required to implement and keep a life book documenting the child's stay in therapeutic foster care and provide continuity throughout the child's life for each child/youth placed in their home. Life books are essential for children who have been separated from their parents and kin. Life books are scrapbooks, albums, loose-leaf binders or portfolios that contain records of a child's life before and during care. Life books follow the child and therefore are sent with the child's belongings when the child leaves your home.

The purpose of a Life Book is to:

- Help children understand their life story
- Help children transition to and from their foster family
- Help children transition from a foster family to an adoptive family
- Help children prepare for the future

Lifebooks can contain:

- The child's family history
- School events (report cards, pictures, awards)
- Pictures of pets
- Pictures of birthdays, holidays, graduations, foster family, friends
- Postcards and letters.

If children/youth are reluctant to implement a life book, if they refuse or if they are too young to participate, foster parents are to complete the life book for them.

## **MEDICAL CARE - EMERGENCY**

In case of sudden illness or accident, the child/youth is to be taken to the emergency room of the nearest hospital, or Children's Hospital of Oklahoma. If there is time, the child/youth's doctor is to be called and he will advise you as to what to do. The Shadow Mountain therapist working with the child/youth is to be notified as soon as possible as is the DHS worker.

If the situation is life threatening, as determined by the attending physician, and no one in the Department of Human Services can be located, Shadow Mountain has the authorization to obtain emergency care and treatment but must notify the Department at the earliest possible time.

### **ADDITIONAL STATEMENTS**

Provision of all medical and dental care is to be documented in the child's case record including notification and attempts at notification in emergency situations.

The hospital providing care is to be provided the youth's name and medical number. The State of Oklahoma is responsible for medical and dental coverage.

Prior consultation and consent from DHS and the youth's parents, if appropriate, is required for any non-routine medical procedures. The county of jurisdiction DHS worker is to be advised of routine or emergency medical care.

## **MEDICAL CARE - ROUTINE**

Routine medical, dental and eye care will be arranged by the Agency/Foster Parent as required by DHS Foster Care Standards. Medical, dental and eye examinations are required annually.

The Agency shall be notified of all routine medical, dental services and eye exams on the Daily Log submitted by the foster parent. Foster parents will submit verification from the doctor of these exams. The DHS worker will be notified of all routine medical and dental services and eye exams provided to the youth.

Provision of all medical, dental and eye care is to be documented in the child's case record.

## MEDICATION MANAGEMENT

Foster parents will supervise the child's taking of over the counter medication and/or prescription medication. Foster children are not to administer their own medication. Foster parents are to administer medication **only** as prescribed by the doctor. Foster parents may not decide on their own to stop giving the medication or to alter it in any way.

Take all precautions in securing and properly administering drugs to children. Keep medicines in a secure place and out of the reach of children/youth. Medication should always be stored in its original, labeled container.

If the child placed in your care receives regular medication, become aware of possible side effects of long-term use so that you can watch for any negative symptoms that may become apparent. When having prescriptions filled, the pharmacist must provide you information on the medication prescribed. Review the information in order to be familiar with any side effects to watch for. Monitor how the child responds to the prescribed medication. If a foster child in your home demonstrates side effects or any adverse drug reactions, immediately contact the child's primary care physician and the on-call therapist. An adverse drug reaction form and occurrence report are then completed, describing the child's response and submitted to the child's therapist.

Prior to dispensing medication to the foster child, verify that the medication is administered at the proper time, in the prescribed dose, and in the prescribed manner. Any concerns or questions regarding the child's response to the medications are to be discussed with the child's primary care physician and therapist. All medications administered are to be documented on the daily log completed by the foster parent.

When a child's medication is discontinued, give the unused medication to the therapist. The medication will be given to the facility's on site pharmacy for disposal.

At the time of the child's placement in the foster home, foster parents are provided information regarding the nature of psychotropic medications to be administered; the frequency, dose, and manner of administration; the expected actions and side effects of the medications, and how to monitor the effects of the medications on the child. When prescription and over the counter medications are prescribed, modified, or directed by the child's physician, the foster parent is to administer medication according to the information provided by the pharmacist for prescribed medication, and document on the package inserts for over the counter medication.

It is important that the physician prescribing the child's medication be provided the client's age, gender, current and past medication use, drug and alcohol use and abuse, diagnoses and concurrently occurring conditions, allergies and past sensitivities, client's weight and height, and any additional information required by the physician for the purposes of safely prescribing appropriate medication.

## MOVEMENT OF CHILDREN

If a child has resided with a therapeutic foster parent for three or more months, the Agency, except in an emergency, shall give therapeutic foster parents a minimum of five days advance notice before removing the child from their care and provides the therapeutic foster family with written notification of the reasons for removing the child. An emergency for purposes of this policy would include, court order, reunification, allegations of abuse and/or neglect against the foster parents, and if the Department or Agency determines that removal is in the best interests of the child.

