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WELCOME TO SAMARITAS

You are a valuable addition to the foster care team that serves children who need to be placed temporarily in family homes other than their own. We believe that all children need and deserve a family experience and that foster family care is the best temporary alternative for children who, for whatever reason, cannot remain with their own families at present. Without you, many of these children might otherwise need to be placed in institutions and be deprived of the important resources of family living.

The foster care staff at Samaritas shares the responsibilities for providing the needs, guidance and future plans of these children with you. We have prepared this manual to assist you in fulfilling these responsibilities. Please review it carefully and keep it handy to help you answer your questions and to provide information you will need. We encourage you to discuss any of this information with us and to let us know any time you have questions or concerns.

We hope that our working together will make your role in fostering a little easier and more effective. Nurturing the growth and development of children brings many satisfactions and rewards. We look forward to sharing these joys with you.
**Mission and Vision Statements**

**Samaritas**


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**Our Mission:** Serving people as an expression of the love of Christ.

**Our Vision:** We connect people with families and communities, empower them to live their fullest life possible and create a ripple effect of transformation.

More than offering a safe harbor in a crisis, we come through when others don’t with a path home. We connect all people, based on their individual circumstances, with the families and communities that will empower them to live their fullest life possible. Potential fulfilled, those we serve then promote the dignity of others, launching a transformative ripple effect into the community.

**Our Values:**

- People First
- Quality Service
- Stewardship
- Innovation
- Communication
WHO IS SAMARITAS?

Our History

The Organization was incorporated as the Lutheran Inner Mission League in 1934. Today Samaritas spans the state’s Lower Peninsula with more than 70 programs in 40 cities. Samaritas’ diverse staff share a decision to serve by doing the right thing, for the right reasons, every day.

Samaritas is Michigan’s largest private foster care organization. Our services include:

- Foster Care (Domestic and Refugee)
- Independent Living for teens “aging out” of foster care
- Independent Living Plus
- Family Preservation
- Adoption

Organizational Structure

Samaritas is a large, complex organization with a Board of Directors representing the sponsoring Lutheran Body and the community. The CEO of Samaritas is employed by, and is directly responsible to, the Board for the administration and operation of the total organization. Assisting the CEO in carrying out his responsibilities are; President and Vice Presidents, each of whom has direct responsibility for designated service areas within the organization. These areas of service have offices or centers, managed by Directors who are responsible for the administration and operation of the Center. Within the Centers, Program Managers and Supervisors carry direct responsibility for the services provided to the clients of Samaritas through the staff.
SECTION I - TEAM CONCEPT

Quality foster care utilizes the team concept, with several people sharing responsibility for providing the care and service needed by the foster child and his family. Members of the foster care team include the foster parents, the birth parents and the organization, represented by its staff (licensing, foster care). Each team member has a unique role to fill; all share responsibilities for particular things.

**Foster parents** have primary responsibilities for the child’s daily life, routines and needs and for providing the caring family relationships and experiences, which are the cornerstone of family foster care.

**Birth parents** have primary responsibility for meeting the conditions necessary to have their child returned to them.

The **Licensing worker’s** responsibility is to support and maintain a foster parent’s license. A worker will assess each foster home and household member to ensure compliance with all of the organization and state rules and policies.

Other licensing staff may work with you if you are in a situation when there is a need for a special evaluation to be conducted on your home (see page 30). It is unlikely that your assigned worker will complete this evaluation, so you will be working with other licensing staff in the program.

The **Foster Care Worker’s** overall responsibility is to assure that the services needed by the child and parents are being provided. The worker’s role is that of “foster care worker”, maintaining an overview of each situation, helping to identify and provide or secure needed services and fitting all the pieces together.

All team members share responsibility for keeping each other informed about what is happening within their individual areas, for sharing in planning for the child(ren), for identifying services needed, for evaluating progress or lack of it, and for developing recommendations for the next steps.  **The most important responsibility team members share is to give positive, consistent support and reassurance to the child throughout his foster care experience.**

**Case Planning Meetings**

Case Planning meetings are required by the State at critical times during a child’s stay in foster care. The meetings are held to insure a family-centered, strength-based, team- guided decision making process to provide the best possible care for children in foster care. Along with family members and child welfare staff, foster parents will be strongly encouraged to participate in these conferences. These meetings are referred to as Family Team Meetings.

Conferences will be held at various times during a case including:

- At removal
- At replacement
- Six months into care to review the permanency plan;
- Prior to a child's change in a permanency goal.
SECTION II - SAMARITAS FOSTER CARE PROGRAMS

TYPES OF CHILDREN SERVED

Samaritas provides family foster care for Domestic and Refugee children who have experienced trauma through abuse and neglect.

SERVICES PROVIDED

The individual service and treatment plan for each child is developed and carried out in accordance with their needs. Services may include:

- case planning and management,
- health care services,
- educational services,
- any needed counseling, psychological and/or psychiatric services,
- other therapeutic interventions as required, and
- permanency planning and implementation.

REFERRAL SOURCES

Children in need of placement away from their own homes and families are referred to Samaritas from a variety of sources: Michigan Department of Health and Human Services (DHHS), Juvenile Court, Department of Community Health (DCH), Community Mental Health Services (CMH) and Lutheran Immigration and Refugee Services (LIRS).

If you have questions about how your foster child came to Samaritas and/or about what this means in terms of our responsibility to agencies outside Samaritas we urge you to discuss this with the foster care worker. It is important to understand that Samaritas is required to meet the external regulations set by federal, state and local authorities.

REFERRAL AND PLACEMENT PROCESS

The placement process includes gathering and sharing with foster parents as much information about the child and their family as is possible before placement and provides for pre-placement visits when possible. The organization will not withhold information but may not know all details concerning a child at the time of placement.

Since most of the children referred will need immediate placement, the organization will have very little information and there usually will not be opportunity for pre-placement visits. In most situations, information will be available within seven days after placement.
LEGAL STATUS OF FOSTER CHILDREN

It is important that you know the legal status of the foster child in your home. The legal status can be an important factor in relation to medical and other consents, court hearings, and availability of the child for adoption. If you are not clear about the legal status of your foster child and what that status means in caring for and planning for the child, ask the foster care worker to clarify it for you.

Children in foster care with Samaritas come under four legal categories: Voluntary Placement, Temporary Court Ward (TCW), Permanent Court Ward (PCW) and Permanent Ward-MCI or MCI-O.

Temporary Court Ward (TCW)

The Circuit Court Family Division may make a child a Temporary Court Ward on the basis of neglect or abuse after the Court has determined that the parents or other persons responsible for the child have not provided adequate care. While the child is a TCW, birth parents retain all rights except that of custody.

Permanent Court Ward (PCW)

If the Circuit Court, Family Division determines that the child’s return to their birth family is not possible or is not in the best interest of the child, the Court may terminate all parental rights and responsibilities of the birth parents and make the child a Permanent Ward of the court. Permanent Wardship usually means that the child will be available for adoption.

MCI-O

MCI – O is a designation that is seldom used except in the case of the unaccompanied refugee minors. These children have birth families in another country and therefore are usually NOT available for adoption. MCI-O is a mechanism that provides for guardianship of the minors.

Voluntary Placement

Birth parents may voluntarily place a child in foster care. In such situations, the birth parents retain primary responsibility for the child and retain all parental rights. They may remove the child from care at any time unless Protective Services intervenes.

In the Refugee Unaccompanied Minors Program, “voluntary placement” is the status used for youth who enter care at age 17. The youth signs the Voluntary Placement Form stating that he requests voluntary foster care placement under the supervision of Samaritas.
SECTION III – INITIAL AND ON GOING FOSTER FAMILY REQUIREMENTS

All foster family home licenses are issued by the State of Michigan. Once you have completed the application process, meet all requirements, and have a license issued by the state’s licensing authority, you are considered a licensed foster home. As a licensed home it is expected that you know and follow all licensing rules, (at all times, not just while a foster child is placed in the home).

Your ongoing licensing worker will meet with you regularly to discuss your strengths and areas of improvement, as well as, offer support and training to improve those areas in need. They will also evaluate your family and home to assure compliance with the foster family rules and organizational policies on a regular basis, but at least annually.

Any time that there is a change in your status or home you are obliged to inform your licensing worker.

Marital Status: If your marital status changes, the Organization must be notified.

Income: You must have a legal income that covers your own family’s needs and expenses without including the payments received from the organization. Any changes in your financial situation must be shared with the Organization.

Housing: Any changes in housing must meet State requirements of adequate bedroom space (40 square feet per child) as well as requirements in regards to fire, health, safety and housekeeping standards. Smoke detectors are required on each floor of the home. Play space must be available.

Telephone: You must have a working telephone in the residence at all times.

Transportation: Foster parents are responsible for transporting foster children to family visits, medical and dental appointments, school activities, counseling, and for other purposes related to the individual child’s needs.

Health: Any significant changes in your health (or the health of a household member) or ability to care for the children in your home must be reported to the organization with medical statements and/or immunization records.

Police/Record Check: Any time during your licensure, if you or any anyone who lives in your home has any contact with the police or protective services you must report this information immediately to the Organization.

Training: Not less than 12 hours during the next two years and not less than six hours per year thereafter. Training hours can be secured through organization sponsored training, coalition sponsored training and other related community sponsored training. Other options may be available (i.e. videos, books, websites) but approval from the licensing worker is required. (See Training Policy within FP Handbook for verification and approval options).

Foster Home Evaluation: During the initial licensing and Re-Assessment process, the organization will conduct an assessment of your home and family. One purpose of this study is to determine, through observation and discussion that your home is in compliance with all rules as required by the State.
SECTION IV - THE FOSTER PARENT’S ROLE

A foster parent has many roles. Below we will review the roles that are critical in fostering:

YOUR ROLE WITH THE FOSTER CHILD

As a foster parent, you are responsible for providing love, food, clothing, shelter, protection, medical, mental health, and dental care, guidance, education, and religious training.

YOUR ROLE WITH BIRTH PARENTS

Your role with the birth parents is one of the most important roles you have as a foster parent. The nature and extent of direct contact you have with birth parents will vary from case to case, but the significance of your role never changes. Due to the significance of this role a special section of the handbook has been devoted to Birth Parents – see Section V The Foster Child’s Birth Family.

YOUR ROLE WITH SAMARITAS

As foster parents, you partner with other members of the foster care team, including the organization and its staff.

As foster parents, in your role with the organization, you must:
- Keep the organization informed about anything that affects the foster child in your care. This includes the child’s health, behavior, progress needs and documentation,
- Keep the organization informed of any changes in your home and/or family situation,
- Share information concerning the child’s relationship with their birth family;
- Open your home to frequent visits by the caseworker including unannounced visits, by allowing a representative of the organization into your home,
- Participate in developing the child’s treatment plan with the treatment team.
- Document Involvement in treatment planning by signing all required documents and service plans.
- Participate in case planning meeting to ensure the child’s best interests are maintained.

