



NORTH HOMES

Children and Family Services

Professional Foster Care Policy and Procedure Manual

4225 Technology Dr NW
Bemidji, MN 56601
Office (218) 751-0282
Fax (218) 751-0870

1880 River Road
Grand Rapids, MN 55744
Office (218) 327-3000
Fax (218) 327-1871

324 West Superior Street
Suite 400 Medical Arts Building
Duluth, MN 55802
Office (218) 733-3000 | Fax (218) 733-3079

Toll Free (888) 430-3055



www.northhomesinc.org

Purpose of Manual

The purpose of this policy and procedure manual is to provide licensed Professional Foster Care (PFC) Providers with the policies and procedures specific to our PFC Program at North Homes Children and Family Services (NHCFS).

The manual is designed to easily accommodate changes. It is the responsibility of the PFC Provider to remain up-to-date on program policies and procedures outlined in this manual. The information provided will be updated as necessary to best meet the needs of the PFC families and foster/adoptive children, and ensure the continuation of a quality program.

All PFC Providers are required to read this manual prior to licensure.

The information in this manual is intended for NHCFS licensed PFC Providers and is not to be redistributed without the consent of a NHCFS PFC Licensor or Foster Care/Adoption Program Director.

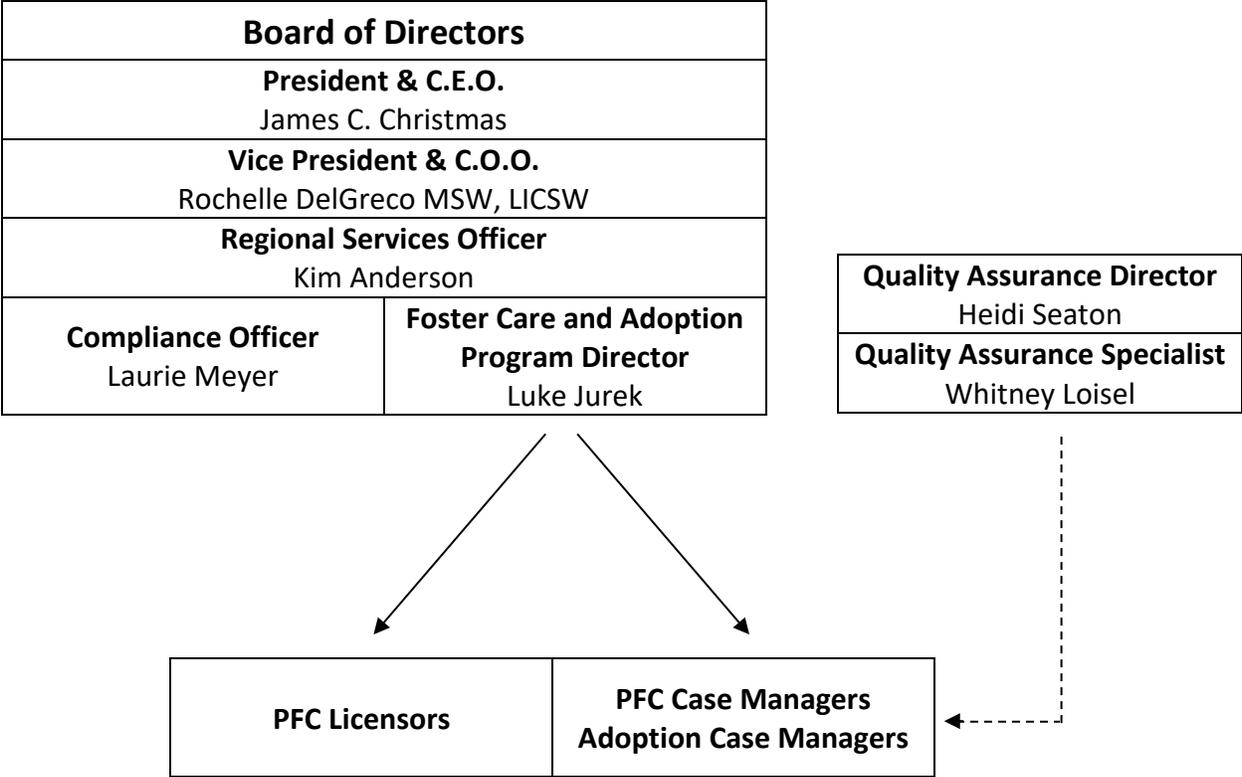
North Homes Children and Family Services

Mission Statement

*To provide a community-based continuum of
compassionate care to children and families.*

NHCFS treatment philosophy is to provide and coordinate services to rehabilitate at-risk youth who may be demonstrating emotional or behavioral issues within the context of their community and family.

**NHCFS PFC
Organizational Chart**



NHCFS PFC Policy and Procedure Manual

Table of Contents

- Section 1: Program Overview
- Section 2: Description of Programs & Services
- Section 3: Rights of Providers and Youth in Care
- Section 4: Purpose of Licensing
- Section 5: PFC Training Requirements & Policies
- Section 6: Mandated Reporting
- Section 7: Data Privacy & Confidentiality
- Section 8: Social Media Policy
- Section 9: Roles & Responsibilities of Foster Providers
- Section 10: Professionalism
- Section 11: Referral Basics
- Section 12: Accepting a Placement
- Section 13: Discharge of Youth
- Section 14: Documentation Policy
- Section 15: Reimbursement to Foster Care Providers
- Section 16: Insurance Coverage for Foster Providers
- Section 17: Medical and Dental Coverage for Youth
- Section 18: Medication Information
- Section 19: When to Contact Your PFC Case Manager
- Section 20: What to Do When a Youth Is Missing
- Section 21: Serious Injury or Death of a Foster Child
- Section 22: Substitute/Respite Care
- Section 23: Correction Orders
- Section 24: Grievances
- Section 25: Complaints
- Section 26: Negative Licensing Actions
- Section 27: Allegations
- Section 28: Home Safety
- Section 29: Smoke-Free Environment
- Section 30: Drug and Alcohol Policy

Information on the following topics is available upon request from you PFC Case Manager or PFC Licenser:

- Adoption
- Concurrent and Permanency Planning
- Change of Custody
- Mental Health Disorders in Children & Adolescents
- Fetal Alcohol Spectrum Disorders (FASD)
- Understanding A Child's Behavior
- Knowing Your Rights, A Handbook For Kids in Foster Care
- Fostering the Sexually Abused Child
- Adolescent Sexual Offenders
- MAPCY – Northstar Practice Guide
- Paths to Permanency – Northstar Care for Children
- Indian Child Welfare Act (ICWA)
- Youth/Street Gangs
- Burnout Prevention and Self-Care Strategies
- Positive Discipline
- Helping Teens Transition to Independent Living
- Suicide
- Allegations/Resources
- Data Privacy Guidelines

Bemidji

4225 Technology Dr. NW

Bemidji, MN 56601

(218) 751-0282

Fax: (218) 751-0870

- Adoption Services
- Adult Rehabilitative Mental Health Services (ARMHS)
- Child Foster Care Services
- Child Specific Recruitment (CSR)
- Outpatient Mental Health Services
- Outpatient Substance Use Disorder Services
- Safe Harbor
- School-Based Services
- DOC Licensed Residential Programs
 - Hawkins Home - Transitional living program for young women aged 16-21 years old. Programming offers a supported and structured living environment with a focus on building skills and competencies necessary for a successful transition into young adulthood.
 - Winnie Sisu House - Therapeutic transitional living home for adolescent girls aged 16-21 years old who have been sexually exploited and/or trafficked. Programming is structured to help support and develop the attitude, self-concept, and skills needed for self-sufficiency and independent living.

Grand Rapids

1880 River Road

Grand Rapids, MN 55744

(218) 327-3000

Fax: (218) 327-1871

- Adoption Services
- Adult Rehabilitative Mental Health Service (ARMHS)
- Adult and Youth Targeted Case Management
- Child Foster Care Services
- Child Specific Recruitment (CSR)
- Children's Therapeutic Services and Supports (CTSS)
- Day Treatment Services
- Housing Stabilization Services
- Outpatient Mental Health Services
- Outpatient Substance Use Disorder Services
- School-Based Services
- Safe Harbor
- The Cottage (Residential Treatment) - Therapeutic living environment for adolescents aged 12-18, diagnosed with a serious emotional disability
- DOC Licensed Residential Programs
 - Teens in Transition for Boys - Residential independent living skills program for young men aged 16-21
 - Boys Program – Residential program supporting boys aged 10-16 in obtaining individual goals
 - Next Step Program – Individual residential living program for young men aged 16-21
- ITASKIN Center - Serves youth aged 11-18
 - Stabilization Unit
 - 35-day Evaluation Program
 - Intensive Residential Treatment Program

Duluth

324 West Superior St. Suite 150

Duluth, MN 55802

(218) 733-3000

Fax: (218)733-3079

- Adoption Services
- Adult Rehabilitative Mental Health Service (ARMHS)
- Child Foster Care Services
- Child Specific Recruitment (CSR)
- Outpatient Mental Health Services
- Safe Harbor

Deer River

313 Main Ave. E

Deer River, MN 56636

(844) 466-3720

- Day Treatment Services
- Outpatient Mental Health Services
- School-Based Services

PFC Services are designed to rehabilitate youth within the context of community and family. To this end, NHCFS programs are designed to serve at-risk children exhibiting emotional and/or behavioral issues in settings that are community based and family centered. This community-based model aims to reduce the number of children needing long-term residential placement.

NHCFS work closely with foster care providers, county and tribal workers, and mental health professionals to ensure that an appropriate treatment plan is developed and implemented for each child in placement. One of the essential components in PFC is the existence of the treatment team. The team is comprised of individuals who have a significant impact on the foster child/adolescent, including the biological parents, foster care providers, county and/or tribal workers, and mental health professionals and/or practitioners, as well as school personnel, medical professionals, and other service providers, as appropriate.

The treatment team works together to determine treatment goals which the youth will work towards completing prior to discharge from foster care. The PFC Case Manager develops and implements an individualized treatment plan for the child. The treatment plan addresses both the immediate and future needs of the child. This plan ensures that all concerned parties work toward common goals and it creates a broad base of support for the child's academic, social, and personal development. The youth's initial treatment plan is developed within 30 days of placement, reviewed in 60 days, and reviewed every 90 days thereafter or sooner if requested.