The Department or Agency, except as otherwise stated in this policy, shall not change the foster home placement of a child without the approval of the court; 1) if the child has been moved once since the last court hearing, or 2) a foster parent with whom the child has resided for more than three (3) months objects in writing. The objection shall be filed with the court by the foster parent and served on the state agency or child-placing agency within five (5) days after receipt of the notice to remove. Timely filing and service of the objection shall stay removal of the child pending review of the court unless the reason for removal is:

- a. Substantial noncompliance by the foster parent with applicable foster family home standards and agreements,
- b. Pending investigation of allegations of abuse or neglect of the child by a foster parent or other person residing in the foster family home, or
- c. Reunification with a parent that contributed to the child being deprived, with the approval of the court.

The court shall conduct a hearing within fifteen (15) working days on any objection filed and may order that the child remain in or be returned to the objecting foster parent's home.

## **NUMBER OF CHILDREN ALLOWED**

Given the challenging nature of the children served in therapeutic foster care and the intensity of services required, the number of children placed in one therapeutic foster home shall not exceed two (2). Prior to the placement of a second child in the home, the placement of the first child will be assessed for stability and appropriateness, taking into account the skill of the therapeutic foster parents and the impact on the child already in placement. The decision to place the second child and the criteria assessed in making this decision shall be documented in the foster family file. The placement of a third child shall only occur to keep sibling groups together and must have prior DCFS administrative approval.

In accordance with state licensing requirements, there shall be no more than six children, including the foster parent's biological children, residing in a therapeutic foster home.

## **OCCURRENCE REPORTING**

Written reports must be completed for any serious or unusual occurrence involving staff, foster parents, or youth. The date and time of the occurrence, the name (s) of the staff and/or youth involved, the nature of the occurrence, and the circumstances surrounding it must be included in the report. In addition, this report must also include how staff from Shadow Mountain responded. A report is to be completed (on the form provided) by the appropriate Shadow Mountain staff based on the information received from the foster parent. Some incidents will, by law, be reported to DHS child abuse hotline.

A serious occurrence is defined as any non-routine occurrence that has an impact on the care, supervision, or treatment of a child or children. This includes, but is not limited to:

- Extreme behavioral occurrences such as physical aggression towards others, suicide attempt;
- Injuries to the foster child;
- Any time a therapeutic hold is used;
- Commission of a crime by any member of the household; and
- Allegations of abuse, neglect, or mistreatment.
- Extreme behavioral incidents – (out of control behavior, damage to property, self, or others)
- Major rule violations – (theft, truancy, possession and/or use of drugs/alcohol, police involvement, possession of weapons etc.)
- Threats of harm to self or others
- AWOL (Requires immediate notification of law enforcement, DHS placement and county of jurisdiction workers, and DHS liaison)
- Sudden medical condition requiring medical treatment
- When a client is involved in an accident, including a car wreck
- Medication noncompliance (Refusal to take meds or taking meds not prescribed)
- Adverse drug reaction
- Damage or safety risk to the foster home which could impact the safety of the foster child

It is the foster parent responsibility to notify the therapist immediately of any of the above situations AND to document the occurrence on the daily logs.

### **The following are required to be immediately reported to the DHS Child Abuse Hotline (1-800-522-3511)**

- All allegations or suspicions of abuse or neglect
- All client injuries (with the exception of minor childhood scrapes and scratches)
- All sexual behaviors and sexual acting out
- Allegations of a foster parent spanking a foster child

\* Failure to report abuse/neglect is a misdemeanor!

### **Overnight/Out of Town Visits**

Overnight visits, other than with a certified foster family, or peers must have Agency and DHS approval. Overnight visits with natural family must have DHS approval.

If custody children have overnight visitation with extended family of the therapeutic foster parents, who are not approved as respite caregivers, Shadow Mountain will conduct a substitute caregiver approval on the family member prior to the overnight visit.

The Agency must be notified prior to a child leaving the county for an extended period of time. DHS approval is required for out-of-county visits longer than overnight. The Court and/or DHS approval is required for all out-of-state travel.