The organization’s role in foster care is to ensure:
- The child and birth family is receiving quality services by implementing service plans to move the child as quickly as possible out of foster care into a permanent living situation;
- providing or arranging for needed services for the child and his family;
- the daily care rate for the child is provided to the foster parent in a timely manner;
- and report to, and be accountable to, the Family Court, DHHS or CMH, depending on the child’s legal status.

Just as your role with the organization carries these responsibilities, you also have the right to expect the organization, through the workers, to share and discuss with you anything, which affect you and your foster child. You can expect to be kept informed of changes in the organization’s program, policies or procedures, which relate to your role as a foster parent.
YOUR ROLE WITH LUTHERAN ADOPTION SERVICE (LAS)

Lutheran Adoption Service (LAS) is a joint venture of Samaritas and Wellspring Lutheran Services, formed in 1977 to serve as the adoption program for both agencies. If your foster child is made a permanent ward of the court, indicating that return to the birth family is not in the child’s best interest, that child will be referred to LAS for the permanency goal of adoption.

Before a petition is filed with the Family Court to change the permanency plan from reunification to adoption, you should expect that your foster care worker has asked you about your intentions to provide permanently for the children in your home. If children cannot be returned to the birth family, it would be our hope that the foster family they are placed with is a permanent option through adoption. Your foster care worker will be asking you about your desire to provide permanency for the child should reunification efforts be unsuccessful.

These quarterly conversations should not be interpreted as a commitment that you will be the adoptive family; that process involves many legal steps administered by Lutheran Adoption Service (LAS). The major steps in the process include:

1. Foster Parent Questionnaire - At the time of initial referral, you will be asked to fill out a questionnaire giving valuable information about the child’s functioning. This will help the foster care and adoption workers in planning for the child’s future.

2. Foster Parent Letter of Intent – At the time of initial referral, you will be asked to state your intentions or desires about adopting the child. This letter of intent is a mechanism to make LAS aware that you desire to adopt the child and must be considered in the adoption planning process.

3. Case Conference - When a child is referred to LAS by Samaritas, the child’s adoption plan is assigned to an adoption worker. Usually the first step in the process will be a meeting (case conference) between the foster care and adoption workers to exchange information about the case and begin planning. One of the topics discussed will be whether this case is a possible foster parent adoption. Arrangements will also be made for the foster care worker to bring the adoption worker to your home to meet you and the child. The adoption worker will answer any questions you have about the adoption process and ask whether or not you are interested in adopting your foster child. The LAS worker will also discuss with you your feelings about adopting your foster child, provide information you may need to make that decision, and work with you to help make that decision, should it be a difficult one.

4. Child Adoption Evaluation - The next task of the LAS worker is to do a Child Adoption Evaluation report for adoption. This report will include information on the child’s history, present functioning, and recommendations to be considered in adoption planning for the child. You will be asked to provide information that will be an important part of this report.

5. Adoptive Family Assessment - If your decision is to adopt your foster child, the LAS worker will work with you to complete a home study called an Adoptive Family Assessment. This study is very similar to what you experienced in becoming licensed foster parents. Even though you are already licensed foster parents the Family court and state licensing rules require this separate study. This process will involve several interviews (many can be in your home) and required paperwork to be filled out.

6. Subsidy Application - If the child is eligible for either support subsidy or medical subsidy or both, the adoption worker will complete the paperwork required and help you to understand what will be available.
7. **Consent Application** – For all children exiting foster care through adoption their legal guardian must consent to their adoption. This process is done by sending the reports completed on the child (Child Adoption Evaluation report) and information completed on the adoption family (Adoptive Family Assessment report), and any other pertinent information to the office of the Michigan Children’s Institute.

8. **Pre-Placement Process** - Should the plan be to move the child to a new adoptive home, you, as the child’s foster parents, play a critical role in that process. Because of your relationship with the child, the messages of encouragement, support and permission you can give the child will help in his beginning attachment to a new family and make his separation from your family less difficult. Because every case is different, the LAS worker will provide suggestions on how to work with the child in the pre-placement process, and both the adoption worker and your foster care worker will be available to you to help you adjust to the impact of the child leaving your home. Both workers will also help to develop a plan for future contact between your family and the child and his new adoptive family.

Both Samaritas and the State recognize the significance of the attachment that forms between the child and his foster family and in preventing another separation experience for the child. While there is no guarantee that you will be able to adopt your foster child, the likelihood that you will be approved is strong, especially if the child has been with you for one year or more.

Selection of an adoptive family for a foster child is based on a set of “best interest criteria”. These criteria include:

1) The child’s placement with relatives,

2) The possibility of placing the child with siblings who also are available for adoption, and

3) Maintenance of the existing relationship between the child and his foster parents. The longer the child has been in the foster home the more emphasis will be given to the existing relationship.

When a foster child has been in the foster home for more than one year and becomes available for adoption, the foster parents are to be given first consideration for adoption of that child.

Remember that the State of Michigan’s Policy does **NOT guarantee** that you will be given first consideration for adoption of a foster child who has been with you for less than one year. Careful consideration will be given to the relationship that has developed and the importance of that relationship in regards to other criteria, such as placement with siblings or relatives.
SECTION V - THE FOSTER CHILD’S BIRTH FAMILY

The foster child’s family, like yours, includes not only parents, but brothers and sisters, grandparents, relatives and persons who are “family by choice” (fictive kin) and whose role with this child is very special. The child’s ties with their family will last for their lifetime, regardless of the legal situation. Every foster child has some good memories about life with their family, and these memories need to be supported and preserved.

Birth parents, as well as their children, experience extreme grief when the families are separated, and their grief includes the feelings of anger, guilt, anxiety, confusion and resentment associated with grief. Grief is expressed in behavior, much of which can be upsetting and even frightening. It is essential that every member of the team recognize that legal parents care about their children and want to be good parents. We need to respect and support the importance of the birth parents to their child, because the family of origin is important to the healthy development of the child.

Because of the importance of the birth family to the foster child, foster parents have a primary role in supporting, building and maintaining the ties between the child and the birth family. Whatever the nature and extent of the child’s contact with their birth family, they will always be part of who they are.

It is essential, therefore, that whatever your feelings are about the birth parents, your attitudes and actions must reflect your respect for your foster child’s birth parents and what they mean to him. Your foster child should not be placed in the impossible position of being forced to choose whether to love his birth parents or foster parent.

You will have direct contact with your foster child’s birth parents. You will be asked to include the birth parents in the significant activities (medical, dental, school, extracurricular activities) of the foster child.

In most cases, the permanency planning goal for all foster children is reunification. Your respect of your foster child’s birth parents and active participation in teaching, encouraging and serving as an example are essential in achieving that goal. In those situations in which your foster child’s reunion with their birth family is not possible, your active participation with the birth family, can be invaluable in helping your foster child come to terms with that decision.
RIGHTS OF THE BIRTH PARENT

The organization will support and implement the following rights of the birth parents regardless of where they live, including if they are incarcerated or in jail, (unless their rights are specifically limited or terminated by the court):

1. The right to understand the reason for the child's removal.
2. The right to know that the child is in the organization's care and unless documented to be contrary to the best interest of the child the whereabouts of the child and to meet the people caring for their child(ren).
3. The right to visits and other contacts with the child; the right to appeal to the court any visitation limitations.
4. The right to consent to all psychotropic medications prior to administration and all non – emergency and/or elective surgery for your child. If the prescribed treatment is considered a medical necessity for your child, the court is the final authority.
5. The right to consent to special education services.
6. The right to consent to the child's travel in accordance with the policies of the organization.
7. The right to consent to the minor’s entry into marriage or military service.
8. The right to sign for the minor's driver's license.
9. The right to consent to public use of the child's photograph.
10. The right to know what needs to happen in order for child(ren) to return home.
11. The right to participate in creating and knowing the contents of the service plans.
12. The right to choose the religious faith to be practiced by the child while in care.
13. The right to be notified of and to attend court hearings concerning the child.
14. The right to be offered and to receive the services.
15. The right to be notified of the serious illness, hospitalization or death of their child in care.
16. The right to be notified when the child is missing from the foster home, if the foster home is involved with the police or of attempted removal or removal of a foster child from the foster home by any person who is not authorized by the organization.
17. The right to use the organization's Problem Resolution Procedure when dissatisfied with the organization's program or services.
18. The right to seek administrative and judicial input related to the decisions with which they disagree.
SECTION VI - ORGANIZATION POLICIES AND PROCEDURES

As a member of the foster care team serving foster children and their families through Samaritas, you need to be familiar with the policies and procedures which provide the foundation for your functioning as foster parents. In this section of the Foster Parent Handbook, we have included many of those policies and procedures and some of the guidelines. You can expect to receive copies of other policy and procedure statements to add to these. Moreover, if a policy or procedure is changed or cancelled, you will receive notice of that, along with updated versions when applicable.
FOSTER CHILD/BIRTH FAMILY CONTACTS

POLICY

Foster parents shall carry out the provisions of the plan for foster child/birth family contacts as set forth in the service plan. The visitation plan may not be changed without approval from the foster care worker. Parental visits shall not be used as a method of behavior management or punishment.

The individual plan for contact between each foster child and his birth family shall be developed by the foster care worker with input from the court and DHHS and in consultation with the foster parents and the birth parents.

Comment

Samaritas recognizes and affirms the significance of the bond between foster children and their birth families. Samaritas respects and supports the needs and the rights of foster children and their birth families to have visits and contacts by telephone calls and to receive mail during placement.

We encourage you to talk with the foster care worker about your feelings and concerns about your foster child’s contacts with his birth family.
RECORDS TO BE KEPT BY FOSTER PARENTS

Foster parents affiliated with Samaritas shall keep and have the following readily available:

1. A copy of the most recent foster family home license.
2. A signed copy of the current Foster Parent/Organization Agreement.
3. For each foster child currently in the home this information must be maintained and be returned to Samaritas when the child leaves your home:
   a. A signed copy of the Foster Care Agreement. b) The Medicaid or other health insurance card.
   b. The Medicaid/Dental and School Authorization.
   c. Medical and dental records, including copies of annual examination reports.
   d. Medical Passport.
   e. Immunization record.
   f. Mental Health screenings, therapy reports, and other mental health documents
   g. Life Book (ie; photo album/scrapbook) Photos and/or personal mementos to document their time in your home.
   h. Placement/Replacement Checklist given to foster parents at time of child’s placement.
4. A record of all children placed in the home during the period the home is licensed. This record shall show, for each foster child, the child’s name, age, date of placement and date of discharge from the foster home.

Comment

In addition to the records listed above, we encourage you to keep the following:

Your licensing record should include the following:

1. Copies of any licensing forms, such as applications.
2. Rules compliance reports, and
3. Copies of any correspondence and other reports involving the child.