Our foster homes are licensed according to MN Statutes, section 245A, MN Rules, part 2960, MN Rules, part 9543, and MN Rules, part 9545, as well as NHCFS agency policies. Background checks are completed in accordance with MN Statutes, section 245C. Foster parents are provided with complete and extensive training and education. Applicants complete a one-on-one orientation with the PFC Licenser during the licensing process and are required to obtain 20 hours of training/education per year. Some foster care providers have decided to work with specific youth populations, such as medically fragile, pregnant teens and teen moms, sexual behaviors/offending, chemical health issues, and independent living skills.

NHCFS does not discriminate based on race, sex, nationality, physical disability, physical description, religion, economic situation or marital status. For this reason, NHCFS strives to promote culturally diverse homes, including Native American, African American, gay/lesbian, and single parent households.

NHCFS PFC personnel coordinate all support services and maintain files on each child and foster family. Child files include intake information, behavioral and psychological assessments, family contact, court reports and treatment plans. Foster family files include home safety information,

home study assessments, home study updates, completed applications, background studies, training certificates, complaints, correction orders, and other items relevant to licensing.

NHCFS recognizes the need for continuity of care for foster children. This is accomplished in the following objectives:

1. Providing flexibility in the level of care and support services for children in need of foster placement.
2. Providing options for longer-term placements in order to continue stability in the child's growth in a more cost-effective manner.
3. Providing a more intensive support and counseling option to handle children who may otherwise need a more restrictive setting.
4. Establishing a continuum within our foster care system that is responsive for the child and family's changing levels of need.
5. Help in establishing a reimbursement structure, which is responsive to the dynamics and criteria of difficulty of care.
6. Providing a reunification service, which will follow the child and family to help assure a smooth transition home or to independent living.

By drawing upon the resources in our communities, NHCFS has a well-defined focus on community-based treatment services. We believe this focus offers children and adolescents the greatest benefit in the least restrictive setting, enabling them to work toward reaching their goals. By providing a continuum of care in our foster care program, we are able to offer placement solutions across a broad spectrum of issues, while maintaining the child in a family and community setting. This approach enables us to work with referral workers to find a placement that matches the individual's specific needs.

NHCFS foster care continuum reflects an administrative support rate, plus a MAPCY rate for each child in care. NHCFS offers several levels of foster care ranging in intensity.

Professional Foster Care (PFC):

This level of foster care is and always has been the basis of our foster care services. We have been very pleased with our high retention of foster parents and our demonstrated success with children in need of this level of care. We expect that this will remain the basic point of entry into our system of care. This level of care also offers group foster services to youth who function better with a positive peer culture, and are often unsuccessful in family settings. The components for PFC include:

Basic Provider Responsibilities:

- Complete 20 hours of education per provider annually
- Actively participate in each youth's treatment team
- Provide daily care to youth with mild to moderate emotional, behavioral and mental health needs
- Complete monthly progress reports for each youth which are reviewed by the PFC Case Manager
- Responsible for transportation of youth as outlined in their treatment plan.

PFC Case Manager Responsibilities:

- Establish a treatment plan for each youth within the first 30 days following placement
- Coordinate quarterly reviews and update each youth's treatment plan goals
- Weekly contact with foster parents
- Communicate and coordinate services with treatment team members
 - Foster providers should communicate directly to their PFC Case Manager with any concerns, questions, and/or updates. Your PFC Case Manager should be your primary contact person.
 - Please keep in mind that your PFC Case Manager works with other families and have other meetings to attend and they will return your calls, texts, and emails as soon as they are able. In the event of a crisis or emergency, please contact your PFC Licensor or On-Call Case Manager after hours.
- 24-hour on-call case management support
- Provide support and guidance to PFC Providers
- Be a liaison between birth parents and foster family
- Meet with youth face-to-face at least once per month
- Coordinate discharge planning and make recommendations.

Other Services and Supports provided by NHCFS:

- Crisis shelter or respite care access and availability
- Regular access and coordination with agency clinicians and mental health professionals
- Respite bank which is established for each family once a youth has been in care for 30 days.

Adoption

NHCFS works with county and tribal social service agencies to recruit and secure adoptive placements for children and sibling groups. Our goal is to increase the number of adoptions of difficult to place children, teens, and sibling groups who are under guardianship of the state of Minnesota. NHCFS can provide matching, transition, and case management services to an adoptive family when matched with a Minnesota Waiting Child, as well as assistance to county social workers with completing adoption related activities until finalization. Our case managers work with families from the time of placement until three months after adoption finalization to assist with new birth certificates, social security cards, and transfer of medical assistance.

Basic Provider Responsibilities:

- Complete 20 hours of education per licensing year for each provider
- Actively participate in each youth's treatment team
- Provide daily care to youth with mild to severe emotional, behavioral and mental health needs
- Complete monthly progress reports for each youth which are reviewed by the PFC Case Manager
- Responsible for transportation of youth as outlined in their treatment plan.

Adoption Case Manager Responsibilities:

- Establish a treatment plan for each youth within the first 30 days following placement
- Coordinate quarterly reviews and update each youth's treatment plan goals Weekly contact with foster parents
- Communicate and coordinate services with treatment team members
 - Adoptive providers should communicate directly to their PFC Case Manager with any concerns, questions, and/or updates. Your PFC Case Manager should be your primary contact person.
 - Please keep in mind that your PFC Case Manager works with other families and have other meetings to attend and they will return your calls, texts, and emails as soon as they are able. In the event of a crisis or emergency, please contact your PFC Licensor or On-call Case Manager after hours.
- 24-hour on-call case management support
- Provide support and provide guidance to PFC Providers
- Be a liaison between birth parents and foster family
- Meet with youth face-to-face at least once per month
- Coordinate discharge planning and make recommendations.

Other Services and Supports provided by NHCFS:

- Crisis shelter or respite care access and availability
- Regular access and coordination with agency clinicians and mental health professionals

Specialized Foster Care

This level of care is structured to meet the specific needs of children whose behaviors would typically not be appropriate for a community setting. This level is designed for professional homes with additional training, specialty areas and expertise, and experience working with difficult kids in certain areas. For example: sexual offenders, pregnant teens, whole family placements, arsonist behavior, EJJ referrals, high risk of danger to self or others, etc. Specialized Foster Care is typically determined or requested prior to placement but in some cases may be implemented due to a child failing in a lower level of care. Specialized foster care is designed as an alternative to a more restrictive residential placement option. The program includes all of the above listed PFC components and additionally:

- At least 10 additional hours of individualized training and safeguards implemented relative to the population served
- Additional work with the child by the foster provider(s) on specific problem areas (including documentation of this work)
- A formally documented program manual under which the specialized foster family works is developed and available for review
- Group work at the foster home working on the identified issues (unless otherwise specified);
- Therapeutic service coordination to specifically address the youth's needs as outlined in their individual treatment plan
- Intensified integration with community health services, coordinated by the NHCFS PFC Case Manager
- Intensive weekly support to the foster family
- Close progress measurement and goal monitoring by the NHCFS PFC Case Manager
- 24-hour on-call support by a Mental Health Professional and crisis intervention
- Intensive personal contact and intervention work with the foster youth and foster family by the NHCFS PFC Case Manager
- Risk assessments and management by PFC Case Manager and other care providers regarding liability
- Regular access to agency clinician familiar with the child and presenting issues for clinical review of the case, feedback, and recommendations
- The NHCFS PFC Case Manager is expected to carry out and coordinate all aspects of the case plan developed for the foster child, and has received additional training in the specialty area in which the foster family work in (i.e., substance use issue, sexual offender work, independent living skills for at risk youth, etc.).

Emergency Crisis Foster Care

This level of foster care is designed and established to handle immediate crisis placements 24/7. Specifically identified foster families are available to take in children who are in immediate need of a safe and structured setting. This is a crisis shelter alternative for youth who can be safely cared for at this level of care. Program components include:

- 24/7 availability of the foster care provider for placement
- Mental Health Professional on-call supports and consultation during crisis decision-making;
- Case Management designed to triage emergency decision-making and planning
- Immediate coordination with the County representative in developing a plan
- Transportation availability for necessary appointments and placement
- Crisis Counseling availability with a mental health practitioner upon request, for youth and families
- 24/7 supervision for youth with high risk needs (i.e. imminent self-harm, suicidal ideation, run risk, sexual acting out, detoxification once cleared at Emergency Room)

Foster Care with Medically Fragile Youth

Foster care for youth with medical conditions requiring specialized procedures or ongoing monitoring is another level of care available within the continuum of NHCFS foster care program. The goal of youth who are medically fragile is to promote the optimal physical and mental development for each child placed in care, regardless of disability. The program includes all of the above listed PFC components and additionally:

- Specialized training and education to foster provider(s) specific to the medical needs of each child placed in their care
- Formal education and/or previous experience working with medical conditions
- Weekly contact by case manager with foster parents
- Initial visit to child's current placement (e.g. hospital, family home) to assess needs and initiate services upon admission to foster home
- Community based services as integral elements of the treatment plan including: physical therapists, occupational therapists, physiatrists, specialty medical providers and others as appropriate to child's needs
- School and community-based services including early intervention teams or early childhood programs
- Transportation to community and regionally based providers
- As appropriate, PCA services and/or private duty nursing services
- Initial treatment plan established within ten days of admission
- Daily progress reports documenting treatment goals completed by foster parents and reviewed by registered nurse
- Additional respite availability for foster families
- Respite plan integrated into treatment plan
- Liaison between foster family and community-based providers
- Referral to care professionals specific to child's disability to optimize growth and development.