## RED BOOK

- The purpose of the notebook is to ensure that therapeutic foster parents who have a TFC child in their home for respite or placement have the necessary information for each child.
- The notebook is the property of Shadow Mountain TFC and upon discharge of a child; it is to be returned to the agency.
- The notebook is to be stored in an inconspicuous location to ensure confidentiality (the notebook should not be readily available to other family members, visitors, etc.)
- The notebook will go with the child to placement or respite. The TFC parent who receives the notebook should sign and date the Placement / Respite Tracking Sheet indicating their receipt of the notebook.
- A placement parent who sends their child on respite will give the notebook to the respite parent. The respite parent would sign and date the tracking sheet. When the notebook is returned to the placement parent, the placement parent will sign and date in the right hand column indicating that the notebook was returned to them.
- The notebook should never be given to anyone other than a Shadow Mountain TFC Parent or employee.
- If a child goes on therapeutic leave, to a peer's home, etc. the notebook would NOT be sent with the child due to confidentiality.
- The plastic sleeve will also contain the child's original medical card, when available. It is vital that the card remain in the binder so that it will follow the child to respite, placement, etc.
- The backside of the plastic sleeve contains the "hot sheet" with vital information regarding the child. This form will be completed by placement at the time of initial placement and will be updated by the therapist as changes occur in medications, risk factors, contact information, etc.
- Safety Plan
- Placement Worksheet
- Treatment Section includes:
  - Current Shadow Mountain Treatment Plan
  - DHS Treatment Plan
  - Shadow Mountain TFC Intake Assessment
- Education Section includes:
  - School Notification of Child Placed in TFC
  - All school records available, such as report cards, IEP, etc.
- Medical Section includes:
  - Immunization Record
  - Copy of Medical Record
  - Dear Provider Letter
- Evaluation Section includes:
  - Any past records or psychological evaluations
- Independent Living Sections includes:
  - All information pertaining to independent living services
- Administration Section includes:
  - Copy of Social Security Card
  - Copy of Birth Certificate
  - Custody Order / Legal Documents
  - Care Agreement
  - Child's Rights
  - Grievance Form

- ❑ As information changes and treatment plans are updated, it is vital that the therapist in the home provide the parent current information with all client information stored in the binder

## **REQUIREMENTS OF A FOSTER HOME**

The requirements listed below are designed to comply with established state requirements for the approval of foster family homes and for the care of youth who live in a foster home, and to ensure home conditions are conducive to a healthy, safe environment for youth.

### General:

1. A foster home shall be clean, safe, in good repair and comparable in appearance and maintenance to other family homes in the community.
2. The home and the exterior around the home shall be free from objects, materials and conditions, which constitute a danger to the children served.
3. The foster home must be accessible to or be able to arrange transportation to school, church, recreational and health facilities and other community resources as needed.
4. The home shall comply with all applicable fire, health and safety laws, ordinances and regulations.
5. The foster home must be covered by liability insurance.

### A. Safety Requirements

1. Clear glass doors shall be plainly marked to avoid accidental impact.
2. Children shall be appropriately protected from flammable liquids, poisonous materials and hazardous items.
3. Stairways, inside and outside, over four steps, must have railings. Safety gates at stairways must be provided if infants and toddlers are in care.
4. Any play activity, which involves water, must be supervised constantly. No ponds or pools can be left accessible to children. Wading pools must be emptied after each use.

### B. Fire Safety Requirements

1. A fire extinguisher rated for class ABC fires shall be installed in the kitchen area.
2. A foster home shall be equipped with at least one operable smoke detector or more as required by the agency. (Shadow Mountain strongly encourages at least two operable smoke detectors; one to be placed in the kitchen area, the other in the bedroom area).

3. Each floor used as living space shall have at least two means of escape, at least one of which shall be a door leading to an unobstructed path to the outside. The second means of escape may be an unobstructed, operable window 20" x 24" minimum dimensions.
4. All heating and air conditioning equipment shall be installed in accordance with state and local mechanical codes and manufacturer's instructions.

C. Health Requirements

1. Water supply, sewage disposal and solid waste disposal must meet local city ordinances and State Department of Environmental Quality regulations.
2. Rooms used by children shall be well lighted and ventilated.
3. Windows and doors used for ventilation shall be screened.
4. Pets or animals in the foster home, indoors or outdoors, shall be in good health, show no evidence of carrying disease, be friendly toward children and present no threat to the health, safety and well being of children, and have proof of an annual rabies vaccination for each animal or household pet.
5. The foster parents shall take measures to keep the house and grounds free of rodents, insects and stray animals.
6. One sink, one toilet, one tub and/or shower to every six (6) occupants living in the home shall be available.
7. Each child shall be provided with individual combs, toothbrushes, washcloths and towels. There shall be individual eating and drinking utensils for each child.

D. Sleeping Arrangements and Privacy

1. A separate bed shall be provided for each child. However, siblings younger than six years of age may share a bed if their history indicates that this is appropriate and the decision is made in consultation with the agency.
2. It is preferable that no more than two children share a bedroom. Consideration is given to related children according to age and emotional needs.
3. Separate bedrooms must be provided for children over age four (4) who are of opposite sex. Children over 12 months of age can not share a bedroom with an adult unless an emergency exists and the agency is informed. The foster parent's home will provide space for the child's personal possessions and for a reasonable degree of privacy.
4. The foster parent may not designate a room such as the living room, utility room, den, dining room, pantry or unconverted garage, as a bedroom unless the room is specifically designed as a bedroom.

