



*Bringing Families Together
For A Bright Future.*

FOSTER PARENT MANUAL

REVISED February 7, 2018

Dear Foster Parent,

Thank you for making the commitment to provide a safe and loving home for children who have experienced the trauma of abuse and neglect through no fault of their own.

This manual was developed to give you information and advice when caring for foster children in your home. It gives you practical information on topics such as visitation, transportation, medical care, safety, interventions and your role as a Foster Parent. Please be sure to check with Camelot Community Care for any clarification you might need or a specific procedure on how to handle issues that may arise.

This manual in no way, substitutes for or waives statutes or rule related to the licensing of Foster Parents; however, we will attempt to apply these laws and regulations in a manner consistent with these commitments.



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Chapter 1

Role of the Foster Parent

Most of you reading this had parents who, while maybe not perfect, loved you, protected you, and provided for your needs. But every day, children are removed from their homes because their parents are not able to provide the love and care they need – sometimes because they didn't learn good parenting skills; sometimes because of substance abuse, mental illness, and domestic violence; sometimes because of all of the above.

No matter the circumstances, removing a child from their home generates even more trauma, confusion, and fear. Children cling to their caregivers and their home, even when it is not a positive environment. But every child deserves to know and feel love, and that's where you can make a difference.

As a Foster Parent, you can give a child the love and security they need. You can play a significant role in helping families heal and reunite and, when that is not possible, you can help them transition to a new home and a new family. You can become a partner with Camelot, The Department of Children and Families (DCF), the court system, and community based care (CBC) agencies to ensure children in foster care are safe, healthy, and able to reach their full potential. You can become a partner in fostering their success.

Below are key responsibilities you will be asked to assume as a Foster Parent. Please note these are key areas of responsibilities and should not be considered the full list of responsibilities as every child is unique, thus, the care you provide to each child will be different.

1. To ensure that the care we give our children supports their healthy development and gives them the best possible opportunity for success, Foster Parents and Camelot staff will work together in a respectful partnership.
2. All members of this partnership will behave professionally, will share all relevant information promptly, and will respect the confidentiality of all information related to the child and his or her family.
3. Foster Parents and Camelot staff will work together to develop and implement a plan of care for the child. Other participants in this plan may include the biological family, DCF and CBC staff, and GAL's. Foster Parents will attend and participate in permanency staffings, treatment team meetings, court appearances and other staffings where Foster Parent input is necessary and/or required. For Treatment Foster Parents, participation in the development of the child's treatment plan is a requirement. Camelot supports Foster Parent participation through timely notification, an inclusive process, and providing alternative methods for participation for caregivers who cannot be physically present.
4. Excellent parenting is a reasonable expectation of Foster Parents. Foster Parents will provide and Camelot staff will support excellent parenting. This requires a loving commitment to the child and the child's safety and well-being, appropriate supervision and positive methods of discipline, encouragement of the child's strengths, respect for the child's individuality and likes and dislikes, providing opportunities to develop the child's interests and skills, awareness of the impact of trauma on behavior, equal

participation of the child in family life, involvement of the child with the community and a commitment to enable the child to lead a normal life.

5. Children will be placed only with Foster Parents who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, special physical or psychological needs, unique situations including sexual orientation and family relationships. Camelot staff will provide Foster Parents with all available information to assist them in determining whether they are able to appropriately care for a child. Foster Parents must be willing and able to learn about and be respectful of the child's religion, culture and ethnicity, and any special circumstances affecting the child's care. Camelot staff will assist them in gaining the support, training and skills necessary for the care of the child.
6. Treatment Foster Parents explicitly understand that children in Treatment Foster Care may exhibit ***significant behavioral and emotional difficulties*** including but not limited to: defiance, destruction of property, school difficulties, aggression, depression, anxiety, hyperactivity and other behaviors requiring increased supervision and intervention from the Foster Parents.
7. Foster Parents will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from family, to meet these children's special needs and to work effectively with child welfare agencies, the courts, the schools and other community and governmental agencies.
8. Once a Foster Parent accepts the responsibility of caring for the child, the child will be removed from that Foster Family only when the Foster Family is clearly unable to care for him or her safely or legally, when the child and his or her biological family are reunified, when the child is being placed in a legally permanent home in accordance with the case plan or court order, when the child is ready to step down to a lower level of care (Treatment Foster Care only) or when the removal is demonstrably in the child's best interest. I/We understand that a **thirty (30) day notice** must be given if I/we are requesting the removal of a child from my/our home except in emergency or life-threatening situations.
9. If a child must leave the caregiver's home for one of these reasons and in the absence of an unforeseeable emergency, the transition will be accomplished according to a plan which involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and psychological needs, ensures they have all their belongings, and allows for a gradual transition from the Foster Parents home and, if possible, for continued contact with the Foster Parents after the child leaves.
10. When the plan for the child includes reunification, Foster Parents and Camelot staff will work together to assist the biological parents in improving their ability to care for and protect their children and to provide continuity for the child.

11. Foster Parents will respect and support the child's ties to his or her biological family (parents, siblings and extended family members) and will assist the child in visitation and other forms of communication. Camelot staff will provide caregivers with the information, guidance, training and support necessary for fulfilling this responsibility.
12. Foster Parents will work in partnership with DCF, CBC and Camelot staff to obtain and maintain records that are important to the child's well-being including child resource records, medical records, school records, photographs, and records of special events and achievements.
13. Foster Parents will effectively advocate for children in their care with the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. Camelot staff will support them in doing so and will not retaliate against them as a result of this advocacy.
14. Foster Parents will participate fully in the child's medical, psychological and dental care as they would for their biological child. Foster Parents agree to and accept the responsibility to schedule and transport foster children to all medical, dental, mental health and other medical appointments as needed. Camelot staff will support and facilitate this participation. Foster Parents, DCF, CBC and Camelot staff will share information with each other about the child's health and well-being.
15. Foster Parents will support the child's school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, assisting with school assignments, supporting tutoring programs, meeting with teachers and working with an educational surrogate if one has been appointed and encouraging the child's participation in extra- curricular activities. Camelot staff will facilitate this participation and will be kept informed of the child's progress and needs.

LICENSING AND TRAINING

All Foster Parents are required to participate in the licensing process that serves as the beginning of the partnership between you as the Foster Parent(s) and Camelot Community Care as your licensing agency. For Treatment Foster Parents, this partnership is taken a step further to include working together as a treatment team to implement behavioral interventions to address significant behavioral and emotional issues related to the trauma the child may have experienced.

As Foster Parents, you are taking on the responsibility of caring for another person's child and in many cases, partnering with the biological family to reunite their child with them. Your journey to becoming a Foster Parent is intended to help you make the best decision for you and your family regarding fostering and what type of children you will work best

with. For Camelot Community Care, this process helps us meet the responsibility of assuring that we are placing children with Foster Parents who are thoroughly prepared for the challenge and meet the highest moral and personal standards. The licensing process includes the following activities:

Orientation

The first step to becoming a Foster Parent is to attend an orientation where you will be introduced to the child welfare system, the children served, and learn the characteristics of a successful Foster Parent. Most importantly, orientation is the first opportunity to make an informed decision about whether fostering is right for you and your family.

Initial Pre-Service Training

All Foster Parents participate in a pre-service training class with other potential Foster Parents. Each community uses different training programs but all have a common goal of preparing new Foster Parents for both the challenges and rewards ahead of them. The training process is usually conducted as part of the overall home study process described below. The initial pre-service training program typically consists of 21-30 hours of training. The amount and type of training will be determined based on the region of residence of the Foster Family.

Treatment Foster Parent Training

New Treatment Foster Care (TFC) Parents will participate in an additional 30 hours of training in addition to pre-service training. Treatment Foster Parent training provides specific training on strategies to address the behavioral and emotional challenges children in the TFC program exhibit.

Home Study and Reflection

The home study process is a partnership between the Foster Parents and Camelot staff to determine whether fostering will be the right decision for you and your family. During preparation of the home study, Camelot staff will visit the home, interview you and your significant other, children and other family members. As potential Foster Parents, the interview serves as a chance to reflect on your own upbringing, your family values, relationships, and many other areas that will play a key role in how you care for a foster child placed in your home. While the process can touch on personal and sometimes difficult subjects, Camelot staff are trained to be understanding, discreet, and to help you feel comfortable during the home study process. If there is a concern that arises during the home study process, Camelot staff commit to engaging you in an open and honest conversation about how to move forward.