Rights of Licensed Foster Providers

- A clear understanding of their role as a foster care provider and the roles of other members of the treatment team
- Respect, consideration, trust, and validation as an agency representative
- Involvement in all crucial decisions made by the agency regarding the foster child based on the day-to-day knowledge of the child in their care
- Continuation of their own family routine (as much as possible)
- Support from the PFC Case Manager and PFC Licensor
- Receive pertinent information about the youth and their family
- Help in using appropriate resources to meet the child's needs
- Access to youth's treatment plans to be able to work on completion of goals, as set by the treatment team
- Ability to accept or decline a placement based on personal choice and with no negative repercussions
- The opportunity to develop confidence to make immediate and day-to-day decisions regarding the child
- Consideration as possible permanent parents for the child (If the child becomes free for adoption or permanent foster family placement)
- Consultation regarding specific problems of the child
- The opportunity to learn and grow in their vocation
- The opportunity to be listened to regarding agency practices they may question

Rights of Youth in Foster Care

Children and adolescents in Minnesota foster care have legal rights which were developed by the Minnesota Department of Human Services. Youth in care have the following rights:

- The right to nutritious and sufficient meals and sufficient clothing and housing
- The right to live in clean, safe surroundings
- Youth have the right to be safe from harm by foster care providers, caregivers, and other youth
- The right to positive and proactive adult guidance, support and supervision
- The right to be free from abuse, neglect, inhumane treatment, and sexual exploitation
- Access to medical and dental care
- Ability to go to school and participate in extra-curricular activities
- The right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family members, siblings, a legal guardian, a caseworker, an attorney, a therapist, a physician, a religious advisor, and a case manager in accordance with their treatment plan
- The right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene
- The right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation
- Youth have the right to remain in foster care up to the age of 21. Six months prior to their 18th birthday, the youth should talk to their case manager about this
- The right to reasonable observance of cultural and ethnic practice and religion
- The right to reasonable rules governing their behaviors. If they are unable to control their behavior, appropriate discipline may be used to help them behave
- Youth have the right to be treated as part of the family and be treated the same as other youth in the home
- The right to live in the least restrictive setting that will meet their needs
- The right to be informed of and to use a grievance procedure
- The right to be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to self or others, except for the use of disciplinary room time as allowed in the household discipline policy
- Youth have the right to appeal any decision made by the local service agency concerning their services or plans for their future. If they disagree with their case plan and cannot get it changed, they can ask for a state hearing to review the plan
- The right to a reasonable degree of privacy

Foster Care Sibling Bill of Rights

The 2018 Minnesota legislative session established a Foster Care Sibling Bill of Rights for children who enter foster care. [Laws of Minnesota 2018, Chapter 188, Section 3]

Sibling relationships are empowering and critically important over the course of a lifetime. These relationships most often are the longest meaningful connections in life. For children/youth entering foster care, being supported by their siblings can promote safety, well-being and a sense of security. Sibling separations can cause long-term trauma that will likely interfere with future relationships that they try to build. For the welfare of children, where one sibling is removed from the home, or all are removed but in separate placements, their legal right is to remain connected and should not be limited unnecessarily.

Effective August 1, 2018, child welfare agency staff shall provide a copy of the Sibling Bill of Rights to children at the time they enter foster care, and to the adult siblings of a child entering foster care, when known, and to their foster care provider. The form should be signed by the child, caseworker, and foster care provider.

Siblings have a right to:

- Be placed with each other when possible to remain a family. Give adult siblings a chance to be a foster parent, adoptive parent, or gain custody over younger siblings to keep families together.
- Be placed in homes close by each other, if they cannot be placed together, to facilitate frequent and meaningful contact, including phone, internet, social media, FaceTime, skype, etc. Siblings will be provided with a phone number, email, and/or address, and access to updated photos by email or mail.
- Be actively involved in each other's lives if they choose. Share celebration including birthdays; holidays; graduations and other school events; extracurricular activities; cultural customs, including speaking their native language, and other meaningful milestones.
- Be informed about changes in each other's placements, including being notified of discharge from placements, new placements, as well as discharge from foster care. Siblings will be allowed to maintain contact with other siblings who remain in care. Every effort should be made to ensure contact among siblings in care and those not in care.
- Predictable and regular visits that shall not be withheld as a behavioral consequence. Unless verifiable safety concerns exist, siblings should not be kept from each other. Visits can be monitored, but should not be supervised unless there is a safety risk. Youth, caregivers, caseworkers, and parents are all responsible for ensuring that siblings have contact. All parties will coordinate dates and times, transportation, and other accommodations to ensure contact occurs. This should be outlined in their service plan. Due to the normalcy provision, caseworkers do not need to give permission for visits or possible sleepovers, but foster parents should still communicate with and inform caseworkers that these activities are occurring. The judge should also be updated on sibling connections at every hearing.
- Be included in permanency planning decisions relative to siblings. They should know what expectations are for continued contact when a sibling is adopted or custody is transferred to a relative.

MN Rules, part 2960.3000 to 2960.3100, establishes the minimum standards that a foster family setting must meet to qualify for licensure. NHCFS is accredited through the Council of Accreditation (COA), a national organization which defines additional standards the agency must meet. It is the responsibility of NHCFC PFC Licensors to ensure all CFC homes meet state, COA, and agency standards and requirements.

Each PFC home is assigned a PFC Licensor who assists applicants in the completion of the initial licensing process and monitors ongoing compliance while licensed with the agency. Each year, your PFC Licensor will conduct either an annual or re-licensing visit which consists of a review of your training records, discussion of questions or concerns, review of any complaints and/or correction orders, and review placements.

Purpose of the Home Study

The Home Study Assessment is completed by the licensing agency to establish the recommendation outcome of the application, approval or denial. The assessment provides a summary of the home visits, licensing paperwork, including the applicant's training and experiences, personal attitudes, health summary, and summaries of interviews with family members. The home study also summarizes what the family is approved for, and identifies strengths and needs of the applicants.

Role of PFC Licensor:

- Ensure that foster providers are compliant with state and agency requirements to provide child foster care
- Provide training resources to providers and maintain their training records to ensure compliance
- Be informed of changes taking place in the home
- Issue correction orders for rule violations
- Make recommendations to the Commissioner of the Department of Human Services
- Make negative action recommendations to the Commissioner of the Department of Human Services
- Maintain individual provider licensing files
- Address and investigate all concerns, complaints, allegations, and issues regardless of the circumstances
- Provide guidance regarding how to comply with child foster care requirements

When to Contact Your PFC Licenser:

- Changes in number of household members (decrease or increase)
- Changes in either license holder(s) or household members physical, mental or chemical health
- Construction or remodeling of the foster home residence (prior to any work started)
- Moving to a new residence (prior to the move)
- When a provider's biological or adoptive child turns 13 (need to complete Adam Walsh Background Study)
- Changes in job/careers or family resources
- Questions regarding your licensing capacity or variances
- Use of resource dollars, approved trainings, or number of hours
- Questions regarding utilizing substitute caregivers in the licensed child foster care home, or utilizing approved respite care (other licensed foster provider).

Common Areas of Provider Non-Compliance:

- Training not completed on time or required trainings not completed (as outlined in training policy)
- Behind on youth monthly paperwork (as outlined in the paperwork policy)
- Failure to submit complete written unusual occurrence reports (UO) to case manager within 24 hours of incident
- Failure to report behaviors and/or incidents to PFC Case Manager in a timely manner
- Non-compliance with relicensing requirements (i.e., education hours, DHS paperwork, well test, posting emergency numbers, etc.)
- Not informing licenser about major changes such as: increase or decrease of household members, moving, remodeling, changes in physical, mental, or chemical health
- Repeatedly missing youth's appointments (as outlined in youth's treatment plan)

Transfer of Foster Provider(s) from County or Another Private Agency

MN Rules, part 2960.3060, Subp. 3. (E) states that the licensing agency must get previous foster care studies completed on the applicant by any other agency to which the applicant has applied for foster care licensure. This includes but is not limited to: previous home study and home study updates, training records and certificates, copies or correction orders and complaint summaries, any negative action recommendations and orders, and an overall recommendation from the previous licensing agency or agencies. If there are recommendations that have been made from a previous agency, it is NHCFS policy that all recommendations must be followed including any outstanding assessments, trainings, etc. Documentation of completion must also be submitted to NHCFS to ensure compliance prior to licensure with NHCFS.

Conflict of Interest Policy

If a prospective applicant is employed by NHCFS, they will be referred to the county in which they reside or another private agency of their choice as it is a conflict of interest to be licensed by NHCFS. If a prospective applicant is employed by a county or tribal social service agency, NHCFS will not place children from their employed county or tribe in their home unless approval has been granted by the NHCFS Foster Care and Adoption Program Director.

PFC Provider and Adoptive Provider Training Policy

Effective 1/1/2020, all licensed providers, regardless of program with NHCFS, are required to obtain at least 20 hours of training per year, per provider. Specialized providers will need to complete an additional 10 hours of training specific to their program. Annual training requirements are to be completed within the provider’s licensing year/term, not the calendar year. Upon approval from the PFC Licensor, providers may use training hours towards the next licensing year if the required hours for current licensing period have been met, and the hours are obtained within 60 days of the start of their new licensing term. Please see the full list of requirements later in this section.

It is the responsibility of the foster care provider to track completed trainings, via a certificate of completion or a completed self-instruction form, and submit records to their assigned licensor. These records are reviewed during the annual licensing visit and evaluation. It is **strongly** recommended that providers keep copies of their training records for their own records.

Orientation Hours

Orientation training completed during the child foster care licensure process **does not** count toward the first year’s annual training hours. This includes attendance at the pre-adoption education classes. For more information about the pre-adoption education classes, please visit <https://chlss.org/education-events/foster-care-adoption-education-classes/>

Required Orientation Training	
NHCFS PFC Policy & Procedure Manual	2.5 hours
Emergency Procedures	.5 hour
MN Rules, parts 2960.3000-3340	1 hour
DHS Children’s Mental Health	2 hours
Cultural Competency (ICWA)	1.5 hours
Mandated Reporting/Maltreatment of Minors & Vulnerable Adults	2 hours
Normalcy/Reasonable and Prudent Parenting Standard	1.5 hours
Agency Specific Education/Orientation (required for adoptive families)	4 hours
Parent Support Group/Education Seminar (required for adoptive families)	1 hour minimum
Pre-Adoption Education (required for adoptive families)	16 hours

There are a few training requirements that are not included in the initial provider orientation, but are required to care for specific ages and/or by COA. These hours **will count** towards your first year of annual training as long as they fall within appropriate timelines as determined by your licensor. Please see “Other Required Training” on the next page for more information.

Section 5 - Training Requirements & Resource Dollars

Rev 12/2021

Other Required Training	
Children and Restraint Systems (CARS)	Required to be approved to care for youth under the age of eight.
Sudden Unexpected Infant Death/Abusive Head Trauma (SUID/AHT)	Required to be approved to care for youth under the age of six.
Medication Management	Required prior to youth being placed
Certification must be maintained at all times and on file with the licensing agency.	
Please note that First Aid & CPR is <u>strongly recommended</u> for all providers; however, is only required for providers who serve or intend to serve medically fragile youth.	

Required Annual Training	
DHS Approved Children’s Mental Health Training	2 hour minimum
FAS/FASD/FAE	1 hour minimum
Cultural Competency Training	1 hour minimum
Mandated Reporting/Maltreatment of Minors & Vulnerable Adults	Varies
Parent Support Group/Education Seminar (at least one)	1 hour minimum
Total hours must equal at least 20 hours per provider and include each of the above topics.	