E. Emergency Plans

1. There shall be a planned source of medical care available, i.e., a hospital emergency room, clinic, or physician known to the foster family. The development of this plan will be discussed during orientation training. This plan must be in place prior to certification.
2. The home shall have a telephone with the following emergency numbers posted: physician or clinic, fire department, police department, ambulance service and substitute caregiver.
3. The foster parent shall have an emergency evacuation plan in case of fires, tornadoes, floods, etc.
4. First aid procedures and supplies shall be readily available.
5. The foster parent shall ensure that each child, as appropriate to age and developmental level knows how to evacuate from the home in the event of a fire and shall conduct periodic evacuation drills. The development of this plan will be discussed during the orientation training.

F. Equipment

1. Equipment and furniture shall be safe for children.
2. Foster parents are responsible for providing childcare equipment including bedding, high chairs, proper auto restraints and toys appropriate for children placed in the home

G. Transportation

1. The foster family must have emergency transportation available.
2. The driver (s) of the vehicle must have a current driver's license, and the vehicle passenger liability insurance.
3. When a foster parent transports children, car seats or seat belts in keeping with each child's size and age must be used.

H. Nutrition

1. Each child must be assured of a balanced, nutritious and developmentally appropriate diet. The food shall be wholesome in quality, ample in quantity and of sufficient variety.

## REQUIREMENTS FOR FOSTER PARENTS

- A. All prospective foster parents must meet the criteria outlined below to be considered for certification as foster parents.
1. The foster parent shall provide the agency any information related to compliance with all requirements and shall allow representatives of the agency access to any member of the household and into all rooms within the home.
  2. Foster parents shall be responsible, mature, healthy adults capable of meeting the needs of the children in care.
  3. Foster parents shall demonstrate a capacity for setting realistic expectations for behavior and performance based on the ages, abilities and special needs of the children.
  4. Foster parents shall be married couples, single persons and/or natural family members with a stable living arrangement.
  5. Foster parents shall be at least 23 years of age.
  6. Foster parents shall have sufficient income to meet their needs and ensure the security and stability of the household independent of foster care reimbursement.
  7. Foster parents who both work outside the home shall obtain approval from the agency for their plan of care for the children during their absence. Biological children of foster parent and/or other foster children in the home are not allowed to baby sit foster children.
  8. Foster parents shall obtain approval from the agency to conduct a business in the home and shall demonstrate that the activities related to this business will not interfere with the care of the children.
  9. Foster parents shall ensure that all members of the household are informed of and agree to the acceptance of a child into the home.
  10. Foster parents shall notify the agency in writing prior to allowing any person to reside in the home for more than two weeks in the foster home, or to immediately notify the agency in writing if a visitor remains in the home longer than two weeks
  11. Routine visitors in the home may be requested to comply with a background check.
  12. Shadow Mountain requires that no unrelated adult reside in the foster home while a child is in place.
  13. Foster parents shall notify the agency immediately of the occurrence of any of the following circumstances:

- a. A serious injury or illness involving medical treatment of the child;
  - b. The death of a child;
  - c. Unauthorized absence of the child from the home as defined by agency policy (Described in Absent without leave (AWOL) p. 29);
  - d. Removal of the child from the home by any person or agency other than the placing agency and/or authorized representative of DHS or attempts at such removal;
  - e. Any fire or other emergency requiring evacuation of the home;
  - f. Lack of heat, water or electricity; and
  - g. Any involvement of a child with legal authorities.
14. Foster parents shall inform the agency as soon as possible of any of the following circumstances:
- a. Any serious illness or death in the household;
  - b. Any departure or return of any member of the household;
  - c. A move to another residence; and
  - d. Any other circumstance or incidents seriously affecting the children or child care.
15. Foster parents shall work cooperatively with agency representatives as members of the treatment team responsible for planning, providing and discussing the total care and services provided to each child.
16. Foster parents shall fully disclose all information related to a child's problems or progress to agency representatives.
17. Foster parents shall treat any personal information about a child or the child's family in a confidential manner.
18. Foster parents shall make responsible arrangements for respite care with agency approval.
19. Foster parents will participate in an annual mutual review with the agency to evaluate the strengths and weaknesses of the foster home and of the relationships of agency representatives with foster parents.
20. Foster parents will be law-abiding citizens who positively represent the Agency and provide a positive presence in their respective communities.

B. Persons not eligible to be foster parents

As a child-placing agency, we cannot certify any person for whom there is documented evidence that person would endanger the health, safety, and/or well being of children.

1. The agency will not certify an individual who has been:

- a. Convicted of any felony involving violence against a person; child abuse or neglect; possession, sale or distribution of illegal drugs; sexual misconduct; gross irresponsibility or disregard for the safety of others; and/or
  - b. In the case of child abuse and neglect, identified as a perpetrator in a juvenile court proceeding and/or has made an admission of guilt to a person authorized by state or federal laws/regulations to investigate child abuse and neglect.
2. The agency may, at its own discretion, make exceptions to the above requirement when the agency documents that the health; safety and well being of children would not be endangered. The agency shall consider:
- a. The type of crime or offense for which the individual was convicted or a finding was made;
  - b. The nature of the offense (s);
  - c. The age of the individual at the time of the offense (s);
  - d. Circumstances surrounding commission of the offense (s) that demonstrate the likelihood of repetition;
  - e. The number of offenses for which the individual was convicted or findings made;
  - f. The relationship of the offense (s) and the ability to care for children;
  - g. Evidence of rehabilitation, e.g., activities since the offense was committed, education; and
  - h. Opinions of reliable community members concerning the individual in question.