Background Screening

The safety of the children in our care is our first and most important priority. All Foster Parents must undergo a thorough background screening process. During the process, the following screenings are conducted:

- Local criminal law enforcement screening
- Statewide criminal record screening (including other states lived in during the previous 5 years)
- Federal (FBI) criminal record screening
- Police response inquiry to your home
- Juvenile criminal record screening (if there are minor children in the home)
- Child abuse registry screening
- Civil court records and protective order screening related to domestic violence
- Driver's License screening

Home Inspections

The physical space of your home will be required to be inspected with the following areas being addressed:

- Home health inspection
- Radon testing (where required)
- Size and appropriateness of bedrooms
- Photos will be taken of all areas of the home
- Potential hazard review including pools and bodies of water
- Pet vaccinations and temperament
- Working order of appliances
- Well water testing (if required)

Medical Determination

Foster Parents are required to be healthy enough to serve as a Foster Parent and this will be explored during the home study process. Foster Parents will sign medical releases and further information may be requested from your physician.

Financial Review

As part of the home study process, Camelot staff will complete a budget with you to determine your financial resources and whether you have enough financial resources to care for 1 or more additional children in your home. During this process we will also confirm employment.

Obtaining References

You will be asked to provide non-family references that will be asked to provide feedback about you and your family.

Family Input

If you have adult children, they will be asked to provide feedback on your decision to become a Foster Parent. This is an important part of the licensing process as the decision to foster is a family decision. We understand that there are situations where family

dynamics may result in a situation where your adult children may not be in contact with you. In those situations, Camelot staff will work with you regarding the circumstances around this issue and how it will be addressed in the licensing process.

On-going Training

All Foster Parents are required to participate in on-going training each year. Traditional Foster Parents are required to receive at least 8 hours of training each year. Treatment Foster Parents must receive on-going training according to the level of children being placed in the home

- Level II Foster Parents must receive 6 training hours per quarter
- Level I Foster Parents must receive 4 hours of training per quarter.

Camelot typically offers monthly training sessions but Foster Parents may also participate in outside and on-line training opportunities. Please speak with your Camelot licensing staff for a list of outside training resources.

Treatment Foster Parents will also be required to participate in clinical training and consultation to effectively implement a treatment model designed to address the behavior and emotional issues children in Treatment Foster Care may have.

CLOSING A FOSTER HOME

Being a Foster Parent is a rewarding experience that will impact Foster Parents immensely. Being a Foster Parent can also be difficult emotionally and at some point you may decide to no longer be a Foster Parent. Also, life and family situations change, which could impact your decision to continue as Foster Parents.

The licensing process is a partnership between the Foster Parents and Camelot Community Care. Continuing as a Foster Parent is a joint decision made each year during the re-licensing process. Being licensed as a Foster Parent is not a guarantee and Camelot is not obligated to license a family, even if all of the qualifications are met. We take this responsibility very seriously and recognize that being a Foster Parent is not for everyone. If we make the decision to not license your home, we commit to openly discussing it with you and providing you the information to help you understand the decision. The decision to not license a foster home is made solely on the evaluation of Camelot's professional responsibilities. We will never discriminate against any person for any reason.

If a Foster Parent makes the decision to no longer be licensed, Camelot requires written notice of the decision. If children are placed in the home, we require at least 30 days' notice to properly transition the child to another home. If you are requesting to transfer your license to another agency, written notice of that decision is required as well. Foster

Parents, who are transferring to another agency, should be aware that Camelot is required to share licensing information with the receiving agency and are required to provide a reference on the family's interactions with Camelot while licensed.

Treatment Foster Care families, who have a child placed in their home, may not transfer to another agency until the child has been discharged from the program. Foster Parents may not request the child be moved to facilitate a transfer to another agency.

CHARACTERISTICS OF A SUCCESSFUL FOSTER PARENT

To be successful, a foster parent must have an understanding of Permanency Planning

Every effort is made to identify potential Foster Parents who will ultimately be successful in helping children achieve permanency. Foster Care is a temporary living situation and when children enter the Foster Care system, a permanency resource is identified. In many cases, reunification with the biological family is the goal. While the biological family is working to address the issues that led to the removal of their child, you as Foster Parents play a significant role in helping the child maintain their family connections. It is Camelot's expectation that Foster Parents support visitation with the child's biological family. In many cases, Foster Parents communicate with the biological family and work together to maintain these bonds.

For Treatment Foster Parents, children are placed in your home in order to receive the intensive treatment and support needed to help the child heal from the trauma they have experienced. Treatment Foster Parents help the child live successfully in a family environment with the goal of "stepping down" to a less restrictive family environment. Essentially, the children in Treatment Foster Care often leave the Foster Parents home to be placed with a traditional foster family. But also, there are many times that Treatment Foster Parents will also work with the biological family to help them understand parenting skills that work with the child.

If reunification with the biological family is not possible, other permanency options may be explored including relative/non-relative placement and/or adoption. Foster Parents are always part of those conversations but in all cases, the Foster Parents must support the permanency plan for the child in their home.

Just as there is no one right way to be a good parent, there is no simple recipe for how to be a good Foster Parent. Every child is different and each situation is unique and should be approached on an individualized basis. That said, there are qualities and/or skills that a successful Foster Parent will possess on a daily basis.

Have Perseverance

It isn't easy being a Foster Parent. Raising a child doesn't come with a one-size-fits-all manual, and that especially holds true for a child placed in foster care. In order to be a good Foster Parent, a person must be strong and persevere through the tough times. When a child walks through a Foster Parent's door for the first time, he/she is entering a strange environment after leaving a potentially scary one. It's up to the Foster Parent not to give up, despite all emotional hardships. Never giving up is never more important than when it involves a child's well-being.

Be Patient

As the old saying goes, patience is a virtue. That's especially true when it comes to being a Foster Parent. When a child comes into a Foster Parent's home, he/she is entering a new world. It is up to the Foster Parent to be patient with the child as they learn to adapt to a new set of rules in your home. Patience has to be extended to their emotional well-being. Many of the children in Foster care have suffered emotional and physical abuses the likes of which many Foster Parents cannot imagine. That makes it all the more important that Foster Parents remain patient in raising these children.

Be Understanding

Good Foster Parents will put themselves in the shoes of their Foster children. Empathy and understanding of each child's individual case will go a long way in creating a healthy and happy environment. Understanding a child's needs is paramount to being able to show a child you care. Many children in foster care come from homes where they were told that they were cared about but never shown it. If a Foster Parent understands that a child might mistrust adults due to their background, the parent could communicate in non-verbal ways to express care and understanding for the child. Examples are as simple as a parent going out of their way to make the child's favorite dinner or displaying a good test grade on the refrigerator.

Communicate Clearly

Communication is key in any healthy relationship. A Foster Parent needs to communicate clearly not only with the child but caseworkers and, in some cases, relatives. It is imperative for a Foster Parent to be clear, open and honest with all, especially the child. It is through clear communication that parents can help earn a child's trust. It is equally important for Foster Parent to be unafraid to ask questions and know resources are available when needed. No parent raises a child alone, and Foster Parents are no exception.

Be Loving

Without love, the above four qualities don't matter. With love, a Foster Parent will find these qualities come naturally. It is with love that a Foster Parent will persevere through the difficult times and find the patience and understanding to communicate with the child. It's through love that trust is built and lives are changed for the better.

Ability to meet own needs, tolerate rejection, and accept a delay in gratification as a parent.

Sometimes, families come into foster care with the sense that “everything is going to be all right” and “this will make our lives more whole.” While this may eventually be the truth, there can be many hurdles that pop up. It is important for those considering foster care to meet their own needs of self-assurance, self-appreciation, and knowing when to take time for themselves. It is also important for families to be willing to delay the gratifying feelings of parenting. Families who are able to embrace the long-term goals, as opposed to short-term ones, tend to find more satisfaction with their experience.