Your record for each child in placement with you should include the following:

1. A copy of the Clothing Inventory made when the child was placed.
2. Copies of school reports, and
3. Copies of any correspondence and other reports involving the child.

The following should be kept readily accessible:

1. The name and telephone number of your licensing worker and supervisor.
2. The names and telephone numbers of the foster care worker and supervisor for each child in your home.
3. After hours phone number.

We also encourage you to keep a notebook, log, or other record for each foster child, in which you document the child’s experiences, progress, behaviors, etc. You should discuss with the foster care worker the content and use of this record.
LIFE BOOKS

Samaritas requires that a Life Book be developed for each foster child in care with the organization. The Life Book will be kept current throughout the child’s time in care. The Life Book will follow the child when he leaves the foster home.

Comment

A child’s healthy growth and development require that he has an account of his life. Typical information included in the foster child’s Life Book should be:

- Developmental milestones
- Photographs and snapshots
- Awards and certificates of achievement
- Significant events
- Schools attended and report cards
- Names of teachers and friends
- Samples of school work
- Information about hobbies, clubs, other activities
- Information about foster family
- Mementos of special days and occasions
- Anything else important to the child

The foster care worker will guide you in developing and maintaining a Life Book for your foster child.
DISCIPLINE & BEHAVIOR MANAGEMENT POLICY

POLICY

Samaritas specifically prohibits the use of any of the following to modify behavior or punish any child in your home:

Any form of corporal punishment of physical force (including the flat of the hand, use of a switch, belt, paddle, and extension cord, or other object to strike a child). This includes spanking, restricting a child’s movements by binding or tying him/her; the application of any substance which would cause a child to be burned; confining a child in an area such as a closet, locked room, box or similar cubicle; withholding of necessary food, rest, toilet use or entrance to the foster home; mental or emotional cruelty, such as humiliating, shaming or frightening a child; denial of necessary educational, medical, therapeutic or other social work services; or prohibiting visits or communication with a foster child's family.

Comment

Samaritas places children who are court wards of the State of Michigan or who are placed voluntarily by their parents (or guardians). It is the Organization’s responsibility to assist caregivers when they are having behavior problems with children. It is the foster parent's responsibility to notify the child's foster care foster care worker when there are problems.

ALLOWED BEHAVIOR MANAGEMENT METHODS

Listed below are child behavior techniques approved by Samaritas. The organization would be happy to assist you in finding trainings and materials that can further your knowledge and use of these skills.

First and foremost it is important that any child entering your home is warmly welcomed and instructed in the rules and norms of the home. We cannot assume that a child has an understanding of the expectations for behavior that you may have. It is critical that time is spent introducing the child to your home and given age appropriate expectations for behavior. Once expectations are clearly established it is important that children are given reinforcement for adhering to these expectations. Please use methods described below.

1. **Positive reinforcement**: Providing children with concrete positive feedback for appropriate behaviors is important step in teaching children self-discipline. Positive behavior(s) need to be reinforced, frequently and clearly.

   Example: Telling the child, “I like how well you are sharing with your sister.”

2. **Ignore, redirect or coach calming skills when negative behaviors occur and consistently and constantly reinforce positive behaviors**: Negative behavior may simply be to obtain a reaction or gain attention, especially by a child with poor skills in reaching out for positive attention, or may be out of the child’s control due to poor coping and self-regulation skills. Actively ignoring undesirable behaviors that are not immediately dangerous reduces the occurrence of behaviors by removing the reinforcing value of attention.
Example: Acknowledge how the child is feeling and offer an appropriate alternative behavior for the child. When the negative behavior stops, re-engage with the child as soon as possible.

3. **Verbal support:** You can support a child by modeling how to verbally communicate. When you remain calm when a child is upset, this allows the child to learn how to calm down as well. When you use words that the child understands this helps them as well. Sometimes when a child is upset, they are unable to understand what you are trying to tell them, so it can help to use short phrases, as well as allow them some time to respond to you.

   Example: When the child is having a tantrum, you can use a calm and soothing voice and speak to him about what is occurring and how this will affect him.

4. **Change the environment:** While talking with the child, it may be helpful to have the child move away from the source of irritation. It may be necessary to remove other individuals from the environment the child is in as well.

5. **Supportive Coping Skills:** These are skills that can be taught to a child, such as taking a deep breath or using thoughts to stop a behavior, and also done with the child at the same time.

   Example: The child is crying and starting to become more upset. You tell her to “take a deep breath” and as you say this, you then take a deep breath to show her how to do it.

6. **Time-Outs (most effective for ages 2-6):** A time-out chair, timeout table or room can be used effectively for reinforcement of discipline, when a child is out of control. When used, the child should have the majority of the responsibility for determining when they are in enough control to resume their activity. However, the time out should not exceed the total of one minute per age of child (i.e. a 4 year old should not be in a time out for longer than 4 minutes). Time out for a child who prefers isolation or who is avoiding constructive relationships and interactions is not an effective means of discipline. Once the time out is over, process with the child in a calm, age appropriate manner better options for the next time a similar event occurs. Help them to brainstorm better options.

   Example: Placing a 4 year old child in “time out” for 4 minutes because he is misbehaving. When the 4 minutes are up, get the child from “time out” and talk to him about the behavior and how he can behave differently next time.

7. **Privileges: (most effective for ages 4-16):** Children can earn privileges as well as lose them. A good way to encourage positive behavior is to have children earn privileges. Privileges can also be removed in response to not following rules. Privileges should be reasonable, developmentally appropriate and time limited. Privileges are something above the child’s normal routine such as; computer use for fun, phoning friends or listening to music. You cannot restrict meals, visits with family or participation in approved church or school activities. Privileges removed for negative behavior should be earned back by the child engaging in positive behaviors.

   Example: The child returns late for curfew. For the next free time the child either loses that privilege or has to return earlier.
Every child has the right to expect positive recognition and reinforcement for positive behavior and growth. They must clearly know which behaviors are unacceptable. They need to be given reasonable consequences as the end result of their behavior.

**ADDRESSING INAPPROPRIATE BEHAVIORS**

Negative behaviors the child displays are often physical reactions that the child has trouble controlling. We should work to help the child build awareness of what causes them to behave negatively, while building skills that can help them calm themselves before they engage in those behaviors. When behaviors pose harm to the child or others, additional steps need to be taken and foster parents should work with their case manager to make a plan that outlines specific behavior management techniques for the specific child.

Intervention of aggressive behaviors should be used under the following circumstances;
- When behaviors are potentially self-injurious or life threatening.
- When a child is not conscious of danger in the environment (such as electricity).
- When behaviors are continually inappropriate or bizarre.
- When behaviors are illegal or delinquent, such as stealing, destructive of property, physically or sexually abusive towards others.
- When the child engages in suicidal gestures.

**Physical Restraint:**
Forcible physical restraint of a foster child is NOT permitted under any circumstances. In instances where the child becomes uncontrollable, and cannot be managed by appropriate and approved methods of de-escalation, or as provided for in the current treatment plan, the proper procedure is to call Samaritas case manager or supervisor.

Instances such as the following should be handled by calling both the Samaritas case manager and local police (if necessary);
- To prevent self-destructive behavior.
- To prevent serious physical harm to others.
- To prevent serious destruction of property.
CHILD ABUSE IS AGAINST THE LAW AND SUBJECT TO PROSECUTION
As a mandated reporter, a Foster Parent is required to immediately contact DHHS to provide a verbal report of any suspected abuse and neglect - 855-444-3911. A mandated reporter is required to follow-up with DHHS in writing within 72 hours of the verbal report being placed. In addition to contacting the Department of Health and Human Services, Samaritas shall be contacted.

Prior to placement, some of the children for whom we provide treatment, have received physical punishment frequently, and have been physically abused. Such treatment is a significant cause of their problems, and a major reason they react to a variety of situations with aggression. This aggression is often irrational and/or self-destructive.

Since many problems of our children are caused by physical punishment and abuse, physical punishment cannot and must not be part of their treatment. Physical aggression toward children will never and can never be helpful in teaching a child how to deal constructively with negative feelings and is prohibited. Any form of physical intervention (witnessed or experienced) may cause the child to re-experience a past trauma and cause the child’s behaviors to escalate.

Some children placed in your care have also experienced emotional abuse which contributes significantly to their problems and difficulties. Studies indicate that emotional abuse is very damaging and its effects can endure a lifetime.

**SUGGESTED PARENTING RESOURCES**

**Nurtured Heart:**

Books:

- Transforming the Difficult Child: The Nurtured Heart Approach by Howard Glasser
- Transforming the Difficult Child Workbook: An Interactive Guide to The Nurtured Heart Approach by Howard Glasser; Lisa Bravo; and Joann Bowdidge

Website:  [http://difficultchild.com/nurtured-heart-approach/](http://difficultchild.com/nurtured-heart-approach/)
UNUSUAL INCIDENT AND EMERGENCY PROCEDURES

POLICY

The first responsibility of a foster parent in the event of an emergency involving a foster child is to:

a) Take the necessary steps to care for and protect the child, such as securing medical attention or calling the police. The first concern must be the child's health and safety.

b) Contact the organization immediately, and no later than 24 hours after any occurrence.

Unusual Incidents

Inform the Organization immediately:

- Of attempted removal or removal of a foster child from the foster home by any person not authorized.
- When a child is missing from a foster home;
  Runaway or AWOLP (Absent without Legal Permission) - If a foster child runs away or their whereabouts is unknown:
  1st, call the police and make a missing person’s report,
  2nd, contact the caseworker or supervisor within one hour.
- If a foster child is involved with law enforcement.
- If anyone in the home is involved with law enforcement.
- Any illness or injury that requires hospitalization or emergency medical care of a foster child.
- If a foster child becomes pregnant.
- There is an incidence of child-on-child abuse.
- The death of a foster child.

Emergencies

In case of fire, tornado, or other natural disaster, secure the needs of the child, then contact the Organization.

- Follow organization approved written evacuation plan for a person who requires assistance to evacuate the home.
- Familiarize each member of the household, including the foster child and substitute care providers, with your emergency and evacuation procedures.
- Practice emergency evacuation procedures with household members at least 1 time every 4 months.
MEDICAL, MENTAL HEALTH SCREENING AND DENTAL CARE

POLICY

Routine Medical and Dental Care
Caregivers shall arrange for and secure the required immunizations, physical and dental examinations and mental health screenings. Caregivers shall also provide preventative, on-going medical, mental health and dental care for each foster child. Required forms will be provided by Samaritas to caregivers, who assist in the coordination and completion of the appropriate forms. Caregivers are also required to obtain and share medical and immunization records for themselves.