### C. Evaluations of Foster Homes

Shadow Mountain will evaluate the performance of the therapeutic foster parent upon the completion of pre-service training, twelve months following certification and annually thereafter using the evaluation instrument prescribed by the Department of Human Services. This evaluation instrument shall be included in the pre-service training to assure foster parents clearly understand what is expected of them. The reviews will include a plan to improve any weaknesses identified during the process.

## **RESPIRE**

Therapeutic foster parents shall have access to both planned and crisis respite for youth placed in their home. Planned respite allows foster parents a reprieve from the demands of fostering. Crisis respite may be provided when foster parents are experiencing a personal or family crisis or when it is deemed that a disruption in placement may occur without this reprieve.

**Respite is time limited and is accessed through the appropriate TFC staff at least one week prior to needed service (except in crisis or emergency situations).** Respite providers will be persons certified as therapeutic foster parents. Respite providers will be given the necessary information on youth they are providing respite for to assure the health and safety of others in the home and to assure appropriate provision of treatment services.

## RESPONSIBILITIES OF FOSTER PARENTS

As team members with Shadow Mountain staff in service provision to children and families, foster parents assume responsibility both to the agency and to the service recipients. Clear understanding of the role of the foster parents is necessary for effective coordination with Shadow Mountain's staff and the families served. Other responsibilities have also been noted in **Requirements for Foster Parents**. The responsibilities listed here include, but are not limited to, the following.

### A. Responsibilities of the Foster Parents to the Agency

1. To view foster care as a planned temporary placement for youth with the goal of family reunification, independent living, or an alternate permanent plan.
2. To be the primary source of information regarding the youth's strengths, needs, progress, and development.
3. To work as a team member with the agency staff to develop a treatment plan for each child placed in the home.
4. To share parenting of the child in care with the parents, the Agency, DHS, DDS and the court.
5. To treat all information regarding the child and family as confidential and not share such information with friends and relatives.
6. To participate in the development of an effective parent/child visitation plan which may include contact with the parents.
7. To keep the agency and the DHS caseworker advised of all pertinent information about the child and family.
8. To comply with the Agency's discipline policy.
9. To maintain minimum standards necessary for continued approval.
10. To participate in the annual evaluation of the foster home.
11. To utilize the foster care reimbursement for the care and maintenance of the child.
12. To complete daily charting of the child (ren) placed in the home.

### B. Responsibilities of the Foster Parent to the Child and Family

1. To help the child understand why he/she is in foster care and to deal with the grief caused by the separation.

2. To help the child develop a positive identity and self-esteem by feeling lovable, capable, worthwhile, and competent.
  3. To help the child learn appropriate behavior without using physical punishment.
  4. To enroll the child in school, if applicable, and assure that the child attends.
  5. To assure that the child participates in extracurricular and other recreational activities as appropriate.
  6. To provide from the foster care reimbursement, allowances, other essentials such as clothing, shoes, school supplies and toiletries, fees for special activities such as school pictures, birthday gifts, graduation, etc.
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7. Foster parents are required to purchase December holiday and birthday gifts. Gifts are beyond normal requirements such as food, clothing and shelter. Gifts are the child's possession and go with the child when they leave the home.
  8. To see that all the child's necessary medical, dental, and counseling needs are met by making appointments, providing transportation, and assuring that prescription medications are obtained and taken properly.
  9. Foster parents are responsible for foster children's belongings. In the event of loss such as fire, theft, or natural disaster, the foster parent is responsible to replace the child's belongings, which would include at a minimum, clothing and toys.

C. Responsibilities of Foster Parents as per the DHS Contract

1. The therapeutic foster parent shall assist the agency staff in the development and review of treatment plans for the child/youth in their care. Therapeutic foster parents contribute vital input based upon their observations of the child/youth in the natural environment of the treatment home.
2. The therapeutic foster parent shall assume primary responsibility for implementing the in-home treatment strategies specified in the child/youth's initial and comprehensive treatment plans and revisions thereof.
3. The therapeutic foster parent shall work cooperatively with agency staff and attend team meetings, training sessions and other gatherings required by the agency or by the child's treatment plan.
4. In order to allow tracking and evaluation of services provided in the treatment home and of the agency's program as a whole, the therapeutic foster parent shall systematically record information and document services provided as required by DHS, DDSD and the Agency.
5. The therapeutic foster parent shall keep a systematic record of the child's behavior and progress in targeted areas on a daily basis.