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Chapter 2

Introduction to the Treatment Foster Care Program

General Description

Children in the treatment foster care program have behaviors that make it difficult to live in a traditional foster home

The Treatment Foster Care Program is one of the programs offered by Camelot Community Care. All of Camelot's Foster home programs are licensed by the State of Florida. The Treatment Foster Care program is designed for children and adolescents aged 3-17, who are having a difficult time living in their biological homes or in a traditional foster home setting. Children in Treatment Foster Care may display the following behaviors:

- Defiance
- Hyperactivity
- Aggression
- Inappropriate sexual behaviors
- Depression
- Anxiety
- Running Away
- Danger to other children

These Foster children frequently experience difficulties at school and in the community as well.

The program is also appropriate for children and adolescents who are at risk for a more intensive level of care such as residential treatment. Treatment Foster Parents receive additional training and partner with Camelot's clinical team to implement treatment strategies for the children. In other words, Treatment Foster Care provides an intense level of care in a family like setting. As a result, Treatment Foster Care families and their homes have different requirements than traditional homes.

Philosophy of Treatment

It is important to identify both the risk and protective factors that can impact a foster child

The strengths based perspective and resiliency theory form the heart of Camelot's service philosophy and this philosophy is woven throughout all service interventions and systems. It is the belief at Camelot that all individuals have inherent strengths and that these strengths can be used to overcome adversity as well as manage life challenges. Additionally, there is a strong belief at Camelot that all individuals are resilient and have the capability to bounce back from the current challenges in their lives that have caused them to become involved with the child welfare system or seek out support. In essence, the strength based perspective facilitates the exploration and use of a foster child's strengths and resources to assist them in achieving their goals, as well as moving them toward healthy development and fulfillment of their potential. Further, the strength based perspective

assesses attainable goals, mobilizes resources to promote change and self-esteem, and instills hope for the future.

Resiliency theory is a powerful complement to the strength based perspective. Like strengths, resiliency is individualized. Thus, every foster child has a unique combination of strengths and resiliency factors which can be developed and utilized. Further, resiliency theory moves human services away from a risk and deficit focus to an examination of the strengths of clients, families, schools and communities. Assessing and strengthening resiliency factors within Foster children allows for recognition and ownership of current challenges. A focus on resiliency allows for foster children to successfully manage current challenges as well as future challenges.

Client Centered and Trauma Focused Approach

Camelot's treatment philosophy also incorporates the client centered approach. The client centered approach assumes that foster children are the best "experts" on their strengths and challenges and that they have developed their own unique "meanings" about events in their life. When working from a client centered approach, the Foster Parent and in-home counselor do not impose their "meanings" of what happened to the foster child. Instead, they listen to the foster child's life story and provide support, empathy, and unconditional positive regard.

Trauma Focused or Trauma Informed Care is one of the most important concepts integrated within the Treatment Foster Care program. Trauma-informed care is based on the understanding that the children in Treatment Foster Care have suffered traumatic experiences, and Foster Parents and Camelot staff are responsible for being sensitive to this fact. Camelot adopts a trauma-informed care approach so that we think differently about our children by asking "What happened to you?" instead of "What is wrong with you?" This is a far more engaging and respectful approach, especially when working with a person who already may feel broken, unwanted, or unlovable, which is how many foster children feel. Your training as a Treatment Foster Parent will provide much more information about this approach.

Treatment Goals

Camelot's Treatment Foster Care program has two primary treatment goals:

- To enable children to learn by their own experiences and to function at an age appropriate level
- To facilitate the child's return to a permanent placement such as adoption, regular foster care, reunification with biological parents or independent living

While the program does have very broad goals, each child will have an individualized treatment plan specific with identified treatment strategies and goals. Treatment goals

can focus on communication, positive ways to cope with anger and frustration, beginning to resolve grief, taking steps to develop connections between thoughts, feelings, and behaviors, and becoming accountable for one's actions.

Because Camelot provides services that are client-centered, it is the expectation that foster children are an active participant in the development of their treatment plan goals. In order to be successful, the foster child should be working on treatment goals that are important to them. Foster Parents are expected to also be active participants in the development of treatment plan goals as well as provide input about a foster child's progress.

Treatment Foster Parents as "Agents of Change"

Being a Primary Agent of Change in a child's life is different than being a custodial parent

Being a "primary agent of change" is a unique requirement for Treatment Foster Parents. Children in Treatment Foster Care receive intensive counseling and other support services. As the "primary agent of change", Treatment Foster Parents accept the responsibility of implementing the foster child's service plan and following through with recommendations made by the In-Home Counselor and Treatment Team. Treatment Foster Parents are the adults who are with the foster child more than any other person. As a result, Treatment Foster Parents have the opportunity to provide frequent and on-going consistency and reinforcement of positive behaviors displayed by the foster child.

Treatment Foster Parents work as part of a treatment team with other Camelot staff. You will be asked to help develop the child's treatment plan by providing feedback on the child's behaviors, frequency of behaviors and other needs. It is a requirement for Treatment Foster Parents to participate in this process including attending treatment team meetings, completing documentation when required, and receiving guidance and consultation from the treatment team. Therefore, once the treatment team has developed a service plan, it becomes the primary responsibility of the Treatment Foster Parent to implement the plan. Camelot staff will provide training on interventions and support the Treatment Foster Parent during the child's placement. For effective treatment to occur, it is critical that both the Treatment Foster Parent and Camelot staff provide the same interventions to the child in a consistent manner.

Working with your In-Home Counselor

All children in Treatment Foster Care are assigned an In-Home Counselor to work with them. As Treatment Foster Parents, your In-Home Counselor will be your primary source of support, information and feedback. You will work as a team with the Counselor to help you be successful as Treatment Foster Parents and for the child to be successful in your

home. Fundamental to this support will be the design or revision of in-home treatment strategies. These strategies include:

- Proactive Goal Setting
- Planning
- Provision of on-going child specific training
- Problem Solving

The In-Home Counselor will support and implement these strategies in the home during home visits. Other types of support include:

- Emotional support and relationship building
- Sharing of information and general training to enhance Foster Parent Development
- On-going assessment of the child's progress
- On-going observation/assessment of family interactions and stress levels
- On-going assessment of safety issues

The In-Home Counselor will be visiting the foster home at the minimum of 1 to 2 times a week depending on the treatment needs of the child.

Working with the Psychiatrist

Many children in Camelot's Treatment Foster Care program will see the consulting psychiatrist on a regular basis. Treatment Foster Parents provide valuable information to Camelot's psychiatrist concerning a foster child's functioning and are encouraged to attend and participate in psychiatric evaluations, updates, and medication reviews. Treatment Foster Parents are required to transport the child to the psychiatric appointment.

Typically, psychiatric appointments will be every one to three months, however, should a Foster Parent feel that a child is in need of a psychiatric appointment for reasons including:

- Adverse side-effects to medications
- Disintegration in behaviors
- Behaviors that are self-harmful or harmful to others

Treatment Foster Parents should consult with their in-home counselor so see if the child needs to be seen sooner.



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Chapter 3

Children's Rights

All Camelot Community Care programs are based on fundamental human rights, civil, constitutional, and statutory rights of the individual child. Access to placements and services are impartial regardless of race, religion, gender, sexual orientation, disability, ethnicity, and/or age, within the limits of our license. Service goals are always based on the personal dignity of the individual child with an adequate number of competent, qualified and experienced professional staff to supervise and implement the service plan. Within the constraints outlined in the service plan of the individual, personal privacy of children and the right to confidentiality is assured and protected by each Camelot staff and Foster Parents.