Each foster child shall have a physical exam and a mental health screening within 30 days of placement. Each foster child three years of age and older shall have a dental exam within 90 days after placement. Each foster child who reaches the age of three years while in placement shall have a dental exam within 30 days after reaching their 3rd birthday. Each foster child shall have a medical exam at minimum within 12 months (one year) of last exam and a dental exam within 12 months (one year) of last exam. A Mental Health Screening is expected every 6 months until age 5 and annually thereafter (*for children under 5 it will be more frequent).

Each foster child’s immunization record shall be kept current. If a child’s immunizations are not current at the time of placement, or if the child’s immunizations record cannot be obtained, arrangements shall be made to begin the child’s immunizations within 30 days after placement unless contracted in writing by a physician.

Within ten working days after each exam, reports of initial and subsequent medical, mental health and dental exams shall be given to Samaritas on forms furnished by the organization.

Emergency Medical and Dental Care
Foster parents may authorize emergency medical, surgical or dental treatment for their foster children. Elective surgery, including body piercing or tattooing and other cosmetic surgery, CANNOT be performed without the consent of the birth parent or the legal guardian. Psychotropic medications cannot be administered without written consent of the birth parent or court order.

Costs/Insurance Coverage
Cost of the foster child’s medical and dental care shall be paid through the Medicaid program or other insurance plan under which the child is covered. Advance authorization in writing is needed for payment of medical and/or dental expenses not covered by Medicaid or other insurance. Samaritas CANNOT assume responsibility for any medical or dental expenses not covered by Medicaid or other insurance unless advance written authorization for the expenditure has been obtained.

Foster parents shall be provided with a Medicaid or other insurance card for each foster child, at the time of placement, and with a signed authorization giving the caregiver authority to consent to routine medical and dental care and to emergency medical and surgical treatment.

Primary Care Physician/Dental Care
It is in the child’s best interest to try to maintain care with the physician that best knows the child whenever possible. If this is not an option, you may choose the physician, dentist, clinic, or other resources for your foster child’s medical and dental care as long as the doctor or dentist will accept Medicaid or any other insurance under which the child is covered. If you need help in finding a medical or dental resource, ask the foster care worker for assistance.
**Medication**
For many foster children, medications are an important component of their therapeutic treatment. Whether children enter foster care with medications prescribed by a previous physician or are prescribed medications after they enter foster care, it is essential that medications are *managed by a physician and given exactly as prescribed and disposed of properly*.

Any concerns you may have regarding the foster child’s medications need to be addressed with the prescribing physician. You may not begin, stop or alter the dosage of any medication or prevent its use without written documentation from the prescribing physician and before discussing any proposed change with the caseworker. Foster parents are not authorized to approve psychotropic medications.
HAZARDOUS MATERIALS

POLICY

It is policy that each foster home stores all HAZARDOUS MATERIALS to ensure the safety and wellbeing of all members in the foster home. Hazardous materials include objects, chemicals, medication* or equipment that may present a risk to children placed in the home. These materials must be stored securely and out of reach of children, as appropriate for the age and functioning level of the child(ren).

Firearms

It is policy that all Foster Parents inform their worker of the presence of any and all handguns or other firearms that are owned by the caregiver or family member and are located in the home or on the property.

For the protection of children and families working with Samaritas, the organization’s policy regarding firearms in foster homes is as follows:

- Glass front, decorative, wood cases may not be used.
- If firearms are not in metal safes or solid wood safes, they must be trigger locked in a locked area.
- Ammunition must be stored in a separate locked location.
- Antique guns must be verified as inoperable; otherwise they must be stored as any other firearm.
- All handguns must be registered per Michigan Law. The current, valid registration certificate must be shown to the worker.

Comment

Samaritas is seriously concerned about the number of children and adults who have been killed or injured by firearms kept in the home. It is the expectation of the organization that all foster parents licensed through or borrowed by Samaritas will comply with this policy, as this is important for the safety of our children and families. Failure to comply with this policy may result in negative licensing action being taken, the removal of foster children from your home or the loss of your license.

*Medication

Medications need to be locked up (ie: locked box, locked cabinet, locked closet).
SMOKING

An individual shall not smoke any substance inside the foster home while the foster children are placed in the home. An individual shall not smoke any substance inside a vehicle while transporting foster children.

- Including vaping
- Any attached enclosed part of the home, including but not limited to garage and porch.
SAFE SLEEP

SAFE SLEEP  FOM 722-06H

A foster parent shall comply with the following safe sleep practice:

1. An infant under 13 months shall be placed on his or her back for resting and sleeping.
2. An infant unable to roll from stomach to back and from back to stomach when found face down shall be placed on their back.
3. An infant who can easily turn over from his or her back to his or her stomach shall be initially placed on his or her back, but allowed to adopt whatever position he or she prefers to sleep.
4. For an infant who cannot rest or sleep on her/his back, the foster parent shall have written instructions, signed by a physician, detailing an alternative safe sleep position and/or other special sleeping arrangements for the infant. A copy of this shall be kept on file with Samaritas and discussed with staff on a regular basis.
5. An infant's head shall remain uncovered during sleep. Consider using a sleep sack, wearable blanket or footed sleeper to keep baby warm.
6. Soft objects, bumper pads, stuffed toys, quilts or comforters, and other objects that could smother a child shall not be placed with or under a resting or sleeping infant.
7. Blankets shall not be draped over crib.
8. The foster parent shall maintain supervision and frequently monitor infants' breathing, sleep position, and bedding for possible signs of distress. Baby monitors shall not be used exclusively to comply with this subdivision.
9. Resting or sleeping areas shall have adequate lighting to allow the foster parent to assess children.
10. Do not allow anyone to smoke anything around an infant.

BEDDING  R 400.9306

Children 12 months or younger shall sleep alone in approved crib that is appropriate and sufficient for the child's length, size, developmental stage and movement.

All cribs shall meet the following safety standards:

- A firm, tight-fitting mattress with a waterproof, washable covering.
- No drop down sides.
- No loose, missing, or broken hardware or slats.
- Not more than 2 3/8" between the slats.
- No corner posts over 1/16 inches high.
- No cutout designs in the headboard or footboard.

Children 24 months or younger should only sleep in approved sleeping equipment. Children 24 months or younger who fall asleep in a space that is not approved for sleeping shall be moved to approved sleeping equipment appropriate for their size and age. Unsafe sleep surfaces include, but are not limited to:

- Infant car seats
- Infant seats
- Infant swings
- Play yards
- Waterbeds
- Adult beds
- Soft mattresses, sofas, beanbags or other soft surfaces.

A foster parent shall ensure that all bedding and sleeping equipment minimally comply with the following conditions:

- All coverings/blankets shall be appropriate for the weather.
- All bedding and equipment shall be in good repair and shall be cleaned and sanitized before being used by another person.
- All bedding used by children shall be washed when soiled or weekly at a minimum.
- A clean pillow for children 2 years of age and older.
- A tightly fitted bottom sheet shall cover the mattress with no additional padding placed between the sheet and mattress.

Remind everyone who cares for your baby, including babysitters and family members, how to keep baby safe while sleeping.
SPECIAL EVALUATIONS
(Rules Non-Compliance)

POLICY
Licensed foster parents shall comply with all State laws, rules and regulations that relate to allegations of rule non-compliance.

Comment
Samaritas is required by the state’s licensing authority to conduct a special evaluation on any and every non-compliance reported. Samaritas is required to notify the State within five working days that a potential rule violation on a licensed foster home has been received. A member of the Samaritas Licensing staff MUST conduct a special evaluation and report every allegation of non-compliance, no matter how minor the matter may be.

Unless the allegation of non-compliance involves child abuse or neglect, the required investigation will be handled within the organization. Any alleged non-compliance involving possible child abuse or neglect MUST be immediately referred to Child Protective Services for investigation.

An allegation of non-compliance may come from anyone: a foster child, a birth parent or other relative of the foster child, a neighbor or other member of the community, school personnel, medical or hospital personnel. When an allegation of non-compliance is received about a Samaritas foster home, we do NOT assume the allegation is valid but must investigate to determine the truth of the situation. Samaritas staff demonstrate respect and objectivity when conducting a special evaluation. The task is to determine the truth and make recommendations based upon the findings. Foster parents will receive a copy of the report and be given an opportunity to add statements regarding the finished report.

Examples of alleged non-compliances include, but are not limited to: allegations of violations of the behavior management policy; allegations that a foster child is not being fed, clothed or supervised properly; allegations that some circumstance in the foster home may not be in the best interest of the foster child. Any and all allegation must be reviewed.

The Special Evaluation process can be upsetting, whether the allegation is a minor or major matter and even when unfounded. The goal of Samaritas is provide support and guidance through cooperation as we work together.

Most allegations are made by persons who are concerned about the child. The referral source may have misunderstood or misinterpreted the situation or may have different ideas about what is best for the children. We recognize that in some instances, the reporting person may not have a basis for the allegation. Again, we ARE REQUIRED to investigate and report any allegation and make a record of the findings.

A referral source has the right to remain anonymous according to State law. It can make an already upsetting experience even more frustrating and anger provoking when the referral source remains confidential.

Allegations do not necessarily result in the removal of the foster child from your home. Sometimes, to protect the child, you and the organization, removal may occur pending the results of the special evaluation. In most instances, we prefer to leave the child in the home. If it is necessary to remove the child, the foster family will be informed.
After all information is gathered and a conclusion has been made, a complete report will be written and placed in the licensing file. Even a report that validates that you are in compliance (no rules broken) is kept on file. These reports will become a source of positive feedback in your file.

We encourage you to discuss this with us if you have any questions, now or in the future. This is a subject that is also discussed in foster parent training sessions within our organization. We urge you to take advantage of these opportunities to learn more about and discuss allegations, how they are handled and your feelings about them.

We are unable to prevent allegations from being. We do want to assure you that we care about you and your feelings and that you will have support and cooperation as we work together in these situations to learn the truth.
NEGATIVE OR ADVERSE LICENSING ACTION

Samaritas shall recommend to the state’s licensing authority that the terms of a foster family home or foster family group home license be reduced or that the license be revoked based upon documented evidence of serious rule non-compliance. Licensing actions are appealable through the Administrative Hearing Procedures with the state’s licensing authority; they cannot be pursued through the organization’s Grievance Procedure.

Comment

A foster family, in good standing, may voluntarily choose to close their license or reduce the terms whenever they wish. Good standing is defined as a license that is in compliance and not under Special Evaluation. A home cannot be closed if a Corrective Action Plan is incomplete.

Adverse action is recommended as a result of substantiated rule non-compliances. However, not all rule non-compliances will result in an adverse action.

Any time the organization recommends an adverse action; foster parents may request an administrative hearing. The Bureau of Child & Family Services shall notify the foster parents in writing of the organization’s recommendation.