NHCFS offers trainings throughout the year on children’s mental health, cultural diversity, mandated reporting/maltreatment of minors/vulnerable adults, and First Aid & CPR. Agency sponsored trainings are held near each of the NHCFS office locations. NHCFS will send out information on education opportunities quarterly to each provider via email.

Other ways to obtain education training credit include: educational videos, community education programs, agency sponsored trainings, webinars, participation in foster support groups, and reading materials. In order to receive credit for trainings in which a certificate is not provided, a self-instruction form must be completed and submitted to your licenser.

Online Training Resources:

- www.fosterparents.com - mental health, cultural diversity, FAS, Allegation prevention, mandated reporting, child abuse and neglect, maltreatment, and other topics
- www.fosterparentcollege.com - mental health, cultural diversity, FAS, Allegation prevention, mandated reporting, child abuse and neglect, maltreatment, and other topics
- www.developoolmn.org - CARS, mandated reporting, and other topics
- www.mnadopt.org
- www.pacer.org - educational, IEP, 504 plan, etc.
- www.dhs.state.mn.us - SUID/AHT, rules, statutes, mandated reporting (search eDocs 2917), and other training specific to working with children & families
- <http://YIPA.org/training> - NHCFS is a YIPA member

Resource Dollars

Effective 1/1/2019, NHCFS will no longer allocate training dollars to PFC Providers. Instead, resource dollars will be available to all families licensed for child foster care through NHCFS. Each license will have \$200 of resource dollars that are to be utilized each calendar year and balances will not transfer into the next calendar year. Resource dollars can be used to cover training costs incurred by the license holder (CARS, First Aid & CPR, online educational opportunities, conferences, etc.) This includes training costs for substitute caregivers, and is up to the licensed provider's discretion.

For new providers, receipts can be submitted once licensed for child foster care. Resource dollars may also be used to cover the cost of a fire marshal inspection, re-inspection, annual licensing requirements (well test, fire extinguisher). Receipts will need to be submitted for reimbursement, and resource dollars will be tracked by NHCFS. Any remaining resource dollars at the end of a calendar year (December 31) will be forfeited and cannot be cashed out. Itemized receipts must be received by the licensing agency no later than December 31 for reimbursement for the calendar year. Please note that NHCFS has the right to rescind provider resource dollars at any time without notice. Check with your agency licensor or case manager for questions about reimbursement of resource dollars.

Non-Recurring Adoption Expenses

Please note that families who adopt a child under state guardianship may qualify for non-recurring adoption expenses which may cover training costs and other associated costs. Please visit: <https://mn.gov/dhs/people-we-serve/children-and-families/services/adoption/programs-services/non-recurring-expenses-reimbursement.jsp> for additional information as this reimbursement is not provided through NHCFS.

Voter Registration

MN Statute 201.162, requires that NHCFS provide voter registration services for its employees, and for populations served by the program. This can be found at the front desk of each NHCFS office location or by requesting information from your licensor.

All licensed foster providers in the state of MN are mandated reporters. Mandated reporting is a component of the individual orientation material completed during the initial CFC licensing process. All PFC Providers must adhere to the requirements set forth in the Maltreatment of Minors Act (MN Statute 260E).

Key Guidelines on Mandated Reporting:

- Minnesota law requires professionals and their delegates who work with children to make a child protection report if they know or have reason to believe:
 - a child is being neglected or abused or
 - a child has been neglected or abused within the preceding three years.
- Anyone may voluntarily report any case of suspected abuse.
- If you fail to report, you may be liable to criminal proceedings. You may be charged with a misdemeanor, and if found guilty, punished by a fine of up to \$500.00 and/or 90 days in jail. **You do not have the option of not reporting and you must report immediately.**
- You must report suspected abuse if you have knowledge about the abuse or if you have reasonable cause to believe the child is being abused.
 - Report to the Police or Sheriff's department or to the County Human Services Intake Unit. It does not matter which agency receives the information, since they are obligated to exchange data and report it to one another.
 - It is necessary to reveal your identity if you are mandated to report. Your name will remain private information if you choose it to be while the case is being investigated. Therefore, unless and until the abuse is verified and it is necessary to employ some judicial proceeding, which requires your testimony, your name will not be released to the child or the offender. It is important that you identify yourself so that there is a record that you fulfilled your legal responsibility.
- The report should contain the identity of the child, the identity of the person responsible for the child, the nature and extent of injuries.
- You must report firsthand, and reporting to your case manager does not relieve you of your personal duty to report.
- Oral reports must be made within 24 hours and must be followed up with a written report, which must be submitted within 72 hours, excluding weekends and holidays.
- **Do not attempt to investigate the case on your own.** Let the police and welfare department do the investigating. Do not wait to see if you can find out more information or to see if it will happen again.
- You will be immune from civil liability if you report in good faith. In other words, you have statutory defense in any suit for money damages by the offender or family unless you knowingly filed a false report or your report was done recklessly.

Maltreatment of Vulnerable Adults (MN Statute 245A.65 & MN Statute 626.557)

PFC Providers serving individuals that are age 18 and older must develop a written procedure related to suspected or alleged maltreatment of vulnerable adults. They must also complete Vulnerable Adults Act (VAA) training annually, which can be completed online at: <http://registrations.dhs.state.mn.us/WebManRpt/>. Submit a copy of your certificate as verification of completion to your NHCFS PFC Licensor.

As foster providers, it is your responsibility to observe and follow the data privacy policies of the agency. NHCFS PFC Providers must follow Health Insurance Portability and Accountability Act (HIPAA) regulations and be cautious not to improperly release confidential or private information about a youth or their family.

Nondisclosure of Confidential Information

Minnesota Statutes, Chapter 13 clearly states the criminal penalties for unlawful disclosure of private data.

As licensed child foster care providers, you will need to know personal information about the youth placed in your home. This information is confidential and protected by law from unauthorized disclosure.

PFC Providers agree to:

- Protect private/confidential information about youth placed in our home
- Refrain from discussing youth information with unauthorized persons
- Only discuss the relevant information with persons who have legal responsibilities toward the youth and other professionals and service providers to coordinate services with a current release of information in the youth's file.
- Inform NHCFS if confidential information is accidentally released

This nondisclosure of confidential information is discussed and explained during the licensing process and all foster providers agree to follow this policy once it is signed.

Texting Policy

While it is not prohibited to communicate with treatment team members via text, please use caution when sharing confidential information outlined in MN Rule 9502.0345, Subp. 2, which requires that the provider shall not disclose any records on children in care to any other person than the parent of the child, the agency, department, and medical or public safety persons if information is necessary to protect the health and safety of the child. The preferred method of sharing this information would be through a secure server such as an encrypted email or through direct communication with the individual receiving the information. It is also important to be aware of your surroundings and when talking in public areas to ensure compliance with confidentiality and data privacy laws.

Who Can I Share Information With?

PFC Providers are considered agency treatment team members under the provisions of the Minnesota Data Practices Act. They have access to all information that the agency has about the youth in their care. A copy of the Data Practices Manual is available on the MN Department of Human Services website at www.dhs.state.mn.us Social workers and other employees are considered agency treatment team members under provisions of the Minnesota Data Practices Act.

Foster providers can share information only with those people identified by the treatment team. The North Homes' PFC Case Manager will have the necessary signed releases of information to coordinate services. If you have any questions about whom and what you can share, please contact your North Homes' PFC Case Manager.

If you accidentally release private information, contact your PFC Case Manager or PFC Licensor immediately and inform them of the incident as this needs to be reported.

Information about Foster Families

Families who are licensed to provide child foster care in the state of Minnesota have a unique status under the Minnesota Data Practices Act. They are considered clients of the agency while they are in the licensing process. Once a family is licensed, they become service providers and are considered independent contractors with the agency.

All information that is contained in the foster families licensing file is considered private information until the family is officially licensed. Please note that NHCFS does not release information other than on a need-to-know basis and will release only what is needed. Once a provider is licensed, the PFC Case Manager creates a bio/face sheet for each home which is given to placing workers prior to placement. Each bio/face sheet includes each applicants name, occupation, date of birth and race. It also lists the address of the home, household members, telephone numbers and email addresses as listed on the DHS application. Also included is a brief narrative of the household routine, interests and hobbies the family participates in, description of the community, and the school district in which the home is located.

Public Information

The following is public information and can be found on the Minnesota DHS licensing lookup website: name of providers as listed on foster care license, address of foster home, primary phone number as listed on application, license number, licensed capacity and type of license (child foster care). Licensing determinations issued by DHS on or after July 1, 2010 are also viewable on this site: <http://licensinglookup.dhs.state.mn.us>. Please note that this is not a complete list of what is considered public data; more information on data privacy is available upon request.

Inter-State Compact Placement Contract (ICPC)

When a referral is made for a youth who is living out-of-state, the licensing department assists the state in facilitating an Inter-State Compact Placement Contract (ICPC). This is a contract between the sending state and receiving state (Minnesota) in order to ensure that the youth will be able to have coverage for services in the receiving state. Prior to placement, an ICPC needs to be approved by both states and the following information is submitted to the receiving state: all five components of the Minnesota DHS Foster Care/Adoption Home Study (application, individual fact sheet(s), disaster plan, home study checklist, home study/update), Adam Walsh background study clearance letter(s), and a child-specific addendum indicating how the home can meet the youth's needs.

NHCFS occasionally engages on social media platforms to build and publicize our overall mission and the work we do. We recognize that providers participate in social media in their personal time. NHCFS has created a Social Media Policy to empower providers to have healthy social media engagements with and around the NHCFS name and to continue to increase awareness of the organization and its great work.

Social Media is defined as websites and applications that enable users to create and share content or to participate in social networking such as Facebook, Twitter, Instagram, Pinterest, YouTube, etc. This policy is for all NHCFS PFC providers to protect both the provider and the organization. Failure to follow the protocols below may trigger licensing action on your child foster care license.