Children placed in Camelot foster homes receive the highest quality of care based on the following core concepts:

- 1) All children are treated in the type of structure which enables them to function and grow at a maximum level. (The goal is to have children in the most normal and least restrictive type setting possible).
- 2) The child and guardian have the right and responsibility to participate in decisions regarding the care and services provided the child by Camelot.
- 3) For children in Treatment Foster Care, within 30 days, an Individualized Service Plan is developed with long term goals, short term objectives and a plan for implementation. The staff, child, and concerned parties participate in formulating the service plan. The plan is reviewed at regular intervals.
- 4) If not therapeutically contraindicated, visitation with the child's family and siblings is required. Visits are scheduled and supervised on an individual basis in regards to treatment goals. Restrictions on visitation are reviewed and evaluated for their continuing treatment effectiveness on a weekly basis.
- 5) There is no hindrance to the sending or receiving of mail by children. Restrictions on sending or receiving mail, if therapeutically indicated, are reviewed on a weekly basis.
- 6) Children have the right to an attorney and legal counsel. Staff will assist a child in obtaining an attorney or legal counsel when necessary.
- 7) There is a telephone available for the child's use. However, when clinically indicated, there may be restrictions regarding the telephone. Children may be asked to make or receive calls from a designated phone under supervision. Restrictions on telephone privileges are reviewed and evaluated for their continuing treatment effectiveness on a weekly basis. No restrictions will be made on the basis of reasonable cost of telephone calls.

- 8) If interested third parties (mental health, educational, legal or insurance professionals), other than staff, would like to discuss with (at the child and guardian's request and with their approval) an individual's service plan, an in-house review with these parties will be arranged.
- 9) Children will be informed of their rights and responsibilities in a language they understand. Informed consent will be received prior to the initiation of services.
- 10) Children will be informed regarding their staff, any change in staff, any transfer within or outside of the program, discharge plans, and the rules and regulations of the program which applies to their behavior. The child will be assured of the availability of the staff to enable them to work out complaints and problems in an appropriate way.
- 11) Children will not be exploited or required to make public statements acknowledging gratitude, etc.
- 12) Children are not required to perform at public gatherings.
- 13) Social media posting and other public accessible pictures of foster children may not identify the full name of the child or identify him/her as a foster child.
- 14) If a child and/or parent(s)/guardian cannot, to their satisfaction, resolve a problem or complaint about Camelot, they may register the complaint with Camelot's licensing agency.
- 15) No child in any Camelot program will be involved in clinical trials or be prescribed experimental medication.
- 16) All children will have access to daily activities and exercise based on their developmental level, specific needs, and current treatment focus as outlined on Individual Service Plans.
- 17) To protect the child's and family's right to privacy and confidentiality, information will be released only with the written consent of the child and the child's guardian or a valid court order.

Foster Home Environment

All children shall have the help they need to perform activities of personal hygiene and grooming including:

- Bathing
- Brushing their teeth

- Caring for hair
- Caring for clothing and personal possessions

The Foster Parents are responsible for doing these activities with or for all children unable to perform these activities alone. Foster Parents are also responsible for teaching skills to perform these activities to each child until the time the child is able to assume responsibility for maintaining good standards of personal hygiene and grooming. Personal articles and decorative articles for bedrooms may be kept by children in their rooms if these articles are not potentially dangerous or inappropriate. The safety of the child and those around them, as well as the child's developmental level and behavioral concerns, need to be taken into consideration when making the determination of which activities the child will participate in. At no time will a foster child be denied participation in a peer activity based solely on the child's status of being a foster child.

Pastoral Services

Pastoral services will be made available to any child upon request. Any child who wishes to attend a particular church, within a reasonable distance from their residence, will be transported by the Foster Parent to and from services and activities. If a child requests or expresses a need for religious direction or counseling, arrangements will be made with a local representative of the child's church, religion, or belief.



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Chapter 4

Foster Home Program Policies and Procedures

Babysitting Responsibilities

On occasion, foster families will be in need of babysitting or temporary care services. These occasions would include social activities, training, seminars, meetings, school or work related activities. The period of time for babysitting may be one to ten hours. Any temporary care that is needed, which lasts longer than ten hours in one day, is defined as “Respite” care and is outlined in the Respite Policy. Reimbursement to temporary care providers is provided by the Foster Parent.

Each foster family is encouraged to provide Camelot between one to three babysitting resources which they would feel comfortable in utilizing for temporary care. Camelot will ensure that babysitting resources are properly screened if they are to be used on a consistent basis.

Any extended family member of the Foster Parents who will have consistent unsupervised access to a child such as a grandparent, aunt, uncle, etc, **MUST** be screened through Camelot regardless of the amount of time this person would spend with the child. Camelot staff may be available to assist Foster Parents in identifying babysitting services, however, the Foster Parent has the ultimate responsibility for securing approved babysitting resources.

Biological Family Visitation and the Role of the Foster Parents

Foster Parents are strongly encouraged to participate in the visitation process as long as they are comfortable doing so. This could include but is not limited to:

- Transporting the child to and from visits
- Telephone contact with the biological family

Children have the right to have contact with their biological family which will be spelled out in the child’s service/case plan. Foster Parents will be informed of the visitation plan for the child and are required to comply with the plan. Family contact that occurs contradictory to the visitation plan should be reported to Camelot immediately.

There are certain circumstances which may occur when a Foster Parent can choose to remain anonymous during the visitation process. These circumstances many include the following:

- A biological parent has a history of harassment towards Foster Parents
- The biological parent has a criminal history which would place a foster family in an at-risk situation
- The foster child could be at-risk for kidnapping

If a Foster Parent is uncomfortable participating in and/or supporting contact with the child's biological family, the Foster Parent should discuss this with the Camelot licensing staff or counselor assigned to the home.

Child Allowances and Chores

There is a monthly allowance given to each foster child. The amount is determined by the child's age. Information regarding amounts will be given by your Licensing Specialist. A record of the disbursement of this money given to each child must be recorded on the Foster Parent Expenditure Sheet where required. Allowances are given to each child under all conditions. Allowances are not used as part of an intervention (i.e. the child misbehaves, so their allowance is taken). Allowances may be used by the child to pay for damages (i.e. a broken window) if the child chooses.

It is recommended that Foster Parents develop a "Chore" lists so each child knows what they are responsible for and when they have completed their tasks. Remember, the teaching of chores is a learning opportunity and may require many interventions for the child to successfully complete. The completion of chores is not related to allowance.

Foster Children Clothing and Grooming

Each Foster Parent is expected to maintain the clothing that the child arrives with. It is the Foster Parent's responsibility to purchase the child clothing on an on-going basis as needed. Foster Parents may receive an annual clothing allowance. Each item, which is purchased must be documented on the Foster Parent Expenditure Sheet where required. Receipts must be kept separately for each child and are subject to review by the child's legal guardian, therapist, guardian ad litem and/or Camelot's licensing staff. If there is a clothing item which requires special funding, such as a winter coat, Camelot staff can be of assistance in securing funds. The monthly reimbursement for incidentals will be explained by your Camelot licensing staff.

Each item must be documented on the Foster Parent Expenditure Sheet. Receipts must be kept separately for each child. Haircuts that are deemed necessary and encourage good hygiene habits can be secured by the Foster Parent without guardian consent. An example is a monthly trim. Any other service, such as cutting a child's long hair short, dyeing the hair, shaving the hair, applying chemicals to permanently alter the hair, etc., requires guardian approval prior to the service being done.

Court Appearances and the Role of the Foster Parent

Because Foster Parents are important and meaningful members of the team, they may be asked to attend judicial reviews, court hearings, etc. for the children placed with

Camelot. If a Foster Parent cannot attend a court hearing, any concerns or input they may have concerning the child, may be communicated to the court in writing.

If you receive a subpoena, please contact Camelot immediately. Foster Parents may not disregard a subpoena they receive. In some cases, Camelot may choose to involve its legal staff to consult on specific actions to be taken.

Confidentiality of Camelot Community Care Materials

In the course of partnering with Camelot's Foster Home Program, Foster Parents will have access and exposure to Camelot's proprietary information. This proprietary information belongs to Camelot and is only to be used by Foster Parents while partnering with Camelot's Foster Home Program. This proprietary information includes:

- Foster Parent manuals
- Training materials
- Service/Case Plans

Foster Parents are entrusted with confidential information about children in their care, and learn additional confidential information about children and their families as a result of being Foster Parents. The Foster Parents certify that they will keep all information concerning any child or family in the strictest confidence to be used only by Camelot professionals and themselves in service to the child.

Foster Parents agree they will not release any information or give any written material about a child to anyone without first obtaining permission from Camelot Community Care. It is the client's right and expectation that confidential information will be respected and safeguarded by Camelot. Casual conversations about client information with those not involved in the client's treatment or case are strictly prohibited.