A request for an administrative hearing should be made to:

Division of Child & Welfare Licensing (DCWL)
Bureau of Administrative Hearing
P.O. Box 30041
Lansing, MI 48909

The Bureau will only handle issues dealing with your foster home license. Issues regarding other organization decisions are to be dealt with through Samaritas’s Foster Care Program Grievance Procedure.
REPORTING SUSPECTED CHILD ABUSE AND NEGLECT

POLICY

As a regulated child care provider, foster parents by law are considered mandated reporters. A foster parent is required to immediately contact DHHS to provide a verbal report of any suspected abuse and neglect. Also, a mandated reporter is required to follow-up with DHHS in writing within 72 hours of the verbal report being placed. In addition to contacting the Department of Health and Human Services, Samaritas should be contacted.

As mandated reporter, a foster parent who suspects abuse or neglect of any child shall notify the Department of Health and Human Services and Samaritas immediately and shall make a written report within 72 hours to the child protective services unit of the local county office of the Department of Health and Human Services.

Comment

It isn’t always easy to tell when a child is the victim of abuse or neglect. Indications of abuse or neglect may resemble the “normal bumps and bruises of children”, and mistreatment of a child may go on for some time before “outsiders” see what is happening.

As part of your responsibility as licensed foster parents, the licensing rules require that you follow up on any suspicions you may have about possible abuse or neglect of a foster child. Your responsibility includes any child, not just foster children in your home.

If you think a foster child may be the victim of abuse or neglect, contact the organization immediately. If your worker isn’t available, ask to speak with a supervisor or administrator, but DON’T WAIT to discuss your concerns. The worker will discuss the required reporting requirements for the Department of Health and Human Services and explain what you need to do. The Child Protection Law provides for protection of your identity if you wish.
FOSTER CARE PROGRAM PROBLEM RESOLUTION PROCEDURE

Within the each Center; the Program Manager and Supervisors carry direct responsibility for the services provided to the clients of Samaritas through the staff.

POLICY

Foster parents of Samaritas, as well as foster children in our care and their birth parents, have the right to use the Foster Care Program Problem Resolution Procedures when they are dissatisfied with the organization’s program or services. The Problem Resolution Procedure is to be used for all matters not related to licensing actions.

Comment

1. When a disagreement cannot be resolved through informal means, the organization worker and the grievant are to meet with the worker’s immediate supervisor.

2. If the matter is still unresolved after the joint meeting with the worker and worker’s supervisor, a meeting with the Program Manager can be requested. The requested meeting shall be held within ten working days of your request.

3. If the disagreement or dissatisfaction is still unresolved after your meeting with the Program Manager, request in writing, a meeting to discuss the matter with the Director. A written acknowledgement of your request will be sent to you within ten working days of the date of your written request, and the Director shall arrange a meeting of all parties involved; that meeting shall be held within ten working days of the Director’s written acknowledgement of your request.

4. Within ten working days after that meeting is held, the Director shall send you a written report of the results of that meeting, including agreements and recommendations for further action to be taken by any of the parties involved.

5. Finally, if you believe that a reasonable resolution of the matter has not been reached, you should request, in writing, to the Director that a formal meeting be held with the Vice President of Services for Children and Families. A date and time shall be set for the meeting within 20 working days.

6. No later than 15 working days after the meeting, you shall receive, in writing, the Vice President’s decision. The Vice President’s decision shall be final and binding on all parties. Copies of all correspondence sent and received by the organization, in connection with this step in the Problem Resolution Procedure, will be placed in your case record. Note: The Division of Child Welfare Licensing will only handle grievances that are related to licensing actions.
CONFIDENTIALITY

POLICY

Per Section 4 of Act 203, Public Acts of 1994, foster parents are entitled to the following confidential information prior to the child's placement or when available:

Child's name, child's date of birth, the name and phone number of the assigned foster care worker, all available information about the child's health, including a copy of any physical exam and medical history, any known history of abuse or neglect of the child, all known emotional and psychological problems of the child, all known behavioral problems of the child; and any other available information to enable the foster parent to provide a stable, safe and healthy environment for the foster parents upon request.

Per Act 246, Public Acts 1994 amended Section 18f(5) of the Juvenile Code also provides that Service Plans, Court orders and other written reports, which are not restricted by specific confidentiality laws, are available to foster parents upon request. Foster parents may also receive confidential information through routine contact with birth parents, other service providers and organization casework staff.

It is the responsibility of the foster parents to safeguard all such case information as confidential and to refrain from disclosing any portion of the above except to the parties having professional obligation to the case plan, including emergency responders. Failure to comply could be grounds for corrective action and/or recommended closure of license.

Comment

It is necessary that foster parents and organization workers share with each other information which will assist them in carrying out their mutual responsibilities. Such sharing is not a breach of confidentiality. Often, foster parents will need to give information about the child to doctors, schools or therapists. In the case of HIV/AIDS – Information will be given to the foster parents. The foster parents must then make critical decisions about which caregivers to share this information with. It must be given on a need to know basis. Use of Universal Precautions is always encouraged.

The familiar question from a birth parent or foster child “If I tell you something, will you promise not to tell anyone?” requires that the foster parent explain to the foster child or birth parent that foster parents are obligated to share information to ensure the safety of the child. The foster child or birth parent must then be allowed to decide whether or not to share information. They usually will go ahead and share it anyway, but their decision must be made without any advance promise that it will be kept “secret”. Remember that each of us has an obligation to work towards the children’s best interest.
SOCIAL MEDIA: ETHICAL AND CONFIDENTIALITY GUIDELINES

Social media has become a part of our everyday life. With this we are constantly battling decisions on what and how we can use this medium to our benefit while still maintaining proper boundaries, confidentiality, privacy and appropriate behavior. To that end, Samaritas has developed guidelines for expected behavior.

These guidelines apply to your personal and Samaritas affiliated accounts.

Guideline to maintain confidential, ethical behavior on Social Media sites

- Understand that Samaritas staff are directed not to accept as friends: clients* of any nature.
- Do not discuss confidential information in any social media.
- Do not make comments about your foster children.
- Do not make negative comments about the professional systems (Samaritas, DHHS and Courts.)
- Do not post pictures of foster children.
- Refrain from posting unbecoming pictures or comments of yourself.

Realize that while you may only think you are posting to a select group of individuals if even one of these individuals’ comments on that posting or picture the information moves on to that person’s network. This could easily mean that an item you meant only for your friends could be seen by literally thousands of individuals. These will be people you do not know and could easily put you in jeopardy of breaching a foster child’s confidentiality. It is important to understand, use and update your privacy settings in any social media you use.

*Clients are defined as current and former foster children, birthparents, caregivers, adoptive parents, refugee or any individual who receives services (past or present) from Samaritas.
FOSTER FAMILY CHANGE OF PLACEMENT REQUEST

Foster Family Request for Replacement:

1. Foster parent(s) will engage the caseworker and inform him/her of their concerns regarding the foster child’s needs. During a case planning meeting they will develop a plan with the caseworker to better meet the needs of the child. The foster parent should be communicating with staff on an on-going basis about the child’s needs and behaviors.
2. Foster parent(s) and/or caseworker will engage the casework supervisor if previous attempts to modify the child’s behaviors have failed.
3. Foster parent(s) and/or caseworker will engage the clinical staff to offer referrals, in-home services or other education and support services.
4. If all of the above actions have been exhausted, the foster parent(s) may then request to have the child moved out of their home.
5. A Request for Foster Home Replacement shall be completed by the foster parent(s) in written form and submitted (via e-mail, mail or hand delivery) to the foster care worker.

The Organization has 30 days from receipt of the written Request for Foster Home Replacement to identify and transition the child to their new placement.

At no point in time is it appropriate or acceptable for the foster parent(s) to drop a child off at the Organization unannounced or without a plan. In order to help diminish the anxiety that accompanies a child when s/he moves into a new environment, each team member shall be committed to a smooth, planned transition for the foster child. If a replacement is deemed necessary, it must be a planned and agreed upon move.

Organization Initiated Change in Placement

If the change in placement is facilitated by the Agency, the Agency shall give first consideration to returning the child to the parent, sibling(s) reunification or to placing a child with a relative.

The Agency shall notify the current foster parent(s);

1. In writing, not less than 14 calendar days in advance, of the change, except when prior notification would jeopardize the child’s care or safety.
   a. If prior notice is not provided, then the Agency shall notify the foster parent, at the time of the change, why prior notice was not given.
2. Of their Right to Appeal the proposed change to the Foster Care Review Board within (3) three business days of receipt of notice.
   o If appealing the Agency’s decision, the foster parent’s need to call the Foster Care Review Board at 1-888-866-6566.
   o Their need to transmit a written appeal to the Foster Care Review board hearing.
FOSTER PARENT TRAINING AND EDUCATION

POLICY

Foster parents licensed through Samaritas will comply with the Division of Child Welfare Licensing (DCWL) and Samaritas’s requirements for foster parent orientation and training. Foster parents will be notified of all trainings offered by DCWL and Samaritas. Written notice of additional training required by Samaritas will be provided to all foster parents.

- Samaritas requires that you receive orientation training prior to receiving your application and
- Pre-service training prior to receiving your license (or before placement of a child) for a total of 12 hours.
- After the 6 month provisional license, each foster parent is required to receive at least 6 additional hours of training each year and at least six hours per year thereafter.
- For Foster parents providing care for Refugee youth, they are required to have 12 hours every year, including 2 hours in culture.

At least one adult member of the household shall have training in and maintain a current certification in First Aid and CPR* from an approved institution.

*Homes in process of being licensed can be submitted without CPR certification until October 1, 2018.
*After 10/1/18 all homes being submitted for licensure must be CPR trained.
*Currently licensed homes will be required to meet the CPR training requirement by their next renewal or annual whichever comes next.

At the request of the organization, foster parents will participate in specific training related to the children placed in the home. The reason for the request will be explained to the foster parents and documented in the foster home file. Any such special training shall be credited toward the required training hours.

Training requirements may be met through training provided by or through Samaritas or by other agencies, foster parent associations and conferences, adult education or other community programs. The licensing worker will determine whether specific training provided through resources other than Samaritas shall be credited toward the training requirements. Documentation of attendance will be necessary for all trainings not sponsored by Samaritas or DCWL.

Comment

Caring for and nurturing the growth and development of foster children is a highly specialized function that requires that foster parents have and use an extra measure of understanding and patience. The problems which bring children into placement have become increasingly complex, and foster parents must respond to more demanding challenges and to behavior which is often more difficult to manage. Foster parents also must work effectively with an ever-widening circle of individuals involved in the lives of foster children: birth parents, agencies, schools, health care personnel, courts and others.

Samaritas supports a standard of service that provides more than the minimum quality of care for foster children and requires more than minimum qualifications on the part of those providing that care. Therefore, Samaritas usually requires that our foster parents complete training in addition to that mandated by DCWL rules. You'll be notified in writing of any such organization training requirements.
SUBSTITUTE CARE GIVER ARRANGEMENTS

POLICY

All* foster children require twenty-four hour adult supervision. (*foster youth 12 years and older may not be left unsupervised for more than 4 hours at a time and must be developmentally appropriate to handle themselves. Case specifics should be determined and documented with the foster care worker and outlined in the child’s treatment plan).