Policy

1. **PROTECT ORGANIZATION INFORMATION:** Social media is a platform that encourages dialogue and shared information while connecting with those inside and outside of your network. NHCFS PFC providers must protect organization and client information and not share confidential details on any platform. Confidential organization information includes, but is not limited to: provider/employee interaction with internal and external associates, client information, happenings at the facility, and any other data/information that is not already available to the public. In addition, HIPPA laws prevent publicly sharing of much of the information gathered in the workplace, and violation of those laws can result in legal action.
2. **RESPECT THE ORGANIZATION NAME:** NHCFS prides itself on the great work done on behalf of children and families, and values the importance of its well-recognized name. It's important that NHCFS PFC Providers do not slander the company name, supervisors, co-workers, employees, or associates on any platform for any reason. Anything that you post that can potentially tarnish the name will be your responsibility. If you are frustrated or wanting to address a pressing issue, the best step is to personally connect with your NHCFS PFC Case Manager or Licensor.
3. **LET THE SOCIAL MEDIA TEAM RESPOND:** You may encounter negative feedback or frustrations about NHCFS within the social media space. Or there may be workplace incidents that would attract outside attention if shared in social and traditional media circles. In these instances, it is important to allow the organization to respond appropriately. If you see something posted in social media platforms that NHCFS should respond to, please don't hesitate to send the details to your NHCFS PFC Case Manager or Licensor.
4. **BE AWARE OF YOUR AUDIENCE:** Personal and professional lives frequently intersect. NHCFS respects the freedom of speech of all of its providers, but remember that clients, customers, colleagues and supervisors often have access to the content that you may post. Keep this in mind when publishing content, and know that information originally intended just for friends and family can be forwarded and otherwise shared to a greater audience. NHCFS PFC providers must be aware that any social media posts that can be considered harassment, discrimination, defamation or violations of confidentiality are grounds for negative action.

MN Rule, part 2960.3080, Subp. 5 (A), states that the foster home must provide basic services to the child. The definition for “Basic Services,” in MN Rule, part 2960.3010, Subp. 5, includes the basic need for privacy.

The only acceptable way for a NHCFS PFC Provider to share **any** information and/or pictures regarding youth in their care, is to obtain written permission from the youth’s parent or legal guardian. A copy of this written consent must be maintained in the youth’s PFC file. Contact your NHCFS PFC Case Manager with further questions or to request this permission.

Special considerations if permission is granted:

- NHCFS PFC Providers must limit all mailings and/or posts to be sent only to family and close friends.
- NHCFS PFC Providers must have social media outlets set to the “private” setting only and be aware of all “tags” on images.
- Only the youth’s first name may be used on any mailings and/or posts.
- The youth’s specific circumstances within the Social Services System must not be disclosed to anyone.
- The youth must approve of their image being used in family photos, mailings, and posts.

Tips:

- If you allow youth in your care to utilize social media websites, such as Facebook or Twitter, make sure that you are aware of their activity and who they are in contact with.
- NHCFS recommends that PFC providers have the youth’s login and password information to be aware of persons that the youth is in contact with and to monitor other activity on these sites
- In the event that questionable activity presents itself, contact your NHCFS PFC Case Manager and share the information.

Section 9 - Roles and Responsibilities of Foster Providers Rev 12/2021

PFC Providers are responsible for the day-to-day supervision and care of the youth placed in their home. They must always have the best interests of the child in mind, and are required to keep their NHCFS PFC Case Manager informed of any changes, incidents, or concerns.

PFC Providers must be able to:

- Keep the safety of the youth and the youth's best interests in mind
- Provide a child with a safe and healthy family life that promotes a child's development both physically and mentally
- Be the primary caregiver to youth and provide the basic needs of the child
- Encourage age-appropriate activities, exercise and recreation
- Explain house rules and expectations regarding behavior, treatment of others and household items (age appropriate)
- Provide adequate supervision in accordance with the child's age, needs, and out-of-home placement plan. Foster providers must know the whereabouts of every foster child in their care
- Make an effort to increase their understanding of and respect for the religious, racial and cultural heritage of a child and their family
- Inform agency of child's progress
- Report behaviors and incidents in a timely manner
- Maintain documentation for each youth placed in the home; each youth should have a separate file folder to maintain data/documents and information. After the youth is discharged, the State of MN requires that you keep the file for a period of five years. After the five-year period has passed, it is the provider's responsibility to destroy the records. The youth records may be brought to the office to be shredded, or the provider may shred them. All data on foster youth must be destroyed appropriately. Please refer to Section 14 for further information
- Ensure foster child's medical needs are met. This includes, but is not limited to, all dental, medical and mental health appointments. Foster providers spend the most time with youth in their care, and are best able to provide the professionals with updates on behaviors, concerns and other issues that may need to be addressed
- Have all respite and substitute caregivers approved by your North Homes PFC Licensor prior to utilizing respite/substitute care
- **Foster children cannot baby-sit other foster children**
- Keep up-to-date notes on all foster children. Entries should be made on a weekly basis or more often as needed
- Submit monthly paperwork to PFC Case Manager
- Attend **all** meetings pertaining to the child (i.e. IEP, staffing, court, etc.)
- Provide and/or arrange for transportation to all therapy, school, recreation, and education needs
 - We understand that at times it may be difficult to facilitate schedules to accommodate additional appointments and/or meetings, however it is important to be flexible and rely on your support network.

Section 9 - Roles and Responsibilities of Foster Providers Rev 12/2021

- Staffings, court dates and home visits typically occur during regular business hours which are Monday thru Friday from 8a.m. to 4:30 p.m.
- Support placement stability for a child while they are in foster care. Seek consultation and direction from the treatment team if issues arise that cannot be resolved between the foster parents and foster child. Prior to requesting a child be removed from the home, the foster provider and North Homes PFC Case Manager should assess if additional strategies or supportive services can be implemented to preserve the placement. When all resources have been exhausted, provide the agency with at least 30 days of notice for the termination of the placement
- Maintain child's clothing supply
 - Some youth receive a clothing voucher when they enter care, however many youth who are placed in our homes have been in previous foster homes and do not receive reimbursement. Each county/tribe is different as to when they can and cannot provide clothing vouchers.
- Provide transportation for youth to go on monthly home visit, unless otherwise specified in their treatment plan. Notify your case manager when a child will be going on a home visit prior to the visit occurring
- Complete and submit unusual occurrence (UO) reports within 24 hours of an incident
- Maintain training as outlined in Section 6 of the NHCFS PFC Manual
- Accept foster care placements only from NHCFS
- Consider foster care a temporary living situation and recognize that the placing agency is responsible for making and carrying out the concurrent permanency plan for a child
- Facilitate a child's school attendance
- Ensure that the social worker and child have opportunities to meet alone
- Participate in training and educational opportunities provided by the agency

NHCFS expects that PFC Providers remain professional at all times when working with youth, their families, and professionals.

Providing foster care can be frustrating at times; however, your PFC Case Manager is the person to contact when you are frustrated.

It is not appropriate to say negative comments to youth, their families or other professionals working with the youth.

All PFC Providers that are licensed with NHCFS have signed the PFC Provider Code of Ethics and are expected to adhere to the following standards:

- I will not discriminate against anyone on the basis of race, color, creed, age, sex, religion, disability, nationality, sexual orientation, marital status, political affiliation, or parental status.
- I will remain culturally sensitive at all times and respect the traditions, values, norms, beliefs, attitudes, and practices of all cultures.
- I will not use my professional relationship to further my own interests.
- I will demonstrate a genuine interest in all persons served, and do hereby dedicate myself to their best interests and helping them to help themselves.
- I will respect the privacy of persons served and hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records, utilization review procedures or daily interaction with the person.
- I will maintain confidentiality when storing or disposing of client records.
- I will maintain a professional attitude which upholds confidentiality toward individuals served, other providers and the agency.
- I will maintain client confidentiality, and I will hold as confidential any information I obtained concerning the agency after the child has left my care.
- I will respect the rights and views of other care providers and agency staff, and treat them with fairness, courtesy and good faith.
- I will not exploit the trust of the public or other care providers and agency staff. I will make every effort to avoid relationships that could impair my professional judgment.
- I will not engage in or condone any form of harassment or discrimination.
- I will respect the confidences of other care providers and agency staff.
- I will accurately represent my education, training, experience and competencies, as they relate to my role as a foster care provider.
- I have total commitment to provide the highest quality of service to those who seek my professional assistance.
- I will continually assess my personal strengths, limitations, biases and effectiveness.

Other guidelines in addition to the Professional Code of Ethics:

- Do not complain to placing workers.
- Do not contact placing workers directly. Your PFC case manager is the liaison between the placing workers and other treatment team members.
- Do not talk negatively about a child's birth family.
- Respect youth and their families including their values, culture, and traditions.
- Keep healthy boundaries with youth, their families, and treatment team members.
- Represent yourself in a professional and respectful manner in the community.
- Be understanding and cooperative with all treatment team members.
- Be mindful of others.
- Present yourself as a leader and mentor for youth.
- Respect the views, opinions, needs, values and actions of others and use appropriate channels to express personal views.
- Use discretion when handling confidential information.

NHCFS receives referrals from Counties and Tribes when they are in need of a therapeutic foster home. Youth who are referred have various behavioral and mental health needs, and may be coming from their biological parents' home, a relative's home, another foster home, a residential treatment program or other setting not previously listed.

When a referral presents, a PFC Case Manager gathers as much information regarding the youth as possible including the most recent diagnostic assessment, psychological evaluation and any other documentation that will assist with finding a suitable home for the youth. When a youth is entering an out-of-home placement for the first time, this information is not always available.

The PFC Case Manager is responsible for determining which families might be appropriate placement options based on the needs of the child and the ability of the foster providers to meet those needs. If a family is interested in having the youth placed in their home, the basic information about the family is given to the placing worker.

Once a home is selected, the NHCFS PFC Case Manager will assist in facilitating the placement and will schedule an intake meeting with the treatment team.

Key points about referrals:

- PFC Providers can only accept placements from NHCFS. If you receive a call from a placing worker with a referral, you must refer them to your PFC Case Manager;
- Families need to make the best decision for their family and will never be penalized for declining a placement.
- It is extremely important for families to return their case managers call within a timely manner as placements often occur quickly.
- It is the placing worker's decision on which home is selected based on multiple factors which may include the location of the foster home, ICWA placement preference, proximity to siblings, provider has specialized skills that will be a good fit for the child, etc.

Pre-Placement Visits

If it is determined that the referring agent wishes to proceed with placement, a pre-placement visit may be arranged. Pre-placement visits are individualized for each case, but an overnight or weekend stay is typical. This visit allows the youth and foster family to experience life together and see whether the placement will be a good fit. Following the pre-placement visit, the treatment team will make a decision about the placement.