6. The therapeutic foster parent shall assist the child in maintaining contact with his or her family and work actively to support and enhance these relationships, unless contraindicated in the child/youth's treatment plan.
7. The therapeutic foster parent shall implement and keep current a life book for each child/youth placed in their home to document the child's stay in therapeutic foster care and provide continuity throughout the child's life.
8. The therapeutic foster parent shall assist with efforts specified by the treatment team to meet the child's permanency planning goals. Such efforts may include emotional support, advice, and demonstration of effective child behavior management and other therapeutic interventions to the child's family, as well as the provision of support to the family and child during the initial period of post therapeutic foster care placement.
9. The therapeutic foster parent shall develop and maintain positive working relationships with service providers in the community such as schools, departments of recreation, social service agencies, and mental health programs and professionals.
10. The therapeutic foster parent, in concert with the agency staff, shall advocate on behalf of the child to achieve the goals identified in the child's treatment plan, to obtain educational, vocational, medical and other services needed to implement the plan, and to assure full access to and provision of public services to which the child is legally entitled.
11. Unless a move is required to protect the health or safety of the child or other family members, the therapeutic foster parent shall provide at least 14 days notice to agency staff if requesting a child's removal from the home to allow for a planned and minimally disruptive transition.
12. The therapeutic foster parent must agree not to use physical punishment with children placed in their care and to adhere to the agency's policies regarding behavior management.
13. The therapeutic foster parent must agree to cooperate with the Department during any investigation of reported child abuse or neglect, with the Department worker's required monthly face-to-face contact with the child and the foster parent in the home, and with the child's permanency plan as determined by the Department.
14. The therapeutic foster parent must agree to background checks and physicals on all individuals that move in to the home or stay in the home for two weeks or longer. Regular visitors or overnight guests may be asked to comply with background checks even if the individual does not stay for two consecutive weeks.

## Supervision Requirements

Children are approved for Therapeutic Foster Care due to meeting medical necessity criteria for this level of care. Part of the requirement for that medical necessity is the need for 24 hour supervision. Children in TFC level of care require supervision at all times by adults screened and trained by Shadow Mountain. It is the responsibility of the TFC parent to provide that supervision, or to ensure that the person supervising the child has the appropriate approval by Shadow Mountain BHS.

Individuals who may be approved to supervise TFC children include:

- Other Shadow Mountain TFC parents.
- Day Care providers at 2 Star facilities (or higher)
- Substitute Caregivers who have written approval from Shadow Mountain.

**All approvals for supervision for TFC children by individuals other than the placement parent or the child's school during normal school hours are child specific and do not transfer to other children.**

**Arrangements require PRIOR approval by the agency, must be on the child's treatment plan, and must be reviewed every 90 days.**

Some arrangements require DHS approval or an unsupervised time form. Some arrangements, such as substitute caregivers, require background checks on the individuals supervising the child(ren). It is the foster parent's responsibility to inform the therapist of their plan for supervision of the TFC child.

When a child has progressed in treatment to the point that he/she no longer needs 24 hour supervision, it is time to discuss stepping the child down from TFC level of care.

## TOBACCO USE

It is the policy of Shadow Mountain, that custody youth placed in therapeutic foster care are prohibited from using or possessing tobacco, including smokeless tobacco products. TFC staff and foster parents will be oriented to this policy during orientation.

Secondhand smoke has been identified as a health risk by the U.S. Environmental Protection Agency (EPA) as causing an increased risk of lung disease, cancer, and heart disease. According to the EPA, secondhand smoke impacts children by increasing respiratory diseases such as pneumonia and bronchitis, increasing the number of episodes and severity of asthma symptoms, and increasing the risk of middle ear infections and Sudden Infant Death Syndrome.

**When children are in care, smoking is prohibited inside the home or when transporting children.**

Foster care staff and foster parents will be oriented to this policy during orientation and receive training regarding the risks of passive smoking.

## **TREATMENT PLAN**

A treatment plan for each child placed in therapeutic foster care will be formulated and written by the TFC therapist with documented input from DHS staff, the foster parent (s) and the child. This treatment plan is to be written within thirty (30) days of admission and will be revised and updated every ninety (90) days with documented input from DHS and the foster parent(s) and the child. Treatment plans are to be written to address the child's diagnosis.

Each child's treatment plan shall, at a minimum, address the Agency's plans with regard to the provision of services in each of the following areas: group treatment, individual treatment, family therapy, substance abuse/chemical dependency, education, employment, recreation, redevelopment of basic living skills, redevelopment of social skills, in-home treatment strategies, crisis intervention, preparation for adult living and family reunification/discharge planning.