When utilizing a substitute care provider, all of the following qualifications must be met prior to a foster child being cared for by another individual:

- Be 18 years or older,
- Read, sign and abide by the Samaritas
  - Discipline Policy & Behavior Management Agreement, Safe Sleep Policy (if age appropriate),
- Have a cleared criminal history check,
- Have a cleared driving record if transporting foster children,
- Have a cleared Central Registry clearance or be a licensed foster parent,
- Be a person with whom the family is already familiar,
- Be aware of the foster parent’s Emergency Contact Policy & Procedure,
- If a day care facility is utilized, then the name, address, telephone number and the provider number must be obtained and given to the licensing worker.

The Organization understands that at times children are invited to spend the night with friends; however, prior to these overnight visits the foster care worker must be made aware of the possibility of a planned event.

Foster parents agree to notify the organization before any planned overnight substitute care and within 24 hours of any unplanned absence which requires substitute care for a period of 24 hours or more.

The substitute care plan shall be developed prior to or at the time of the child’s placement in the home. Any substitute care provider’s actions are the sole responsibility of the foster parent.

Central Registry and a criminal clearance must be updated annually for Substitute Care Providers.

Comment

At the time each foster child is placed in your home, the organization will need to approve the child care arrangements you intend to use when you are not directly caring for the child. This includes your plans for who will usually care for the child and whether the child will be cared for in your home or someplace else. The organization also needs to know who will care for the child in the event of an emergency that takes you out of the home, such as hospitalizations or a family illness or other emergency.
CHANGES IN FOSTER FAMILY HOUSEHOLD

POLICY

Members of a Foster Family household must;
   a. Be of Good Moral Character
   b. Have a temperament, habits and reputation that will not impair the care of a foster child.
   c. Be in a state of physical, mental and emotional health that will not impair the care of a foster child.
   d. Be willing to accept a foster child into the foster home as a member of the household.
   e. Be residing in the United States legally.

Any adult member of the household who provides care for foster children must complete all Clearances as requested.

Family pets must meet the following expectations
   a. Shall be in good health, and hold all state and county required vaccinations
   b. Be licensed and meet the rules of the local authority
   c. Have no aggressive tendencies towards people (children, adults or teens)
   d. Ability to adjust well with children and visitors coming to the home.

Foster parents shall inform the licensing worker within 24 hours of any of the following:
   1. Any change in the composition of the household, such as:
      a. An individual that has substantial and regular contact with the foster child(ren) in the foster home as a result of a close personal relationship with a member of the foster home;
      b. visitors (adult or child, including former foster children) who will be remaining in the home for longer than 2 weeks.
      c. the return home of a child (adult or minor) who will be remaining in the home for longer than 2 weeks,
      d. a move out of the home by any household member,
      e. marriage, separation or divorce of the foster parents,
      f. the birth or death of a household member,
      g. new pet or
   2. A significant change in the health or a serious illness or injury of a foster parent.
   3. Non-Emergency, unusual, accident or injury that would require first aid or special treatment of any foster child placed in the home.
   4. Loss of employment of a foster parent, including lay-off.
   5. Employment of a foster parent not previously employed outside the home.
   6. Any household member becoming involved with law enforcement authorities.
      a. Including, but not limited to; juvenile delinquency, domestic disturbance/violence calls to the home that may or may not result in legal consequences.
   7. Court supervised parole or probation of a foster parent or other member of the household.
   8. Substantiated child abuse or neglect by a foster parent or other member of the household.
   9. Treatment, admission to or release from a facility, hospital or institution for the treatment of an emotional disorder, mental disorder or substance abuse of a foster parent or any member of the household.
   10. Unplanned absence of a foster parent which requires substitute care for a period of 24 hours or longer.
   11. Structural renovations including but not limited to recreational or additions.

This Policy may vary for the any youth in Federal custody in our Refugee Program.
Comment
Licensing rules require that an assessment be done when some of the changes listed above occur. Clearances, medical reports and references must be secured for any new adult member of the household who was not included in the original study process. “New adult member of the household” includes a child of the foster family who reaches 18 years of age after the last home licensing or assessment process was completed. Any new pet must be assessed for impact on the immediate household members.

IF THE NEW HOUSEHOLD MEMBER, VISITOR OR INDIVIDUAL WHO HAS REGULAR CONTACT WITH THE FOSTER CHILD WILL PROVIDE ANY DIRECT SUPERVISION, REDIRECTION OR GUIDANCE TO A FOSTER CHILD THEY MUST COMPLETE AN ALTERNATIVE CAREGIVER FORM.
MAIL, CORRESPONDENCE AND COMMUNICATION

POLICY

Foster children have the right to send and receive mail while in the foster home. The child’s letters (including but not limited to e-mails) shall not be read by others, except where there is clear and convincing evidence to justify such action. If there is justification for opening a letter; (e-mail, text) the child shall be present when the letter is opened. The caseworker must be available to the child when mail with potentially distressing content is presented. Packages are exempt from the prohibition against inspection.

In the context of this policy, Correspondence is referring to electronic and paper forms of communication; computers, e-mail, texting and cell phone usage.
This Policy may vary for the any youth in Federal custody in our Refugee Program.

Computer Usage/Internet Access:
Foster parents are encouraged to monitor a child’s access to the Internet. Activating parental controls in order to prevent a foster child from purposely or inadvertently accessing inappropriate and/or potentially harmful sites is strongly recommended. Household rules shall apply above and beyond Organization expectations related to usage of computer, cell phones, texting and internet.

Foster Child: Foster children can use their allowance money to pay for cell phone usage/texting. It is the expectation that the foster parent provide appropriate supervision regarding the usage of the computer, internet, and cell phones. If a foster child wishes to participate in a social network website, it is the expectation that the foster parent openly monitor the interaction occurring on the site. Electronic restrictions can be imposed as necessary. Interaction on social network sites should be discussed with the foster care worker and the parent(s).

Birth Parents: Correspondence between family members of the foster child shall be encouraged, supported and accommodated when allowed (when court has not made an order restricting contact). When phone contact is appropriate, it is the expectation that the foster parent provide the means for the foster child to have phone contact with birth parents, siblings and appropriate relatives. Foster parents are not required to share their phone number.

Sibling(s): If siblings are not placed together – regular contact shall be maintained by all available, age appropriate means.

Comment
Mail and other forms of communication are an important reassurance to the foster child that others care about him and continue to be an important part of his life
VACATIONS AND OVERNIGHTS

Foster parents will include their foster children in family vacations and travel whenever possible. A minimum of two weeks advance notice is required to take a child out of the state or country in order to obtain court approval. Before taking a foster child away from the foster home for more than 72 hours, the child's caseworker should be notified no less than 24 hours prior to the removal. If foster parents are unable to take a foster child with them on vacation or for other travel, the foster parents will make child care arrangements which assure that the foster child is in the care of a competent adult while the foster parents are away. Foster parents will obtain the organization's prior approval of the childcare arrangements.

Foster parents have the authority to give permission for a foster child to have overnight visits with friends or to participate in overnight activities sponsored by school, church, recreational and similar groups, but foster parents remain responsible for assuring the child is supervised at all times by a competent adult.

In the case of children with special medical or physical needs, foster parents must secure approval from Samaritas to use specific caregivers whose ability and appropriateness to care for the special needs child have been determined by the organization.

This may vary for any youth in Federal custody in our Refugee Program.

Comment

We want foster children to have experiences that are part of normal family life, including family vacations, overnights with friends, and participation in group activities. The foster parents should discuss vacation plans with the foster care worker as far in advance as possible to allow time for the worker to secure the required consents. If you regularly take short (even overnight) trips to any place out of the state, talk with the worker about the possibility of a “blanket consent” to cover such trips over a period of time, such as the summer weeks.

You are responsible for the foster child when you give permission for overnight visits, even with friends in the neighborhood. You must know the adult who will be in charge of the child and where the child will be. Consult your child’s worker about any of these situations.

Remember to take the foster child’s Medicaid or other insurance card with you when you take him on vacation, or leave the card with the person caring for him in your absence. You should also take the Authorization for Emergency Treatment with you or make arrangements for emergency care to be authorized if you leave the child elsewhere.

Any time a child leaves the state, court approval must be granted.
RECREATION

Each foster child shall be provided with a variety of indoor and outdoor recreational activities and shall be encouraged to participate in community, school and recreational activities appropriate to the child’s age and ability.

Comment

Helping a child learn how to have fun and to enjoy life is an important part of nurturing his growth and development. Every child needs help learning to explore ways of finding pleasure and satisfaction in sharing activities with others and doing things alone.

Just as you provide the child with opportunities for healthy physical, emotional, mental, and spiritual growth, you must also give him opportunities to discover activities which interest him and in which he can find satisfaction for his creative needs and achievements while learning how to use leisure time productively and how to keep from being bored.

Nurturing this part of the child’s development requires that he be given opportunities for a variety of experiences. He needs a balance of solitary activities and those he can share with others. He needs things for “quiet times” and others for active play. There must be both indoor and outdoor activities. He needs to be involved in activities that will offer success, as well as, activities in which he can learn how to lose. He should be taught how each experience can lead to a well-balanced maturity which includes the capacity to enjoy life.

Many of your foster child’s recreational activities will grow out of the activities you and your family does for fun. You should keep in mind that your foster child may be behind in his social and recreational development, and he may need to “catch up” before he can participate comfortably and appropriately with others in his age group. When this is true, it's okay to initially involve him in activities which might otherwise be more appropriate for younger children.
SCHOOL

POLICY

Foster parents must enroll each child of school age in a school program within five days of the child’s placement and will ensure the child attends school regularly. If transportation to school is necessary and is not provided by the school, foster parents shall make arrangements for the child to get to and from school. Any expenses for transporting the child to school shall be paid for by the foster parents out of the daily board rate.

At the time of the child’s placement in the foster home, Samaritas shall provide the foster parents with a written statement authorizing the foster parents to enroll the child in school and to give permission for the foster child to participate in field trips and other activities. Reports of the child’s school attendance, status and progress shall be furnished to the child’s foster care worker regularly. A copy of all written school reports shall be given to the foster care worker semi-annually to be contained in the child’s case file.

Foster children are not permitted to be home schooled.