Adoption Matching/Referral Process

Families that are licensed with NHCFS will be registered on the State Adoption Exchange (SAE). The criteria that families are looking for, when adopting, will be entered into the SAE and the family will be matched with youth that are registered on MNAdopt. During this time, families are encouraged to go onto mnadopt.org and search youth and let their Case Manager know the names of the youth that they may be interested in, and the case manager will be able to obtain more information on those particular youth. Once families receive this information, it is up to them if they want to continue to pursue that youth, the case manager will submit the home study, upon the family's request, to the worker and request any other information on that youth.

NHCFS also gets direct referrals on adoptive youth from counties. If that information fits the criteria a family is looking for, the case manager will forward that information on to them. If the family is interested, the process will continue as mentioned above.

Once a home study is submitted:

- The county worker reviews all home studies that have been submitted. This can take some time as they may have many home studies to review and then they have to relay this information to each member of the child's team, such as: guardian ad litem, social worker, etc. (Sometimes they wait until they can all get together and have a meeting and review the home studies together.) This can prolong the process of waiting for the family but some teams prefer to do it this way.
- If the treatment team feels that the family is a match to the needs of the child or children, they will contact the NHCFS PFC Case Manager for more information about the family and possibly set up a collateral meeting.
- A collateral meeting is a chance to get together with the worker(s), either face to face or by phone conference, to exchange and ask questions about the youth and give the worker(s) an opportunity to get to know the family.
- After the collateral meeting, if both parties (family and treatment team) feel like they want to continue to pursue this match, a few different things could happen.
 - Another collateral meeting could transpire to obtain more information
 - A visit could be set up to meet the rest of the child's team (Guardian Ad Litem, therapists, etc.)
 - A visit could be set up to meet the child
 - A visit could be set up for the child to spend a day at your home
- The worker will move slowly to ensure that everyone (child, adoptive family, workers) feels comfortable moving forward. Each child's team has a different approach and will need to take the child's needs into consideration. The Case Manager will also be there to advocate for the family and answer any questions that they have during this process.

Section 12 - Accepting a Placement

Rev 12/2021

Medical: If NHCFS does not have documentation that a child has had a health assessment/well child check-up within the past six months, the PFC Provider is responsible for having the health assessment completed by a doctor or nurse practitioner **within 72 hours** of placement.

Dental: If NHCFS does not have documentation that a child has had a dental exam within the past six months, the PFC Provider is responsible for scheduling and bringing that child to the dentist every six months.

Eye Exams: A foster child need to have eye exams yearly.

Mental Health: Your NHCFS PFC Case Manager will assist the PFC Provider in arranging mental health services if the treatment team determines it is in the youth's best interest.

Educational: It is the PFC providers' responsibility to register the youth for school as soon as they are placed in the home. If the child has an Individual Education Plan (IEP) the foster providers will be involved in the reviews which are conducted by the school.

- Please note that PFC Providers **do not** have authority to consent to the IEP and this will need to be done by the youth's legal guardian.

Clothing Inventory: The PFC Provider should complete a clothing inventory as soon as the child is placed in their home and provide the NHCFS Case Manager with a copy for the youth's file.

Quarterly Staffings

Within the first 30 days of a placement the NHCFS PFC Case Manager will schedule and facilitate an initial staffing where treatment plan goals will be developed. This plan typically includes medical/dental/eye care, mental health needs and educational information. The team will also create a list of strategies to ease the child's adjustment to the foster home. Staffings typically occur quarterly unless the treatment team determines they are needed more often.

Following the initial staffing, the NHCFS PFC Case Manager develops a treatment plan for each youth in care. This plan is reviewed and modified after each staffing and a copy is sent to all members of the treatment team.

It is crucial that foster providers follow the treatment plan as these are the goals that the youth needs to be working on while in care. Progress on these goals are documented by providers in the youth's monthly progress reports.

Bedroom Sharing Policy

Each youth in care must sleep in a bedroom and have adequate space for their personal belongings. Your PFC Licensor discusses the number of youth which would be appropriate for each bedroom during the licensing process. Our guidelines allow for foster youth to share a bedroom with another youth, either foster, adopted, or biological, providing that both youth are of the same sex and there is no more than a two year age difference. The behaviors and needs of the youth will also be taken into consideration, as well as any recommendations and/or requests from the placing worker or other treatment team members. Your case manager will assist in determining appropriateness of youth to share bedrooms.

Any exceptions to this policy need to be administratively approved in writing by NHCFS and the treatment teams of the youth who will be sharing a bedroom.

The treatment team members need to be informed and agree to the sleeping arrangements if a foster youth will be sharing a bedroom with another youth (foster, adoptive or biological).

Unplanned Discharge

If a PFC Provider decides that they are not meeting the youth's needs, they must discuss this with their PFC Case Manager, and if possible, supportive services will be put in place to help in positively maintaining the placement. If it is ultimately determined that the placement is simply not a good fit, the PFC Provider can submit a 30-day notice in writing to the PFC Case Manager. Once the PFC Case Manager receives the written notice, they will notify the treatment team and come up with alternative placement options and recommendations for the youth.

If the youth poses safety concerns for anyone in the home, a 30-day notice will not be required and a plan for the youth will be made immediately.

Upon discharge, the PFC Case Manager will create a discharge report within 30 days which will be sent to the treatment team members. An evaluation of the placement is sent to the placing agent for feedback. In addition to the placing agent evaluation, the NHCFS PFC Case Manager completes an evaluation of the placement. All evaluations are returned to the licensing department for review and maintained in the provider's licensing file.

Planned Discharge

During the youth's staffing, the treatment team will discuss not only the youth's progress on treatment plan goals, but also plans for the future. This may include reunification with parents or a relative, moving the youth to be with siblings, or transitioning to a less-restrictive level of care.

If the goal is to transition the youth home, it is likely that the youth will have an increase in home visits prior to discharge from the foster home. This can be a difficult time for the youth and it is important to be supportive and encouraging.

Important things for PFC Providers to know about discharges:

- Families may not always agree with the decision that is made. This can be difficult on the provider. Providers are encouraged to lean on their support network
- Regardless of agreement or disagreement regarding the discharge plan, providers are expected to maintain professionalism
- Youth's belongings must be packed in totes, duffel bags, suitcases, or nice storage boxes. **** Youths belongings can never be put in garbage bags and will result in a correction order!**
- Youth's belongings must be sent with the child upon discharge or given to the placing worker or NHCFS PFC Case Manager within 7 days unless special permission is given by the placing worker.
- Complete a clothing inventory upon intake and at discharge and submit the inventory to your PFC Case Manager
- Anything that the youth came with and accumulated during their stay should go with the child
- If the youth has a banking account, this will need to be transferred to the youth's legal guardian at the time of discharge
- When youth age out of foster care, providers need to ensure that youth have the skills necessary to live independently and must submit copies of their birth certificate, social security card, and other important documents when they are discharged
- Any communication with discharged youth must be approved in writing by the legal guardian for each child and on file with NHCFS. This includes but is not limited to phone calls, texts, social media, etc. If a youth contacts you following discharge, please notify NHCFS to ensure the contact is appropriate.

Monthly Progress Reports

PFC Providers are required by NHCFS to complete monthly paperwork on each foster child in their care. PFC Case Managers will explain the monthly paperwork that is required for each youth placed in your home. They will inform you of any updates regarding youth's paperwork.

This monthly documentation is relied upon to monitor the progress of each youth's treatment plan goals while in therapeutic foster care. Submitting paperwork on a monthly basis is extremely important in order for NHCFS to maintain up-to-date files for youth in our care.

It is the policy of NHCFS that monthly paperwork is due to the Case Manager by the 10th day of the following month.

- If a foster provider is **two months** or more behind on youth paperwork, **a correction order will be issued** for violation of MN Rules, part 2960.3060, Subp. 4 (C) *work within agency and state policies*.
- Copies of any court orders, evaluations, school records, medical/appointment summary, or other relevant information pertaining to foster youth in your care should be submitted to your PFC Case Manager.

Reminders:

- No empty information boxes (birthdates, date of placement, name, etc.)
- Each section must be filled out completely and with as much detail as possible/appropriate.
- Please document how the child is doing not only with you (the foster parent) but also with others in the home
- List not only concerns about school or work but also their progress in specific areas
- With regard to phone calls please list date/time/length of phone call. Also document how the child reacted during the call as well as in the hours/days after the contact.
- Write these reports knowing that they very likely can/will go before the courts. These reports are official documents for the courts and placing workers and they are very important to help prevent liability issues/accusations/etc.

Unusual Occurrence Reports

Unusual Occurrence Reports (UO) must be submitted to your PFC Case Manager within 24 hours or the next business day for all incidents that occur that are out of the ordinary. Unusual occurrence reports are very helpful for both you and the agency. It provides a written record of what happened and how the incident was handled.

Failure to report incidents and document them on a UO will result in a correction order. Examples include, but are not limited to, the following:

- Youth is missing, not where they are supposed to be or may be on run
- Youth goes to the emergency room or is hospitalized for any reason
- Incidents involving alcohol, or any chemicals they are not prescribed
- Physical aggression, self-harming behaviors, or anything sexual in nature
- Suicidal ideations, comments in regards to suicide, or suicide/self-harm attempt

Procedure:

1. When writing an unusual occurrence report, be as specific as possible. Always include immediate actions taken. You cannot use names of other children involved in the incident. You must refer to them by using their initials. If other children were involved, you must write a report for each child. Any supporting documentation should be attached to the report. (i.e police reports, discharge summaries, etc.)
2. The original unusual occurrence reports will be filed at the NHCFS office. The PFC Case Manager will make and distribute copies to appropriate agencies.
 - The UO will also be placed in the child's file.
 - All unusual occurrence reports are reviewed by NCHFS. If further information is needed, you Case Manager will follow-up with you.

Provider Record Retention for Foster Youth

According to Minnesota Statute 245A.041, Subp. 3 states that a license holder must maintain and store records in a manner that will allow for review by the commissioner as identified in section 245A.04, Subd. 5. The following records must be maintained as specified and in accordance with applicable state or federal law, regulation, or rule.