Children and families feel supported and respected and develop trust with Foster Parents and their counselors when they experience their supporters protecting their privacy. It is easy for a child or family to lose trust when they overhear conversations about themselves or when confronted with confidential information from someone who should not have that information.

There are times when confidential information will need to be disclosed and it is appropriate to do so during the following circumstances:

- When calling in a report of suspected abuse and neglect
- When law enforcement intervention is required
- During a police investigation
- For crisis intervention during a natural disaster

When in doubt talk to the Licensing Director, Clinical Director, Therapist or Licensing Specialist, before releasing any information. You don't have to make these decisions alone.

In order to care properly for a child being placed in their home, Foster Parents do need to know as much information as possible regarding the reason for the child's placement and the needs of the child. There are two good rules to remember:

- Do not share information with anyone else unless specifically permitted
- Do not identify the child as a foster child

Domestic Pets

Any Foster family that has domestic pets, such as dogs and cats, must have current vaccinations, physical examinations, and licenses on their pets. Camelot's licensing staff will confirm the information during the licensing process and each year during re-licensing.

In the case that a dog's breeding, size or demeanor, such as Pit Bulls, Doberman Pinchers, Rottweilers, etc. causes concern regarding its potential danger toward a child, the foster family must provide safety precautions for the child. These would include:

- A fenced area separate from the child's play area
- Accessible muzzles
- Living arrangements for the pet separate from the child
- A safety plan

If a child is hurt by a Foster Parent's pet, the Foster Parent is personally responsible for the injuries. If at any time a pet poses danger to a child, such as continuous snapping at the child, growling at the child, etc, the foster family will need to make a decision with Camelot regarding their ability to provide foster care while the pet resides in the home. This would include a review of the situation if a child appears to be continuously antagonizing the dog and places themselves in danger with a seemingly gentle pet.

Foster Parents and staff should pay attention to any allergies a child might have to animals or animal dander or asthmatic conditions of the child when considering placement or when using a respite home or babysitter.

Grievances with Camelot Staff

Should a situation arise that a Foster Parent feels that a Camelot staff member assigned to their family may not be responding to the needs of the child or Foster Parent, the Foster

Parent is encouraged to contact the Clinical Director and/or Licensing Director. In the absence of both, the Executive Director of the location may be contacted. On-going, persistent or unresolved issues should be identified to Camelot by completing the Complaint/Grievance Form & submitting it to the Executive Director of that location.

Auto Insurance

All Foster Parents must have valid auto insurance covering all vehicles and drivers. The amount of coverage must meet state requirements.

Guidelines for Use of Gas/Electric Powered Tools

Due to the safety issues and high level of liability involved, it is recommended that foster children in Camelot foster homes not operate any tool or machine which is powered through the use of electricity or gas.

This may include but is not limited to:

- Riding lawn mowers
- Hedge cutters
- Edgers
- Chainsaws
- Gas or electric powered lawn mowers (not riding) and
- Blowers

Foster Parents who feel that a foster child's age and maturity allows for them to understand the safety precautions of using power tools/machines may teach the child to use these tools as part of realistic responsibilities in the home and within the family to help teach responsibility. It is suggested that the Foster Parent discuss this with Camelot staff as well.

Transportation Policy

Each Foster Parent is expected to provide transportation for children to doctor's appointments-including medication management, recreational activities, social events, family outings, religious observances, extra-curricular school activities and vocational opportunities. In the event that the school bus does not arrive to transport the child to school, the Foster Parent is expected to transport the child to school.

Camelot may be able to reimburse the Foster Parent for mileage for the following transports if the appropriate documentation is completed:

- Legal circumstances-court reviews, meeting with attorneys and visiting or picking up a child from the juvenile detention center
- Transporting a child to and from a more restrictive setting such as an inpatient psychiatric hospitalization
- Transporting a child to and from family visitation

Any situation that arises which is not outlined above and requires Foster Parents to transport a foster child will be approved on an individual basis. To avoid confusion, it is the Foster Parent's responsibility to clarify with Camelot whether or not a destination may be reimbursable.

All Foster Parents agree to the following requirements when transporting foster children:

- 1) Maintain a valid driver's license
- 2) Maintain levels of vehicle insurance that meets the state law at all times.
- 3) I understand that in the event that I am involved in an accident in the course of being a Foster Parent, I shall be primarily liable for the damages to my personal vehicle as well as other vehicles involved in any accident. All accidents where a Foster Child was in the vehicle must be reported to Camelot.
- 4) Maintain my personal vehicle in good working condition and where applicable, I will obtain all required vehicle inspections.
- 5) Operate the vehicle in a safe and responsible manner, giving due regard to the safety of any passengers under all circumstances.
- 6) Passengers and drivers must wear seatbelts. When transporting a foster child, I understand I must abide by all car seat laws, rules and regulations in my state.
- 7) Foster children shall never be allowed to be in the car alone or allowed to pretend to drive.

All Camelot Foster Parents will have their driving record checked prior to licensure and annually at re-licensure. Camelot may deny a Foster Parent's license based on the results of the driving record screening or may require certain corrective actions.

Permanency Planning

Camelot Community Care is strongly committed to permanency planning for each child placed in a Camelot Foster Home. Camelot believes that each child can and should be living in a situation that is permanent, committed to the child, and promotes the child's growth and development.

A major focus of Camelot programs is to identify and support a permanent placement for each child. The Foster Parents are a key component in this process. Sometimes, the Foster Parent becomes the permanent living resource for the child, either through adoption or as a non-relative placement. Other times, the Foster Parent works closely with the child's discharge resource (biological family, adoptive, or other permanent placement) in the transition between the foster home and the permanent placement. In either case, the Foster Parent's commitment to the child's long term permanent placement is essential.

For children in Camelot's Treatment Foster Care Program, many times the discharge resource is involved in the treatment provided to the child. The biological family or other discharge resource is encouraged to attend any recommended trainings and receive in-home support before, during and after visitation. If the child is going to be reunified with their biological Parents, treatment goals are often addressed in the biological Parent's case plan with the child welfare agency. Camelot staff will be available to coordinate services for the child once reunification occurs.

If reunification with the biological family is no longer an option, the child welfare agency may seek termination of parental rights, which ultimately frees the child for adoption. Foster Parents who express an interest in adopting their Foster Child will work with the child welfare agency to explore this option.

In regards to permanency planning for children placed in a Camelot foster home, all Foster Parents agree to the following:

- 1) To support the permanency goals as established in the child's case plan.
- 2) To partner with the child's permanency resource in planning for a successful transition to the new placement.
- 3) To never interfere with or "sabotage" a permanency placement or option. Foster Parents who have concerns regarding a permanency option can speak with Camelot and child welfare staff.
- 4) To never request the removal of a child in your home due to a disagreement over permanency options.

Physical Contact with Foster Children

The use of physical contact by Foster Parents is an important nurturing tool and part of normal interactions between a parent and a child. It is used, along with other interventions, to develop and maintain trusting relationships between Foster Parents and children.

Appropriate physical contact includes the following:

- Pats on the back
- Placing the Foster Parents arm around the child
- Rocking a child

- Foster Parent walking arm in arm with a child
- Holding hands with a child
- 1-3 second hugs
- Placing a hand on the child's arm or knee during individual conversations

Care should be taken by the Foster Parent to ensure that the meaning of any physical contact is one of a mature, caring adult. There are times when a child may appear uncomfortable with physical contact and may pull away or avoid physical contact. There are also times when a child may perceive physical contact to be sexual in context. These reactions may come from the child's previous experience with physical contact with adults. At no time is physical contact used by Foster Parents to be abusive, threatening, or intimidating. At no time is physical contact used to communicate an unprofessional intimacy between the Foster Parent and the child or make the child feel unsure of their relationship with the Foster Parent.

Foster Parents may not use "physical restraints" or other physical intervention techniques as a form of discipline or intervention. Foster Parents may never use physical or corporal punishment with foster children.