Comment

Encouraging and supporting the foster child’s school attendance, academic efforts and participation in school activities are part of parenting responsibility. We recognize most foster children have some kind of school related problems. If foster parents need help in carrying out their responsibilities for the foster child’s school enrollment, attendance and/or performance, the matter should be discussed with the foster care worker. If the foster child needs special or supplementary educational services, the foster care worker will provide the foster parents with any needed help in making arrangements for those services. The required semi-annual reports may be obtained on forms furnished to the school by the organization or by submitting copies of the child’s report cards. Foster parents should discuss with the foster care worker which method will be used for each foster child.
TRANSPORTATION

In taking on the role of foster parent(s), I/We understand it is my/our responsibility to transport my/our foster child(ren) for the following:

1. Routine medical and dental appointments.
2. Any required follow-up medical care (i.e.; eye doctor, specialist)
3. Counseling and or therapy sessions.
4. School activities, conferences.
5. Visits with birth parents*.
7. Recreational, religious and social activities.
8. Other as deemed necessary by the child’s needs or treatment plan.

* Foster parents are responsible for submitting a written request, at least monthly, for mileage reimbursement of round trip transportation for birth parent/child visitation to DHHS. The request will include pre-approval for roundtrip travel over 120 miles. Mileage is paid per/mile, shortest and most cost effective route, once per trip, regardless of the number of children transported.

Foster parents and Substitute Care Providers who transport foster children in their own vehicles must comply with State Law i.e.:

1. Use age-appropriate passenger restraint systems (car seats, boosters, seatbelts) as mandated by State Law;
2. Properly maintain vehicles and obtain required registration;
3. Provide the organization with validation of their driving records;
4. Provide the organization with regular validation of their licenses and appropriate insurance coverage.

Costs for regular and routine transportation of foster children are included in the daily board and care rate, and foster parents do NOT receive any additional reimbursement for these costs. Reimbursement for any extra or unusual transportation will be paid to foster parents ONLY if prior written authorization for the expenditure has been secured from the organization.

**Comment**

Transporting children is part of normal parenting responsibility and is expected of all foster parents. The foster parent’s presence can ease the child’s anxiety and provide comfort and support in situations that may be distressing to the foster child.

The organization does employ case aides to assist with transportation of clients. The organization’s case aides DO NOT provide routine transportation for foster children. If you have questions or concerns about transportation for your foster child, or you need assistance in making arrangements for unusual or extra transportation needs, you should discuss the matter with the foster care worker to see what assistance might be available to you.
DRIVER'S TRAINING PERMIT, DRIVER'S LICENSE AND RESPONSIBILITY

If a foster youth is a Temporary Ward of the Court, the Department of Health and Human Services (DHHS) worker may sign for the driver’s training permit, but ONLY the birth parent or legal guardian may sign for the youth’s regular driver’s license. If the youth is a Permanent Ward of the Court or State, the DHHS worker may sign for both the driver’s training permit and the driver’s license.

NEITHER THE FOSTER PARENT NOR THE SAMARITAS FOSTER CARE WORKER MAY SIGN FOR THE FOSTER YOUTH’S DRIVER’S TRAINING PERMIT OR DRIVER’S LICENSE.

In accordance with Michigan no-fault insurance, the owner of the car is the person responsible, no matter who is driving the car. Samaritas CANNOT assume responsibility or make reimbursement for any damage, personal or property, resulting from a foster youth’s operation of any motor vehicle.

Signing the application does not normally result in civil liability for negligent operation of a motor vehicle on the part of the youth; liability may result for the owner of the vehicle or the youth.

Comment

The foster youth in his mid-teens is going to want to get a driver’s license and be allowed to drive… and even begin to plan to buy a car of his own. We would like to see our foster youth obtain driver’s training permits and driver’s licenses as long as this privilege is not abused. You need to understand the responsibilities involved so you can respond to your child’s request about driving.

Foster parents have told us that different insurance companies treat foster youth in different ways; some will raise your insurance while others will not. You need to check how your insurance company handles this if taking driver’s training and/or getting a driver’s license is being considered with your foster child. AND be sure to let your insurance organization know if your foster teenager already has a driver’s license.
RELIGION

POLICY

It is Samaritas’s policy that foster parents shall provide the opportunity for religious training and religious services for the foster child.

Each child in foster care shall be provided opportunity to receive religious instruction and to attend religious service in accordance with the child’s religious affiliation or expressed wishes of the child’s parent.

If the religious preference of the foster child or his birth family is different from that of the foster family with whom the child is placed, the foster family shall make arrangements to accommodate those differences. The organization shall attempt to fulfill parental wishes whenever possible, while taking into consideration the child’s feelings and desires. Birth parents have the right to determine the denominational affiliation. If there is a disagreement between the parent and child, parental wishes prevail.

Comment

Most foster children will be able to participate in religious activities with your family. However, birth parents have the right to determine the denominational affiliation. If a birth parent makes a stated religious preference, you as a foster parent must make arrangements to accommodate that preference. Arrangements can be made by involving the foster child in a local church, temple or other religious organization. If an older child refuses to attend religious services or other activities, you cannot force him to do so, but you must make the opportunity available to him so he has the choice.
The foster child will use his own name, including first name and surname, and not that of the foster family. Even if the expectation is that the foster child will be adopted by the foster family, use of the child’s own name will continue until the adoption takes place.

Comment

Use of his name helps the foster child clarify and preserve his legal and individual identity and his emotional ties with his birth family. It is not unusual for a foster child to decide, on his own, to use the foster family’s name. If this happens, foster parents must try to help the child understand why this cannot be allowed. If questions or problems arise in relation to what name the foster child should use, the foster parents should seek help from the foster care worker in resolving these concerns.
HAIRCUTS

The foster child will maintain the current hairstyle they had upon entering foster care while residing in the foster home. The foster parents will receive approval from the foster care worker prior to taking a child to get their haircut.

Comment

The birth parents retain the right to decide what their child’s hairstyle should be. The foster parents are required to make sure a child’s hygiene needs are met, which includes haircuts, but the birth parents must be consulted about the style. Once a style has been established, the foster parents are allowed to maintain the same style by having the hair trimmed.
EMPLOYMENT OF FOSTER CHILDREN

Samaritas supports permitting foster children, especially older teenagers, to be employed on a part-time basis when such employment is determined to be in the child’s best interest. The employment may not interfere with the child’s contacts with his or her birth family, with school attendance and/or performance or with any other activity significant in the child’s care and development. The child and foster parent, in consultation with the foster care worker, shall make determination of the advisability of part-time employment for the foster child.

Foster parents are responsible for assuring that the youth under the age of 18, who is attending school and is employed, has secured the required working papers. Also, when the foster child is employed within the foster home for large jobs such as home repair or home painting, the foster parents must assure that State Wage and Hour Laws relating to the employment of any unrelated persons are followed.

Comment

Part-time employment for the foster child may be outside the foster home or within the foster home. The child shall not be employed to do, or be paid for, those chores that normally he or she would assume in the home; but the child may be given the opportunity to earn money by performing other chores or jobs within the home.

Foster children shall not be hired to babysit other foster children. Foster children over the age of 14, without any mental, cognitive or physical disabilities and that are capable of handling the responsibility of babysitting, may be hired to babysit children other than foster children. The Organization prohibits teens from being “unsupervised” themselves for more than 4 hours at a time. This would also apply to being hired as a babysitter. Capable foster children under the age of 14 may also be hired as a babysitter, but only under the supervision of the foster parent or approved alternative caregiver. Case specifics should be determined and documented with the foster care worker.

The foster parents and the child shall make a plan for use of the monies earned by the child; such a plan must include provision for the child to have some funds which he or she is free to spend as he or she chooses. The foster child may NOT be required to use his or her earnings to pay for any of those items that are included in the basic board payment, such as food and basic clothing.
**CHORES**

Chores assigned to the foster child shall be based on realistic expectations. These expectations will take into account the child’s age, level of maturity and physical capabilities. Chores assigned to a foster child will not interfere with activities including family visits, school or recreation.

**Comment**

Samaritas encourages foster parents to expect that foster children will perform some of the routine tasks of the home in which the child lives.

Performing some of the routine chores involved in daily living is one of the ways a child learns to care for himself, his possessions and the setting in which he is living. Sharing in family tasks also help the foster child gain reassurance that he is an important part of the family and household. Payment for extra chores can provide children with opportunities to earn extra money.

It is important that your expectations of each foster child in relation to chores be no more or less than what you expect of the other children in the home, both your own children and other foster children. Specific chores assigned to individual children may differ, but your general expectations about chores should apply to all children in the home. You should work with the foster care worker in developing a realistic chore plan for each foster child.
PREPARING FOSTER CHILDREN FOR INDEPENDENT LIVING

POLICY

Independent living preparation is required for all youths in foster care age 14 and older, regardless of permanency planning goal. Once the youth is age 14, the Treatment Plan and Service Agreement, must describe the services provided and goals for future services which will help the youth maintain an independent living successfully and prepare the youth for functional independence.

The youth must be involved in development of the service plan and be responsible for its implementation with the assistance of identified individuals.

Comment

The foster parent /relative caregivers should be involved in developing the service plan. They are an invaluable resource regarding independent living preparation, training in daily living skills, budgeting, and other customary parental duties, including providing a support system for youths as they transition out of the foster care system.

Examples of age appropriate services are daily living skills, preventive health services, mentoring, and education.

Opportunities to shop for groceries, prepare meals, earn and manage money can be useful in helping foster children prepare for adult life.
ALLOWANCES FOR FOSTER CHILDREN

POLICY
The daily board and care rate for a foster child includes an allowance portion for the child placed there. The allowance and personal incidentals portion is intended to cover the child’s weekly allowance and out-of-pocket expenses such as magazines, books, recreation, gifts, contributions, expendable and school supplies. The exact determination of how much and on what basis the foster family provides the allowance to the youth is a matter for joint family and worker determination. Samaritas requires that the amount of daily board and care payment designated for the foster child’s allowance shall be either given directly to the child OR that a procedure be established to assure that the allowance monies are used on behalf of the child. Payments designated for personal allowance may NOT be used for other expenses included in the basic daily payment, such as rent, the child’s share of the food.

The foster parents and the foster care worker are responsible for developing a procedure for payment of the allowance to, or on behalf of, each foster child and for accounting for how the allowance payments are used.

Comment
Foster children, like all other children, need to have opportunity to learn how to manage money as part of their preparation for becoming responsible adults. One of the ways children can be helped to learn money management is through use of an allowance.

Samaritas does not have a uniform method for handling allowances with all foster children. Instead, the expectation is that each foster family, in consultation with the caseworker, will set up a program for handling allowances that is age appropriate, is consistent with the family’s belief and practice and is within the guidelines of policy as stated above.

Allowance must be given to each foster child unconditionally. Allowances may not be withheld as a punishment. This is a great opportunity for the foster parent(s) to teach a child how to effectively budget their money (spending and saving).

- Foster parents are encouraged to have children open up bank accounts.
- Foster parents shall not take or borrow a foster child’s income.
- The foster care worker will develop a plan for the usage of such monies in collaboration with the foster child and foster parent.