# SHADOW MOUNTAIN BEHAVIORAL HEALTH SYSTEM

## Master Treatment Plan

This Treatment Plan Date:

Next Review Date:

### IDENTIFYING INFORMATION

Client's Name:

D.O.B:

S.S.N.:

Date of Admission to TFC:

Custody Status:  Temporary

Permanent

Private Placement

County of Residence:

DHS Case Worker (Primary):

Address:

Supervisor Name:

Phone:

DHS Case Worker (Secondary):

Address:

Supervisor Name:

Phone:

### DHS CASE PLAN GOAL

Family Reunification:  Adoption  Independent Living  Other: Reunification

Anticipated Discharge Date:

Reason for Admission:

Client's Strengths: (Include client's own words)

Client's Limitations: (Include client's own words)

### DSM-IV DIAGNOSES (Complete ALL five axes)

Principal Axis I Code:

Title:

Descriptors (Client-specific and addressing any changes since last review):

Secondary Axis I Code:

Title:

Descriptors (Client-specific and addressing any changes since last review):

Axis II Code:

Title:

Axis III (Medical Conditions that are potentially relevant):

Axis IV:

Axis V GAF: Current:

Highest Level in the Past Year:

### *MEDICAL*

Current Medications:

Physician Responsible for needs:

Phone:

Address:

**Medical (Appointment, Time, Date, Doctor, Phone, Purpose, Result):**  
**SERVICE AREA:**

TYPE OF SERVICE:	PROVIDED BY:	FREQUENCY IN HOURS PER MONTH:
Individual Therapy		
Group Therapy		
Group Rehabilitation		
Biological Family Therapy		
Foster Family Therapy		
Psychosocial Rehabilitation		

**Comments (Address therapeutic efforts supporting permanency plan):**

**SUBSTANCE ABUSE EDUCATION/PREVENTION / THERAPY (Include family history of substance abuse):**

**In-Home Activities / Counseling Activities:**

**BASIC LIVING SKILLS REDEVELOPMENT :**

**Competence Level (Specific progress since last treatment plan on identified needs):**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**In-Home Activities (Include specific activities from logs):**

<b>TREATMENT SERVICES</b>	<b>FREQUENCY</b>	<b>STAFF / CREDENTIALS (Degree / License)</b>
Skills Development/Ind Rehab	30 minutes per day	(TPS)
<b>Date Initiated:</b>	<b>Target Date:</b>	

**SOCIAL SKILLS REDEVELOPMENT:**

**Competence Level (Specific progress since last treatment plan on identified needs):**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**In-Home Activities (Include specific activities from logs):**

<b>TREATMENT SERVICES</b>	<b>FREQUENCY</b>	<b>STAFF / CREDENTIALS (Degree / License)</b>
Skills Development Ind Rehab	1 hours per day	(TPS)
<b>Date Initiated:</b>	<b>Target Date:</b>	

**INDEPENDENT LIVING SKILLS DEVELOPMENT:**

**In-Home Activities:**

Provided By: TPS

**AGGRESSION/TANTRUMS AND SELF-HARMING BEHAVIORS (Frequency/Duration/Triggers/Description of Behaviors/Number of Holds):**

**CURRENT SLEEP AND APPETITE PATTERNS:**

**CRISIS INTERVENTION:**

**BEHAVIOR MANAGEMENT PLAN:**

**DISRUPTION PREVENTION:**

**EDUCATIONAL PLACEMENT SERVICES:**

**Grade Level:** \_\_\_\_\_ **School Attending:** \_\_\_\_\_

**School Issues** (Suspensions, Detentions, IEP, Behavioral Issues, Learning Problems) including numbers of days missed due to these behaviors:

**RECREATIONAL ACTIVITIES:**

**REFERRALS TO COMMUNITY AGENCIES / RESOURCES INCLUDING ADDITIONAL BEHAVIORAL HEALTH**

**SERVICES:**

**ALLOWANCE:**

**UNSUPERVISED TIME ASSESSMENT/DAYCARE EXCEPTION:**

### TREATMENT GOALS

**PROBLEM 1:**

**GOAL 1** (Client's expected outcome):

**CURRENT OBJECTIVES** (what the client will do IN TREATMENT to achieve goals and THE BEHAVIORS BY WHICH PROGRESS WILL BE MEASURED):

NUMBER	OBJECTIVE	DATE INITIATED	TARGET DATE
1A:			
1B:			
1C:			

NUMBER	TREATMENT INTERVENTIONS	THEORETICAL APPROACH:	TREATMENT SERVICES:	STAFF / CREDENTIALS:
1A:				
1B:				
1C:				

NUMBER	PREVIOUS OBJECTIVES	PROGRESS ON PREVIOUS OBJECTIVES:
1A:		
1B:		
1C:		

**PROBLEM 2:**

**GOAL 2** (Client's expected outcome):

**CURRENT OBJECTIVES:** (what the client will do IN TREATMENT to achieve goals and THE BEHAVIORS BY WHICH PROGRESS WILL BE MEASURED)

NUMBER	OBJECTIVE	DATE INITIATED	TARGET DATE
2A:			
2B:			
2C:			

NUMBER	TREATMENT INTERVENTIONS	THEORETICAL APPROACH:	TREATMENT SERVICES:	STAFF / CREDENTIALS:
2A:				
2B:				
2C:				