Discipline

Foster Parents have a responsibility to protect children in foster care from any further physical, mental, or emotional harm. Therefore, the following disciplinary practices are FORBIDDEN:

- 1) Camelot does not accept the use of physical restraints, striking, hitting, punching, wrestling or other forms of excessive or unnecessary force.
- 2) A child's mouth or nose shall never be covered.
- 3) Foster Parents may not make derogatory remarks or threats to the child.
- 4) Corporal punishment, punitive actions for soiling accidents, chemical restraint, excessive or inappropriate work, deprivation of personal hygiene, bathing or toilets, access to sanitary living conditions, mail, or food are NOT PERMITTED.
- 5) Camelot Community Care Foster Parents will not use cruel or unusual punishments.
- 6) Threatening removal of a child or contact with biological family may not be used as a form of discipline.

The following are acceptable or alternative techniques to physical punishment:

- 1) Reinforcing acceptable behavior through praise or rewarding positive behavior, i.e., stars and smiley faces on a bulletin board.
- 2) Verbal disapproval of the child's behavior, NOT disapproval of the child.
- 3) Taking away privileges like watching TV, cell phone, and video games.
- 4) Grounding or sending the child to his/her room and away from the family activity for a short period of time.
- 5) Redirecting or providing alternatives for the child's destructive behavior.

Smoking Policy for Foster Children

It is the policy of Camelot Community Care that children who wish to smoke must be of legal age to purchase tobacco products. If the child remains in the home once turning 18, specific guidelines will be established between the foster home family and the child.

School Suspensions/Failed Day Care Placements

Children in foster care may have difficulty in school and day care placements. It is important to remember that these children most likely experienced significant trauma in their lives which manifests itself in school and other similar environments. It is not uncommon for these children to act out to such an extent that they are asked to leave the school. Camelot staff can assist you in talking to the school to determine whether or not there are methods of working out a problem other than suspension or expulsion. From Camelot's perspective, it would be in the child's best interest to remain in the school setting and work out the problem rather than being sent home from school.

Additionally, there are times when the child will be asked to leave the daycare or baby-sitting resource, which has been established by the Foster Parent. Again, we will assist you in helping the child remain in the setting by offering support and on-site intervention.

However, when a child is asked to leave either the school setting or the daycare/baby-sitting resource in which they are placed, it is the responsibility of the Foster Parent to secure alternate arrangements.

The following is a list of ideas which a Foster Parent may wish to utilize in securing alternate arrangements:

- Identify community resources which may have programs during the day for children who have been suspended from school. This may include churches, daycare centers, boys and girls clubs, etc.
- Identify a reliable daytime baby-sitter to be used in emergencies. (Remember, all baby-sitters must be cleared through licensing to provide child care-so this must be worked out prior to needing a baby-sitter.) Payment to the baby-sitter is the Foster Parent's responsibility.
- Develop a network between Camelot Foster Parents to utilize each other when needed. This may be done informally between Foster Parents as long as the Clinical and/or Licensing Directors are aware of the situation.

Runaway and Missing Foster Children

It is not uncommon for a foster child, particularly those placed in Treatment Foster Care, to have behavioral issues leading to running away. The general definition of runaway is that the child is not where they are supposed to be. This, of course, does not mean the

child is a runaway when they are in the backyard after you have asked them to remain in the house.

Examples of what Camelot considers runaway behavior includes:

- A child who leaves for the bus stop in the morning and does not report to school.
- A child who gets off the school bus at school but does not report to school.
- A child who does not get on the school bus to come home.
- A child who informs the Foster Parent they are running away, then does.
- A child who cannot be located after a thorough search.
- A child who calls the foster home from an unauthorized location and talks to the foster Parent and/or tells the Foster Parent where they are and does not agree to return to the foster home.

In general, it is safer to assume a child has run away and take appropriate action rather than to not assume the child has run away. There are specific steps to take if you suspect a child has run away:

- 1) Thoroughly search your house and yard.
- 2) Check with your neighbors or others that the child may have contacted or visited. Contact the child's friends
- 3) Contact the Camelot On-Call staff to inform them of the run away. If for any reason you are not able to reach them, proceed to Step #4.
- 4) Call the police to report the child as a runaway. Be sure to get a case number from the police.
- 5) The child's Case Manager must be notified when the child is listed as a runaway. In most cases, the Foster Parent will contact the Case Manager but in Treatment Foster Care Programs, Camelot staff will coordinate with the Foster Parent on contacting the required officials when there is a runaway.
- 6) It is critical that when the child is located and you are notified by the police of this, that you contact the Camelot On-Call staff promptly to inform them of the child's whereabouts. Once notified, the Foster Parent will notify the child's Case Manager. Prompt communication is critical in order to assure that the child's guardian is kept up to date on the child's status.

School Staffings and the Role of the Foster Parent

Foster Parents are encouraged to participate in their foster child's school experience. Should a Foster Parent wish to initiate a staffing with school personnel, the Foster Parent should contact the Camelot staff working with them who will coordinate the staffing. Foster Parents are encouraged to participate in:

- Open house
- Parent/child breakfasts or lunches
- Field trips
- Becoming members of the PTA

Should school personnel contact a Foster Parent directly requesting a staffing, Foster Parents can contact Camelot to help coordinate all the necessary people to attend the meeting.

Foster Parents should keep all school records that they receive and keep them in the child's resource record. Foster Parents should also provide a copy of these records to Camelot. This includes the following

- Report cards
- Discipline referrals
- Notices of suspension
- Testing results

Sex Education, Birth Control, and Disease Prevention

The majority of Camelot children, no matter their chronological age, have emotional development delays or arrests that effect their information and decision making process. In today's society of increased teenage pregnancies and sexually transmitted diseases, which in some cases are untreatable and fatal, Camelot feels an obligation to age-appropriate children to provide them with information, education and accessibility to sexual information including the following:

- Medically approved methods of disease prevention
- Abstinence Education
- Condoms
- Sex Education
- Medically approved methods of birth control

Therefore, while a child is in your home, with or without treatment services from Camelot, sex education information on birth control, disease prevention, and access to medically approved methods of birth control and disease prevention will be made available to the child through appropriate medical and community resources with the Case Managers permission. This is not to imply that Camelot condones or condemns sexual activity, but rather that Camelot believes that pregnancy and sexually transmitted diseases can be significant problems for children and the consequences of either would be challenging and difficult for them.



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Chapter 5

Medical Information and Procedures

Dental Policy

All foster children are required to receive routine and necessary dental care. Foster Parents are responsible for taking the children to the dentist as required. Dental needs are assessed at the time of admission through records, initial assessments, and physicals. Dental services are provided by local dentists and covered by the foster child's insurance. Each foster child will have a bi-annual dental examination. Foster Parents are responsible for assuring daily oral hygiene is completed by each child as well. Oral hygiene is taught in compliance with the American Dental Association's recommendations for pediatric dental care as outlined in the training materials. Expert advice will be sought as needed.

Medication Storage

All medications, including "over the counter" (i.e., vitamins, pain reliever, etc.) and prescription medications must be stored in a location that is locked and inaccessible to children. Hooks, child safety latches, and other baby proof devices do not qualify as locked storage for medications; we recommend a keyed or combination lock. Prescription medication may only be stored in its original prescription container.

For occasions when prescription medication is taken, for example, to the school or a respite provider's home, it must be in its original prescription bottle. Most pharmacies will supply an extra, labeled bottle for these purposes.

Psychotropic medication may not be given to a foster child without a court order and/or informed and express consent of the legal guardian. All medication given to foster children should be documented on a medication log provided by your Licensing Specialist. All Foster Parents will receive training in medication administration annually.

Medical Emergencies

In the case of a medical emergency regarding a foster child, the Foster Parent should first contact 911 and request assistance. The Foster Parent should then immediately notify their Camelot staff. In the event the emergency occurs after hours, please contact the on-call number assigned to the Foster Parent.

If the child is ill, but it is not a medical emergency, the Foster Parent should transport the child to the pediatrician or hospital depending on severity and/or physician's recommendations. If a foster child is taken to the hospital or pediatrician, the Foster Parent should bring with them:

- The child's insurance card
- Copy of the Court Order placing the child in custody/Medical consent forms
- Prescription bottles for any medication the child is currently receiving
- Foster Parent identification

Adverse Reactions to Medications (i.e. rash, hives, fatigue, seizures, etc.) and Medication Errors (i.e. giving the child the wrong medications, the wrong dose, or at the wrong time) should be reported immediately to Camelot staff.