The following allowance guide has been established by the Organization according to age group;

- 5-7 year olds  = $2.50/week
- 8-10 year olds = $5.00/week
- 11-13 year olds = $8.00/week
- 14-15 year olds = $10.00/week
- 16+ year olds  = $15.00/week
PERSONAL POSSESSIONS AND MONEY

POLICY

Foster parents shall provide for safeguarding each foster child’s personal possessions and money and agree to the following:

The amount of the daily board and care payment designated for the foster child’s personal incidentals and allowance shall be given directly to the child or a procedure shall be agreed upon between the foster parent and the caseworker for use of the personal incidentals and allowance monies on behalf of the child. The agreed upon arrangement will be documented in the updated service plan. Payments designated for personal incidentals and allowances shall NOT be used for other expenses included in the basic daily board and care payment.

Comment

A foster child may have only a few, if any, personal possessions. What he does have may not be considered “valuable” to others: a trinket from a favorite person, a memento from home, etc. Whether or not the possession has intrinsic worth, what counts is whether the child sees it as valuable, and he has a right to your help in protecting his valuables from being taken or damaged by others.

You will not always be able to prevent the loss or damage, but there are some precautions you can take which may help. Your interest in trying to help protect his possessions can be very important to him. Such precautions can be especially important when the child is initially placed in your home, because the possessions have special meaning to him, and he needs to know that he and his belongings are safe in your home. You may want to suggest that he trust you to safeguard his valuables.

Each child should have a place in which he can keep some of his personal things and which is “off limits” to others. If possible, his “private treasure box” should have a lock, but be sure you keep a spare key or copy of the combination!

You should keep a record of money and other valuables a child entrusts to your care. It is essential that they any possessions be returned to him or given to an Samaritas worker when he leaves your home. Items that are brought into foster care with the child or those which he obtains from his birth family during the foster placement should be inventoried and well maintained. If the items are considered to be inappropriate, ill fitting, or in disrepair, these items must either be stored respectfully within the foster home or boxed and returned to the care of the birth parent.

Helping to safeguard your foster child’s possessions is your responsibility. Even more important, perhaps, is the message such safeguarding gives to the child: he is important, and both he and his possessions deserve to be respected and protected.
CLOTHING ALLOWANCES

POLICY

Clothing allowances for each child in foster care are provided in three forms: 1) an initial clothing allowance, 2) semi-annual clothing payments, and 3) an ongoing clothing allowance which is part of the daily board and care rate paid to foster parents.

Reimbursement for any clothing expenditures in addition to the above will NOT be made unless written authorization has been given by Samaritas prior to purchase.

Any unused portion of the Initial or Semi-Annual Clothing Allowance and any clothing that was purchased for the foster child and is still usable by the child shall be transferred with the child when he or she leaves the foster home.

A Clothing Inventory Checklist shall be completed by the foster parent and the Samaritas worker when the foster child is placed and when he or she leaves the foster home.

This Policy may vary for the any youth in Federal custody in our Refugee Program.

Comment

The initial clothing allowance is not automatically issued, but is based on the child's needs when first placed, as determined by the Clothing Inventory Checklist. The initial clothing allowance may not be available if the child has been in another placement before coming to you and already has received that allowance.

The semi-annual clothing payment made each September/October and March/April is to provide for the child's seasonal clothing needs. The semi-annual clothing checks will be sent with the regularly scheduled foster care payments. The check stub will list the name and amount of the clothing allowance for each child whose clothing needs are included in the check. Each child in foster care for whom payment is included on the final foster care payroll for February and August, respectively, will receive this clothing allowance.

The portion of the child's daily board and care rate intended for clothing is for incidental clothing needs throughout the year.

The amount of clothing money available for each child is small and usually will not be enough to meet all the foster child's clothing needs. To help make the available monies stretch, you may use any of the following resources to secure clothing for your foster child IF you also use them for your own family: resale shops, garage sales, "hand-me-downs" and clothing exchanges with other parents. Please remember that the clothing, however you secure it, must be appropriate for the individual foster child in terms of condition, style, and the child's needs.

Receipts for all money spent on clothing are required by the State and submitted to your caseworker. Reimbursement for special clothing expenses CANNOT be paid unless prior written approval has been made.
DAILY BOARD AND CARE RATES

Foster parents will be paid the Basic Daily Board Rate set by the State for the children in foster family care. The basic daily rate is reimbursement for direct expenses on behalf of the foster child, including housing; utilities; household incidentals; linens; laundry expenses; normal medicine supplies; toilet articles and supplies, such as soap, shampoo, deodorant and toothpaste; routine transportation; a daily clothing allowance; and a personal allowance for the child.

The daily rate is paid for the day the child arrives in the foster home but not for the day the child leaves the foster home. If a child is AWOLP from the foster home, the foster parents will not be paid the daily rate from the day of the AWOLP status unless it is clear that the child will return to the home when found.

Caregivers are reimbursed for Board and Care on a 14-day cycle. The organization CANNOT give advances on board payments and CANNOT reimburse foster parents for any expenses related to the foster child’s board and care UNLESS payment for those expenses has been authorized by the organization in writing prior to the expenditure.

Comment

Foster parents may be paid a Determination of Care Rate in addition to the Board and Care Rate (Daily Board Rate) if the individual foster child’s documented needs and circumstances require it and if the DOC Rate is authorized by the State of Michigan.

We know that the daily rate paid to you for your foster child’s expenses does not fully reimburse you for the child’s normal expenses and that your commitment to foster care includes your willingness to accept partial reimbursement and to supplement the costs of your foster child’s care out of your own income.

The daily board and care rate to be paid for each foster child will be discussed with you at the time of the child’s placement and will continue until a general change in the daily rate is authorized by the State of Michigan OR a change in the daily rate for an individual child is authorized. A change in the rate for an individual child requires thorough documentation of the needs and circumstances to support the request for the change, and your cooperation will be needed to provide that documentation.

We encourage you to discuss with the foster care worker any questions or concerns you have about the daily rate for your foster child, the basis on which the rate is determined, the circumstances under which the foster child’s absence from your home may result in the organization’s inability to pay the daily rate, and any other matters relating to the daily board payments.
FOSTER PARENT OVERPAYMENT POLICY

POLICY

If a foster parent receives over payment of foster care daily rates, it is expected that the Foster parent arrange to have the overpayment paid back to the Organization.

Comment

Foster parents can be overpaid due to a variety of reasons. In order to address this Samaritas has established a payback agreement with foster parents. These situations are difficult for both you as our foster parents and for the Organization as a whole as we try to rectify the overpayment situation.

To avoid having additional incidents of overpayments occurring, Samaritas is asking you to carefully check the stub of your foster care board and care check to make sure that you are only being paid for the children who were residing in your care during that pay period. If you have a foster child, whose status has changed (i.e.; has been adopted, or moved) during the pay cycle you are responsible for notifying the Caseworker Supervisor for that child immediately if that child is still showing on your check stub. If you cannot reach the Casework Supervisor, you are responsible for contacting the Program Manager.

If relative caregivers receive Ineligible Grantee Funds, they are responsible to discontinue payments upon obtaining licensure.
APPENDIX

INSURANCE AND INCOME TAXES

Two concerns frequently expressed by foster parents involve insurance and income taxes and the relationship of these to foster parenting. Because of the variations in insurance coverage and the complexities of the tax laws, Samaritas cannot provide policy statements about either of these that would apply to each foster family’s situation. The following information is offered to assist you in consulting with your individual insurance and tax consultants in determining the impact of either of these matters on your situation.

INSURANCE

Foster parents should not consider taking a foster child into their home if they do not have a standard homeowner’s or renter’s insurance policy. It is the responsibility of foster parents to determine what coverage they have and whether any additional kind of insurance, such as special or extra liability coverage, is needed if foster children are living in the foster home.

Samaritas is aware of the potential liability foster parents are exposed to, and we urge you to take an informed, realistic look at that potential liability and the extent to which you are covered for any liability. Because provisions of individual policies differ, we urge you to ask your insurance representative for answers to the following questions:

Am I covered for damages to my property or to my family caused by my foster child? Am I covered for damages caused by my foster child to the property of other persons?

Am I protected from liability for damages/injuries to the foster child as a result of negligence on my part or due to any action of mine?

Am I covered for any legal costs involved in determining whether or not I am negligent? Do I need any extra/supplemental insurance in addition to what I already have?

Samaritas cannot guarantee supplementing or covering what is not provided for in the foster parent’s private insurance. The organization will advise foster parents if any organization funds are or become available for such reimbursement.

The Michigan Association for Foster, Adoptive and Kinship Parents (MAFAK Parents) has, in the past, sponsored special liability insurance for its members. Samaritas will try to keep you informed about the availability of such coverage, but we urge you to check directly with MAFAK Parents to see if foster parent liability insurance is currently available through the Association.
INCOME TAXES

If you have questions or concerns about whether fostering may affect your income taxes, we urge you to discuss your situation with a representative from the IRS or with your individual tax advisor. The following general information may be of help to you in considering this issue.

According to IRS Publication 501 (Exceptions – 1986 Returns), neither the basic rate paid for the purpose of a foster child’s maintenance nor additional payments designated as and paid through determination of care need to be included as income for Federal Income Tax purposes. However, if you do not include the foster care payments as income, you may not claim the foster child as a dependent.

If the foster care payments you receive for caring for the child are more than your expenses, the excess payments are included in your income. If your expenses in caring for the child are greater than the payments you receive, you may claim a charitable contribution deduction for your non-reimbursed expenses IF you keep a record of all payments and expenses and can document that the expenses were more than the payments.

For the purpose of Michigan Income Tax, the basic rate is considered reimbursement for expenses and is not subject to State Income Tax. Any foster care payments above the basic rate (such as difficulty of care payments) might be subject to Michigan Taxes and should be discussed with your individual tax advisor.

EXCEPTION: Both the basic rate payment and additional payments, such as difficulty of care, are considered “household income” for the purpose of the Michigan Homestead Credit provisions.

A foster child is not usually claimed as a dependent for tax purposes because you are being reimbursed for his care. However, you might be able to include the foster child as a dependent IF the following conditions apply: 1) you include the foster care payments as income on your tax return, 2) the foster child you claim as a dependent has been a member of your household for the entire taxable year (has lived with your family from January 1 – December 31), and 3) the foster child meets the same tests that apply to claiming an exemption for a birth or an adopted child.

If you are considering claiming a charitable contribution deduction in relation to your foster child OR claiming your foster child as a dependent, we urge you to discuss this with your tax advisor. You will need to keep extensive records of ALL family income and expenditures (food, housing, utilities, auto expense, etc.), and you should have guidance about these so that you will meet the tax laws.

Most foster parents do not claim foster children as dependents for income tax purposes and, therefore, do not keep extensive records of all expenditures for the entire family. However, it is always wise to keep records and receipts for all expenses and reimbursements relating to your foster child, if only for your information and for ours.