- Must be maintained on the licensed site for a minimum period of **five** years
- Records must be locked at all times and inaccessible to non-licensed individuals
- Licensure will review these records at yearly licensing inspection
- Information that should be kept in each youth's file should include but is not limited to the following:
 - Intake paperwork, mental health information, school records, health information, birth certificates, court orders, out-of-home placement plans, treatment plans, youth's financial records (bank statements)

Section 15 - Reimbursement to Foster Care Providers

Rev 12/2021

Foster providers are reimbursed using a per diem, which is a daily amount that is used to cover the costs of caring for a child and is not meant to be an income. The placing worker is responsible for establishing a daily rate through the Minnesota Assessment of Parenting For Children & Youth (MAPCY); the assessment should be completed within 30 days of initial placement and is completed in conjunction with the PFC Provider and PFC Case Manager.

Providers are reimbursed based on the days the youth sleeps in the home (Provider would be reimbursed for the day a youth enters the home, but not paid for the day the youth leaves the home).

Please refer to the parent billing date form for exact dates foster providers are reimbursed. You will also see a * which denotes which pay periods respite is earned for each youth in care.

Foster providers may be eligible for tax benefits; for more information on this, please consult a professional tax advisor and discuss whether you qualify.

Child Foster Care Basic Maintenance Breakdown

Minnesota Assessment of Parenting for Children and Youth (MAPCY) is a level system that is based on the youth's needs and the Foster Parent's ability to meet those needs.

The following percentages are an approximate guideline of how to disperse the reimbursement received for each youth.

Room and Board - 76%

Clothing – 13%

Allowance – 5%

Transportation – 6%

NHCFS recommends setting aside these amounts every pay period so that you will always be prepared for the ongoing needs of the child and also in the event of an emergency. Providers are also encouraged to keep receipts for clothing that was purchased for youth in their home and keep bank statements for the youth to show that they are saving money while in care.

Respite Money

PFC Providers earn \$30.00 of respite per child, per month. The child must have been placed in your home at least 15 days out of the month to earn respite for that child. Providers cannot use more respite than is available in their bank. Respite monies may be utilized after a child has been in placement for one month. Respite monies cannot be used for anything other than respite/substitute care and cannot be cashed out for any reason.

Things to know about your respite money:

- Does not expire
- Cannot be cashed out
- Respite reimbursement must be submitted to your case manager within one month of the date(s) of respite care

Section 16 - Insurance Coverage for Foster Providers

Rev 12/2021

All licensed foster care providers are recommended by NHCFS to have the following insurance coverage:

- A minimum of \$100,000/\$300,000 liability coverage on an automobile insurance policy;
- A minimum of \$50,000 property damage coverage on an automobile insurance policy;
- A minimum of \$100,000 liability coverage of homeowner or renter's insurance policy.

Any substitute care provider, including respite providers who transport clients in their care are also recommended to follow this policy.

As a foster care provider in the State of Minnesota, licensed by the Department of Human Services, you are automatically covered by the group liability policy. The MN Joint Underwriters Association (MJUA) does not know the names of each foster provider; however, if they are licensed in the State of Minnesota, they are insured under this policy.

This coverage includes, but is not limited to:

- Property damage to someone else's property caused by a foster child or adult;
- Injury to someone (not living in the foster home) by a foster child or adult;
- Injury to the foster child or adult by the alleged negligent care by the foster provider.

In the case you are accused of injuring someone or damaging something, they provide an attorney for your defense because you are a foster provider. You are obligated to cooperate with them. The limits of the coverage are \$250,000 per incident and the policy will pay up to \$500,000 in one year. These limits are for each foster home.

Basic exclusions to the policy include:

- Injury to the foster provider or member of the foster provider's family;
- Damage to any property that is owned by, rented to, or leased by the provider;
- Dishonest, fraudulent, criminal or malicious acts;
- Any injury or property damage resulting from the operation or use of a motor vehicle;
- Bodily injury arising out of or resulting from sexual abuse of a minor.

If something should happen that you may be liable for, it is your duty to notify the MJUA at 1-800-552-0013. They would rather know about hundreds of incidents that don't turn into lawsuits than to miss one that does. Please follow the procedures of incident reporting from NHCFS and include the MJUA on your list of people to notify.

If you have questions regarding insurance coverage, please contact your PFC Case Manager who will assist you in contacting the NHCFS Human Resources Department.

Section 17 - Medical and Dental Coverage for Youth

Rev 12/2021

At the time of placement, a plan will be established to pay for the child's medical needs. In the majority of cases, Medical Assistance (MA) will pay for all necessary care. The youth's MA number will be given at intake; a copy of the MA card will be given if one is available. When registering the youth for medical, dental or mental health services, be sure to provide the doctor or professional with the youth's information.

Providers should always list the placing worker and agency as the legal guardian on the registration. PFC Providers should not sign for medical treatment and foster youth will be given medical care without this signature

Medical Assistance has restrictions as to amounts that are covered for eye exams, glasses, and dental services, and in some cases you may need prior authorization.

PFC Providers are cautioned not to pay for medical expenses or prescriptions out-of-pocket and then request reimbursement from MA or NHCFS as this type of reimbursement is rarely possible. If you have any questions about medical expenses, please contact your PFC case manager.

PFC Providers are expected to provide basic first aid supplies, such as Band-Aids and other similar items, to youth placed in their home. These items should be readily available and stocked at all times.

Each PFC Provider is required by NHCFS to obtain one hour of training/education in medication management. This training is provided in the PFC Provider orientation folder.

When a child is placed in your home, they may be receiving medication therapy as part of their medical and psychological treatment. The purpose of medication can vary depending on the child's medical condition and needs. It can be given to alleviate symptoms or to manage medical or mental health conditions. Foster parents are responsible for understanding and following directions given by the prescribing health care provider. It is very important that you take some time to learn about the medication(s) the child is on. Most pharmacists print out a list of valuable information about the medication, when and how to administer it, and side effects to be aware of. However, you may have to track information down on your own. Try to do this prior to the child coming to your home, or within the first day or two of placement in your home.

The following are sources for you to get more information:

- Contact the pharmacy where the medication was filled
- Contact the pharmacy where you get your family's prescriptions filled
- Contact the doctor who prescribed the medication, or ask to speak to the doctor's nurse
- Look up the medication in a Physician's Desk Reference (PDR)

Arrange for a transfer to the pharmacy of your choice as soon as the child is placed as it can take some time to set up the transfer of the child's prescriptions to your home pharmacy. When possible, the case manager will request at least a 14 day supply of the child's prescription medication(s) prior to placement in your home to help avoid missed doses.

Bring the child's medication list to every appointment (keep it updated). At the child's initial medical screening after entering your home, be sure that the health care provider re-evaluates the prescriptions the child is on. If the medication is continued, you must understand the following:

- The purpose of the medication
- The dosage
- The schedule
- The route of administration
- The duration of use
- The side effects
- How to respond to potentially dangerous side effects

When possible, fill all prescriptions at one pharmacy so that all medications are listed in one place. Pharmacists can give better advice when they have a child's complete medication record.

General guidelines for administering medication include following the **"Five Rs of Medication"**:

- Right person
- Right medication
- Right amount or dosage
- Right route of administration
- Right time

You should be familiar with the proper procedures for administering medication. First, know how to read the medication label. The usual information you will find on the medication label is as follows:

- The prescription number. You will need this number when calling the pharmacy for a refill.
- The prescribing doctor's name, the name of the pharmacy and the phone numbers.
- The date the prescription was filled.
- The child's name. The medication is only for the child whose name is on the label. **Never give medication to another child even if the other child has similar symptoms.**
- Name of the medication or the main ingredients. Make sure this matches what your doctor told you. There may also be information about the strength of the medication (for example, 10 mg. tablets).
- Refills. The label will show the number of refills permitted. It may also state "No refills—authorization required," which means you have to talk to the child's health care provider before the pharmacist can refill the prescription.
- Quantity or how much is in the package.
- Instructions. This is information about how often and when the child needs to take the medication. If the label instructions are confusing, talk to the health care provider or the pharmacist and ask for specific instructions.

Notify your PFC Case Manager of any changes in medications including changes in dose or frequency.

Do not discontinue or start a medication without the permission and direction of the prescribing doctor.

Youth in foster care cannot administer their own medication. It is appropriate for older youth working on independent living skills to have the responsibility of prompting the provider for their medications; however, if the youth forgets it is the provider's responsibility to administer the medication.

Refusal of Medication

If a child refuses to take their medication, a provider cannot force them to take it. If a refusal occurs, please document the incident with an unusual occurrence report and submit the report to your case manager the next business day.

Home Visits or Respite

When a child goes on a home visit, respite or otherwise away from the home overnight, providers must only send the amount of medication needed for the length of time the child will be away from the foster home. Transfers of medication must be from adult to adult only. Extra labeled prescription bottles can be requested from pharmacist if needed; foster providers may also request medication packets from their case manager.

Medication Storage Policy

According to MN Rules, 2960.3050, Subp. 1 - Home Safety Checklist, Medication is inaccessible to children and vulnerable adults as needed. Schedule II controlled substances must be stored in a locked area.

Effective 06/01/2017, NHCFS will require providers to keep all medications (prescription and over-the-counter medications), as well chemicals that could pose a risk to a child who has a history of abusing chemicals or medications or has a history of other self-harming behaviors to be locked or inaccessible to the child. Please refer to the child's NHCFS treatment plan to see if this applies to the child/children in your care.

Section 19 - When to Contact Your PFC Case Manager Rev 12/2021

Communication is extremely important and crucial to a successful placement. PFC Providers should contact their PFC Case Manager whenever a questionable situation presents. Please allow your PFC Case Manager time to respond as they may be dealing with other obligations. Your PFC Case Manager should respond within 24 hours or the following business day. See emergency on-call procedure in this section.

Always contact your PFC Case Manager in a timely manner. Examples include but are not limited to the following scenarios:

Out of State – Anytime a youth will be traveling out of state, the legal guardian and/or courts must approve the request in writing. Please make sure to allow adequate time when requesting out of state permission from placing workers.

Hospitalization or Emergency Room Visit – Anytime the youth is transported to the hospital for a major illness, accident, or serious injury contact your PFC Case Manager or on-call case manager. Please see Section 21 for additional information.

Respite Care - When the foster provider(s) will be away from home overnight and are placing the foster youth in another licensed CFC home, it is the providers' responsibility to get these arrangements approved by their PFC Case Manager 10 days prior to the respite care taking place. Please see Section 22 for additional information.

Substitute care – When the foster provider(s) will be away from home overnight and are leaving the foster youth under someone else's supervision, it is the providers' responsibility to get these arrangements approved by their PFC Licensor and Case Manager prior to the substitute care taking place. Please see Section 22 for additional information.