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Chapter 6

Infection Control Information and Procedures

Infection Control Guidelines for Families

At Camelot, we believe in providing the highest quality of care to each child in all aspects of treatment. This includes providing a healthy and safe environment. In an effort to minimize staff, child and family exposure to contagious and infectious illness, Camelot has instituted these guidelines:

- 1) Copies of each child's immunization record is on file in the Camelot office and maintained in the foster home.
- 2) In the event of an infection of a Camelot employee, which is considered to be contagious, you will be notified and visits may be rescheduled.
- 3) If you, or any member of your family, develops an infection which has a communicable or infectious potential, notification to your staff and/or the Program Director is required. If necessary, visits may need to be rescheduled or other action taken at that time.
- 4) Children and families should refrain from participating in any group activities if the following conditions exist:
 - The child or family member has a diagnosed infectious or contagious illness that is currently in the contagious stage.
 - The child or family member has a fever of 100 degrees or higher.

Infection Control Program

All Camelot Foster Parents will receive orientation and continuing education regarding the principles and practices of Infection Control. The major focus will be on prevention, with a secondary focus on surveillance, identification, and control of infection.

Infection Control Procedures

Efficient and effective monitoring mechanisms shall be utilized to evaluate important aspects of surveillance. Such monitoring mechanisms include, but are not limited to, the following child documentation:

- Medical history and physical examination/diagnoses
- Clinical observations
- Reports of diagnostic studies
- Consumer and/or family education

Service Plan Development and Review:

- Active infections and/or infectious diseases requiring monitoring and/or treatment, while the child is placed in a Camelot Home, shall be addressed in the child's service plan.

- Documentation of the interventions, goals, and the child's response to treatment shall be included on the service plan/case plan.

Discharge and Post-Discharge Planning Process:

- Discharge/permanency planning shall address any necessary infection precautions, control of complications, referral for continued treatment, and child and family education pertinent to the identified infection or disease. The information shall be communicated to the child and/or family in such a manner as to ensure an understanding of the disease status and the necessity for continued treatment, in accordance with the attending physician's recommendations. All consumer and/or family education shall be documented in the child's record.

Foster Parent Procedures

Each Foster Parent has a personal responsibility to actively participate in the Infection Control Program to the degree necessary and in accordance with all policies and procedures established to meet identified needs of children who have infections or infectious diseases.

- All Foster Parents shall receive training on infection prevention and standard precautions during the orientation process and annually thereafter.
- Foster Parents shall wash their hands after using the restroom, before and after cooking, meals, after contact with infectious source, and after removing gloves.
- Foster Parents and/or assigned Camelot staff must immediately notify the local Health Department, and Camelot's Safety Officer in cases of widespread (community alert of an epidemic) infection.

Reporting Infectious Diseases

It is the policy of Camelot Community Care to prevent the transmission of infectious disease. Foster Parents will report themselves or children with diagnosed or suspected infectious disease to their assigned Camelot staff. Camelot will follow CDC guidelines when restricting individuals from contact with others following an exposure to an infectious disease.

Infectious Diseases – For the purposes of this policy, infectious diseases include, but are not limited to the following:

- Chickenpox
- Viral Encephalitis
- Hepatitis A, B, or C
- Mumps
- Pertussis (whooping cough)
- Rubella (measles)
- Rubella (German measles)

- Strep Infection (untreated)
- Tuberculosis (untreated)

Standard Precautions

All Foster Parents shall routinely use appropriate barrier precautions to prevent skin and mucous membrane exposure when contact with blood or other body fluids from a child are anticipated. Since neither a medical history nor a physical examination is reliable for immediate identification of blood-borne pathogens in at-risk individuals, blood and bodily fluid precautions shall be used consistently with all children.

Each home shall have a First Aid kit always accessible. Latex gloves shall be worn when touching blood and bodily fluids, mucous membranes, non-intact skin, and for handling items or surfaces soiled with blood or bodily fluids. Gloves shall be changed after contact with each child. Hands shall be washed immediately after gloves are removed.

In a situation where a child would require daily in-home injections (i.e. child requires insulin), the Foster Parent and/or child will be trained by the child's pediatrician on how to administer injections. The pediatrician's office will supply a puncture-resistant sharp container that, when full, can be turned in to the pediatrician's office to dispose and provide new sharps container. To prevent needle-stick injuries, the Foster Parent or child shall not recap used needles, purposely bend or break needles, remove needles from disposable syringes, or otherwise manipulate needles.

Hand Washing

Hand washing is the single, most effective, means of preventing the spread of germs. Wash hands when they are soiled, after use of toilet, before eating, and after removal of disposable gloves.

The following is the proper hand washing technique:

- 1) Wet hands under running water
- 2) Apply soap
- 3) Lather and use friction
- 4) Rinse under running water
- 5) Pat dry with paper towels
- 6) Use paper towel to clean and turn off faucet

Foster Parents shall wash their hands and any other potentially contaminated skin areas with soap and water as soon as feasible following an exposure and after removal of gloves.



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Chapter 7

Respite

Respite Care

Camelot Community Care offers its Foster Parents twelve days of paid respite care during a 12 month period. Respite days are accumulated at the rate of 1 respite day per month. Respite days do not accumulate and will reset each year.

Requests for respite care need to be provided to the Licensing staff at least two weeks prior to the first requested respite day. For family emergencies, Camelot staff will assist in securing appropriate placement for the child as soon as possible.

All of Camelot's respite homes are licensed and trained Foster Parents.

Foster Parents are asked to take into account the child's needs, stage of treatment, and how the respite will affect the child prior to making any arrangements. For example, holiday seasons are a difficult time for foster children to adjust to foster homes that are not their own.

In some cases, the decision will be made by the licensing or treatment team to make respite mandatory for a home. Some examples of when this may happen include:

- A high level of stress in the home
- A foster family using interventions outside of Camelot's Policies and Procedures
- Abuse and Neglect Allegation/Investigations

Procedures for Respite Care

The following procedures are to be utilized when a foster child is placed in respite care within a Camelot program. Although this is a comprehensive list of responsibilities, there are situations which could arise that are not included here. Please discuss any issues with the Licensing Director or Clinical Director.

- 1) The Foster Parent will maintain an updated Child Resource Record and have it accessible at all times.
- 2) The Foster Parent will provide the respite Parent with the child's Child Resource Record (CRR) and medications.
- 3) The Foster Parent will ensure that the child has adequate clothing and grooming supplies, including toothbrush, brush and toothpaste. The respite parent is responsible to ensure that all clothing and grooming items are returned to the Foster Parent at the end of respite care.
- 4) It is critical that all medications are handed to the respite parent and not packed in a child's suitcase.
- 5) The respite parent will utilize the On-Call system if problems occur.
- 6) Foster Parents need to be aware of a child's medication needs and not send a child on respite without an adequate supply of medications.



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Chapter 8

Safety and Emergency Planning

The goal of the safety of all Camelot Foster Homes is to be preventative rather than reactive in order to ensure a safe environment for children, Foster Parents, and staff. The program seeks to identify potential hazards and reduce risk of accident or injury. The Safety Management Program provides for a continuous review of safety issues. Camelot approaches safety management from a team approach. The team includes Camelot's Director of Licensing, the Clinical Director, therapists, licensing staff and Foster Parents. Each member of this team has been trained on how to handle safety management issues and identifying potential hazards and risk issues. Each Foster Parent shall follow the licensing rules of the State. These licensing rules may include specific guidelines for safety related issues. Camelot maintains that Foster Parents will demonstrate sound judgment in the area of safety management.

Safety Management

Each foster home shall participate in home health and fire inspections (if appl.) as required by state licensing requirements. On an annual basis, Foster Parents are provided information on safety issues. Safety information may include:

- Water safety
- Disaster supply kit
- Fire prevention and safety
- Poison Control
- Floods
- Tornado
- Hurricane
- Firearm safety
- Emergency preparedness checklist
- Wildfires
- Terrorism

Hazardous Materials and Waste Management

Each Foster Parent shall be trained in the use of standard precautions. Generally every foster home would dispose of hazardous waste in accordance with their local regulations. Most residential sanitation departments provide this information to customers as to how to dispose of paints, pesticides, cleaning chemicals, etc.