NUMBER	PREVIOUS OBJECTIVES	PROGRESS ON PREVIOUS OBJECTIVES:
2A:		
2B:		
2C:		

**INTERPRETIVE TREATMENT SUMMARY:**

**DISCHARGE CRITERIA, DATE & AFTERCARE PLAN:**

**DISCHARGE PLANNING:** (Summary to address behaviors that can be expected upon discharge, supports that need to be place for the family and community, educational and recreational needs, day to day activities that are good or that should be avoided, whether the child is able to go to daycare vs. home after school)

**BIOLOGICAL FAMILY INVOLVEMENT:** (Comments on involvement with family including siblings while in care and recommendations for involvement upon discharge)

**Number of Children in the Home:**

**Family Setting vs. Group Setting:**

**Better with groups or individuals:**

**Better with males or females:**

**Intimacy needs:**

**Interactions with younger children in the home:**

**Interactions with older children in the home:**

**Specific outpatient treatment recommendations:**

**Specific behavioral modification techniques / calming techniques identified for the child:**

**SIGNATURES:**

## **Guidelines For Assessing a DHS Custody Child's Access to Unsupervised Time in TFC Placement**

Children receiving Residential Behavioral Management Services (RBMS) in Foster Home Settings meet the medical necessity criteria for this level of treatment and care. Children in RBMS in Foster Care Settings require varying levels of emotional and behavioral support and treatment. Children in RBMS in Foster Care Settings also require varying levels of direct supervision.

The TFC contract requires the availability of one TFC parent to provide foster parenting in the home anytime a resident is in the home. When both parents are employed outside of the home, the TFC contract requires that foster parent employment enable a parent to be at home anytime the placed child is at home. Any exception to this requirement requires prior CFSD State office administrative approval. Supervision required for a custody child in TFC due to a foster parents' employment is called Day Care. The TFC agency submits requests for Day Care approval to CFSD state office prior to the establishment of any Day Care arrangement for OKDHS custody children placed in TFC.

When an OKDHS custody child exhibits stability in both treatment and placement, an assessment as to the child's ability to have time away from their TFC parents' direct supervision may be appropriate.

Unsupervised Time Assessments evaluate the custody child's ability to spend time outside the direct supervision of the TFC parent and the TFC parents' ability to support such plans. The Unsupervised Time Assessment is completed in conjunction with the child's ongoing treatment plan and must support completion of at least one of the child's treatment goals. **Once implemented, the Unsupervised Time plan must be evaluated at each Treatment Plan review.**

### **Unsupervised Time Assessment Process**

- The child's TFC therapist, following consultation with the foster parent and the DHS County of Placement worker, completes the Unsupervised Time Assessment guide.
- The TFC therapist, the TFC agency clinical team or the TFC agency clinical supervisor, and TFC program director evaluate recommendations for allowing an OKDHS custody child placed in TFC to spend time outside of the direct supervision of the TFC parents.
- The TFC therapist gives the county of placement worker the completed Unsupervised Time Assessment and the accompanying Support Plan signed by the child, the TFC therapist, the TFC foster parent, and the TFC agency director.
- The DHS County of Placement Child Welfare Worker reviews the assessment and support plan with their supervisor and the county of jurisdiction worker and supervisor when different from the county of placement. All documents are reviewed relative to the child's treatment needs and treatment plan.
- The County of Placement Child Welfare Worker secures necessary signatures and returns the signed plan to the TFC therapist to be filed in the TFC case with copies provided to the TFC parents and the child.

## **WEAPONS**

Due to the nature of our program, it would not be prudent to offer open access to firearms, knives, airguns, archery equipment or other items of this nature. In most cities it is not legal to pursue the use of these weapons under any circumstances. In rural settings the use of these items certainly could prove to be a therapeutic activity, however, only under the closest of supervision.

For those situations where weapons or collections of weapons are in the possession of our youth, it is necessary to discuss those items with the TFC therapist and/or Director as well as the DHS worker. Weapons are not to be purchased by our youth or by foster parents for our youth without prior discussion with the TFC therapist, TFC Director and the DHS worker.

It is our policy that firearms be removed from the home. If firearms are to be kept within the home, they must be stored in a locked location separate from the ammunition, which is stored in a locked container.

The actual use of these items is to be discussed in advance with the treatment team for the youth to determine the actual therapeutic value and the type of conditions necessary for their use. Consideration will be given to the interest and skills of the foster parent.

## **WHEN THE CHILD LEAVES**

Clothes, toys, bikes, and other items purchased for the child **ARE THE CHILD'S**. Items given to or purchased for the child are to go with the child when he/she leaves your home, either through planned discharge or disruption.

Clothes and/or toys of the foster child/youth may **NOT** be given away or sold by the foster parent without the permission of the foster child/youth.

Because of the effects of separation for the foster child as well as the foster family, every effort will be made to provide appropriate closure activities. The foster family and/or the TFC therapist should plan these activities in advance.