Emergency Preparedness Management

Camelot's Foster Home Program is prepared to ensure effective response to emergencies affecting the operations of the program. Where required, each Camelot foster home parent is required to be certified in adult and child Cardiopulmonary Resuscitation Procedures (CPR) prior to the placement of children in the foster home. Resuscitation efforts will be given until emergency medical personnel assume medical responsibility or until physical unable to continue.

Disaster Preparedness

Each Foster Parent shall be trained in disaster preparedness and shall complete a Disaster Preparedness Plan for Foster Parents. Foster Parents shall keep their Disaster Preparedness Plan current and on file with Camelot.

In the event of a disaster/ emergency (flood, tornado, hurricane, civil disorder, etc.), Camelot staff will contact each Foster Parent to ascertain the safety of the foster child and the foster family. If Camelot staff are unable to reach the Foster Parent, Camelot staff will contact the emergency shelter listed on the Foster Parent's disaster plan. If Camelot staff are unable to reach the Foster Parent, it is the Foster Parent's responsibility to contact Camelot as soon as is possible to inform Camelot of their status. Camelot staff will contact the child's legal guardian to inform them of the child's location.

Treatment visits will be cancelled if weather or civil disorder does not permit travel of staff. Camelot staff will notify each Foster Parent of any changes in the office operations due to an emergency. Foster Parents may contact Camelot staff to inform them of adverse weather conditions in their area.

Fire Safety

Each Camelot foster home will have processes for protecting foster children, Foster Parents, visitors, and property from fire, smoke, and other products of combustion. This includes:

- Processes to inspect, test, and maintain fire protection and life safety equipment and components on a regular basis.
- Ongoing monitoring and performance of actual or potential risks related to one or more of the following:
 - Inspection, preventive maintenance, and testing of equipment
 - Emergency procedures that address fire safety incidents including but not limited to fire response needs, evacuation routes and the roles of the responsible persons.
 - Consult your Licensing Specialist regarding the number of fire drills your family is required to conduct yearly.

Fire Drills test Foster Parent knowledge of:

- Use and functioning of fire alarm systems (as such alarms are available);
- Family planned meeting place
- Containment of smoke and fire
- Transfer to areas of refuge
- Fire extinguishment

- Smoke detectors in kitchen and bedrooms (at minimum)

Emergency Fire Evacuation Procedures

If the fire/smoke alarm rings or a fire is noticed, the Foster Parent(s) will immediately help the children to the nearest exit. Fire department is then called and all children and visitors are at the pre-designated meeting spot that is out of the way of danger and emergency equipment. A head count is performed to ensure all children and visitors are accounted for and safe.

Foster Parents will be informed during Foster Parent training how often they are to have fire drills in the foster home. The drills should occur at different times and be documented on the Fire Drill Form. Fire extinguishers in the foster home shall be inspected according to local office and district requirements. A fire extinguisher must also be placed on each level of the home.

The room where the foster child sleeps shall have

- A door
- A second door or window which is large enough for emergency escape
- A smoke detector in the vicinity of the room

Emergency Preparedness Planning

Camelot staff will make Foster Parents aware of specific procedures to follow in response to a variety of disasters or emergencies. This will include but not be limited to response and recovery planning and a description of how, when and by whom plans are activated. Each program office will define procedures to notify Camelot staff and Foster Parents when emergency response measures are initiated.

- Foster Parents should be aware of the nearest evacuation shelter. For hurricane preparedness, if the foster home is in a zone where a mandatory evacuation has been ordered, the foster family must evacuate.
- Foster homes will have on hand emergency supplies of food, water, battery powered radio, bug repellent, medication and first aid supplies for all family members and pets.
- Camelot will provide orientation, training, and education for Foster Parents to participate in the emergency preparedness plan. Use of American Red Cross educational materials are available from each Camelot Office Safety Library including children's materials.

Accidents and Injuries

In cases of accident or injury requiring emergency medical attention, Foster Parents should contact 911 and contact Camelot staff as soon as it is safe to do so. Foster Parents should also have readily available the local poison control number in case of ingestion of poisonous materials. In all cases, Foster Parents will notify the On-Call Staff,

Foster Home Recruitment and Licensing Specialist, Counselor or Clinical Director, who will then notify the child's legal guardian.

Home Safety Rules and Regulations

Camelot prefers to take proactive measures to avoid safety issues (mitigation) whenever possible. We take this approach by setting expectations that our Foster Homes will provide children with a safe, nurturing and normalized environment.

It is important to look at each child's development when setting up your homes structure and routines. What is realistic and appropriate for one child may not be for another of the same age. Providing our foster children with a normalized experience is an integral part of their time with you. Camelot recognizes that doing this in a way that keeps them safe can be a challenge.

Teaching children how to perform daily and normal activities (such as cooking, chores and outings with friends), and/or participating in school activities are an important part of their development, and should be started and guided when they are developmentally ready. Providing guidance to them along the way is equally important. You will work with the Camelot staff on when and how to introduce these important life activities to your foster child.

Although it would be nice to think that we could eliminate all safety issues, this is not realistic. We all know that accidents can happen and we want to be as prepared as we can to deal with accidents.

Child Safety – Foster Homes

- Children's rooms are clean and neat at all times.
- Make sure that cabinet drawers in child rooms are closed after use.
- Always be on the alert for changes in child behavior or actions, such as tendencies toward self harm or aggressiveness.
- Keep areas in which children walk dry and free of obstacles.
- Ensure proper use of wheelchairs, including locking devices, where applicable.
- Secure medication cabinets and child records.
- Post emergency numbers, evacuation routes and review procedure with each new foster child.

Food Nutrition Safety Recommendations for Foster Homes

Meal time and meal preparations should provide children with a safe, nurturing and normalized environment. It is important to keep in mind that you will be setting an important example for your foster children in the time that they are with you.

Meal preparation can be a wonderful learning experience for a foster child. Always keep in mind each child's development when including them in meal preparation and clean up. Be creative in finding tasks that your foster child can contribute to successfully. Meal planning from finding coupons, finding recipes, making grocery lists and shopping is just as important as cooking and clean up.

Supervision in the kitchen is vitally important and always an expectation for Foster Parents. Below are some of the basics recommendations for food and nutrition safety for your home:

- Food and nonfood items are stored under sanitary and secure conditions.
- Food is stored separately from nonfood supplies (if space is limited paper products may be stored with food supplies).
- Appropriate sanitation precautions are taken in handling and preparing food, including the following:
 - Protecting food from contamination and spoilage
 - Storing foods at proper temperatures and using appropriate thermometers to ensure temperature accuracy
 - Using separate cutting boards for meat, fish, raw fruits and vegetables and cooked foods unless nonabsorbent boards are used and sanitized adequately;
 - Cleaning and sanitizing of all work surfaces, utensils, and equipment after each use
 - Provide adequate and conveniently located hand-washing and drying facilities in the kitchen
 - Using dishwashing and utensil-washing equipment and techniques that will sanitize service ware and prevent recontamination
 - Discarding plastic ware, china, and glassware that have lost their glaze or are chipped/cracked
 - Discard disposable containers and utensils after one use
 - Holding, transferring and disposing of garbage in a manner that does not create a nuisance or a breeding place for insects, rodents, and vermin or otherwise permit the transmission of disease
- Safety precautions need to be followed and should include clearly labeling food and procuring food from sources that process food under regulated quality and sanitation controls.

**CAMELOT COMMUNITY CARE
FOSTER PARENT HANDBOOK
RECEIPT AND ACKNOWLEDGEMENT FORM**

I have received and have reviewed the Camelot Community Care Foster Parent Handbook. By signing this form, I am acknowledging my full understanding of the policies and guidelines contained in this Handbook and have been given the opportunity to have any questions I had regarding this Handbook responded to and clarified.

Foster Parent Name

Foster Parent Signature

Date