Overnights From Foster Home – Please see Section 22 for Prudent Parenting Standards.

Family Changes – Contact your PFC Licensor anytime there are major changes in the home such as: major illness, employment changes, major stressors, deaths, accidents, or changes in family composition, plans to relocate/move, and any remodeling/construction to the licensed home or property.

Runaway or Absent – Call your Case Manager immediately when a child is not where they are supposed to be. Please see Section 20 for additional information.

Suicidal/Suicidal Ideation – If a youth in your home has expressed any intentions of self-harm or suicidal ideation, you must seek medical attention immediately. Please refer the youth's safety plan, if applicable.

Emergency Case Management On-Call Procedure

When a crisis occurs during non-business hours, providers should utilize the on-call system by calling (218)244-7394. Examples include but are not limited to the following scenarios:

- If a child runs away or is missing
- If there is a hospitalization, emergency room visit, or other medical emergency
- Anytime law enforcement or medical responders are contacted
- If there is a family emergency that requires immediate respite care for the foster child
- Sexualized behaviors towards anyone in the home
- The youth is exhibiting self-harming behaviors, suicidal ideation and/or attempted suicide.

When a PFC Provider suspects a youth is missing or is suspected to be on run, they **must** follow the following steps:

1. **Immediately** notify your local Sheriff's Department when you realize a foster youth is missing. Be prepared to give as much information as possible:
 - Full name of the child
 - Date of birth
 - Hair color and style
 - Height and weight
 - Eye color
 - Race
 - Description of clothing and other identifying marks
 - Location the child ran from
 - What time the child was last seen
 - Child's county of residence
 - Possible places or direction the child may have gone
 - A recent photo
2. **PFC Provider must** notify the legal guardian of the foster youth that they are missing and that law enforcement has been notified. Please refer to your intake paperwork for contact information (as well as after-hours contact information) for the legal guardian/placing worker.
3. Once you have notified the legal guardian of the foster youth, please contact your NHCFS PFC Case Manager or contact the On-Call Case Manager at (218)244-7394.
4. Document the run with an unusual occurrence report and turn into your PFC Case Manager on the next business day.
5. After the child has been located, the child will either return to the foster home which is encouraged/expected unless other circumstances present. If youth can't return to the foster home, an alternate setting will be coordinated by law enforcement, placing worker, or NHCFS.
6. The On-Call Case Manager will update the legal guardian of the youth as well as your PFC Case Manager who will notify other treatment team members.
7. The child's treatment team will discuss options and determine a plan that is in the child's best interests.

****Please note that failure to follow this procedure will result in a correction order.**

Section 21 - Serious Injury or Death of a Foster Child

Rev 12/2021

In the event of incidents that result in the hospitalization, serious injury or death of a foster youth while in care, the following procedure needs to occur:

1. Contact 911 to obtain medical and law enforcement assistance
2. Contact NHCFS PFC Case Manager (during business hours) or contact the On-Call Case Manager at (218)244-7394 and report the incident. The Case Manager will assess the situation and will give further instructions
3. The Case Manager will notify the placing agent of the incident and other appropriate parties (i.e parents, relatives, etc.)
4. Facilitate ongoing cooperation with authorities and professionals

NHCFS strongly recommends that all PFC Providers have someone approved to provide substitute care in the foster providers' home. Substitute caregivers that will be caring for youth overnight must complete a substitute caregiver packet, meet the requirements and be approved by a NHCFS PFC Licensor.

In **non-emergency** situations, the License Holder and placing agency must agree on respite care and substitute care arrangements within ten working days prior to the use of respite or substitute care or must agree on respite care according to an ongoing written agreement. In an emergency that may require the use of respite or substitute care, the License Holder must notify the placing agency of the emergency as soon as possible. The License Holder must notify the placing agency when respite care or long-term substitute care is being provided (MN Rules, part 2960.3090, Subp. 1).

Types of Respite Care and Substitute Care

Respite Care: "Respite care" means temporary care of foster children in a licensed foster home other than the foster home the child was placed in (MN Rules, part 2960.3000, Subp. 36).

NHCFS Substitute Caregiver Requirements:

- Must be at least 21 years old
- Provide care in a licensed foster home
- Requires:
 - Completed AW background studies
 - Please note that substitute caregivers must complete a background study for each licensed child foster care provider that they intend to provide substitute care for
 - Completed Substitute Caregiver Questionnaire (includes signed physical and chemical health statements)
 - Completion of at least **six hours** of training (see substitute caregiver training requirements on the next page)

Section 22 – Substitute Care and Respite Care

Rev 12/2021

Substitute Caregiver Required Trainings	
Children’s Mental Health *	Required for all substitute caregivers (2 hour minimum – see DHS approved list). Must submit certificate to PFC Licensor.
FAS/FASD/FAE	Minimum of one hour <u>annually</u> per provider.
Medication Information *	Required for all substitute caregivers.
Reporting Child Abuse and Neglect *	Required <u>annually</u> for all caregivers.
MN Rules 2960 *	Required for all substitute caregivers.
NHCFS PFC Substitute Caregiver Manual *	Required for all substitute caregivers.
Children and Restraint Systems (C.A.R.S)	Required for substitute caregivers who care for youth under the age of nine (Minnesota Statute 245A.18) Certification is valid for five years. Must submit copy of certificate to PFC Licensor. For a list of upcoming Child & Restraint Systems Courses being offered in your area, please visit www.developtoolmn.org .
Sudden Unexpected Infant Death and Abusive Head Trauma (SUID/AHT) *	Required for substitute caregivers who care for youth ages five and younger (Minnesota Statute 245A.144). Certification is valid for five years. Must submit copy of certificate or sign-off sheet to PFC Licensor.

Please note that all of the courses with a * are included in the NHCFS Substitute Caregiver Packet. Please refer to Section 5 of the NHCFS PFC Manual for additional training resources.

Once your substitute caregiver has completed the requirements to become a substitute caregiver, please submit required documentation to the NHCFS PFC Licensor to process the paperwork. Once their background study and other items have been reviewed, you will receive written notice from the licensor that the individual has been approved. Until you and receive this notice, you are not authorized to utilize this caregiver for substitute care.

Information for Respite or Substitute Caregiver

The foster care provider must give the respite or substitute caregiver the following information:

- Information about the foster child’s emotional, behavioral, medical, and physical condition
- Any medication the foster child takes
- The foster child’s daily routine and schedule
- The names and telephone numbers of medical providers and how to obtain medical care for the child
- The location of a fire extinguisher and first aid supplies
- Emergency and fire evacuation plans
- NHCFS on-call number

Providing Respite for Other Families

- Youth entering your home for respite must be in accordance with your approved ages. If you have questions about what you are approved for, please contact your PFC Licensor.
- Providers must remain in compliance with the 5:1 ratio at all times.
- Prior to caring for four or more foster youth at any given time, you have completed a fire marshal inspection and all violations must be corrected and approved by your PFC Licensor.
- Your home must have space to accommodate the additional youth. This includes sleeping space, and ensuring that you can meet the needs of additional youth as well as your own children and other placements you may have already.
- While providing respite for other families, please ensure that you will be the person providing care.
- You must notify your PFC Case Manager that you will be providing respite care for another family **prior** to providing care.

Babysitting

- Birth or adoptive children who are minors cannot babysit foster youth without prior written approval from the legal guardian and NHCFS must have this documentation in the youth’s file.
- In the event of an unexpected change in plans and you need to utilize someone to babysit the foster youth placed in your care; please use your best judgment when choosing a caregiver and remember that their actions may affect your license. If this individual is regularly babysitting foster youth, they will need to take necessary steps to become a substitute caregiver and are not approved to care for youth overnight until they have completed the substitute caregiver approval process.
- Foster youth cannot babysit other foster youth.

PCA

- Some of the youth placed in your home may qualify for PCA services. Please note that PCA's are only approved through the PCA agency to provide care to youth they are assigned to work with.
- PCA's are not approved as substitute caregivers.
- If a PCA becomes approved to provide substitute care in your home, they cannot provide both services within a 24-hour period.
- PCA's cannot be included when determining compliance with the 5:1 ratio.

Normalcy/Reasonable and Prudent Parenting

All licensed providers should have completed the Normalcy/Prudent Parenting Training as required by Minnesota Statute 260.212, Subp. 14. If you would like a refresher, please go to the website: <https://youtu.be/OJ9NiYVVyIU> or discuss the specific situation with you PFC Case Manager.

To apply the reasonable and prudent parent standard to a parenting decision pertaining to a foster child in my care, I acknowledge and understand that I must consider the following factors:

- Child's age, maturity and developmental level
- Risk of the activity
- Best interest of the child
- Importance of experiences in the child's emotional and developmental growth
- Importance of a family-like experience
- Behavioral history of the child
- Wishes of the parent or guardian

I understand that I must seek guidance and approval from NHCFS for the following:

- Any activity that takes the child/youth out of state
- High risk activities (such as extreme sports)
- Any activity that takes the child/youth out of the foster home for longer than three nights

Correction orders are internal tools used to make sure care providers are complying with Minnesota Department of Human Services (DHS) rules as well as agency policies and procedures. DHS mandates licensing agencies to issue a correction order whenever a licensing violation is brought to our attention. Generally, they are for minor things, such as not submitting well tests, missing required trainings or late paperwork. Correction orders provide documentation that something has been corrected.

Correction orders are issued to a foster care provider by the PFC Licensor when the PFC Provider is in violation of MN Rules, parts 2960.3000-2960.3340. Please note that other rules and statutes can also be cited, most typically for chronic violations. The correction order will state the citation, the specific violation, and the date by which the provider must complete corrections.

A correction order is the least type of licensing action and does not need to be submitted to DHS. A copy of the correction order is kept in the provider's file. The correction order will include a specific time period for correcting the violation. It is very important that providers respond promptly to a correction order, and follow through with corrective action. The PFC Provider must document on the correction order how the violation was corrected, the date corrected, and return the signed correction order to the agency PFC Licensor within the timelines given.

PFC Providers can appeal a correction order by following the directions on the correction order form. Appeals are made directly to DHS.

Common areas of non-compliance where correction orders are issued:

- Training hours not completed
- Professionalism
- Non-compliance with agency policies
- Home Safety checklist items
 - Annual well test
 - Emergency numbers posted
 - Medications locked and inaccessible to youth

Policy

NHCFS will respond to all grievances in a fair and efficient manner for all parties involved. There will be no adverse action or retaliation taken against a client or prospective client as a result of filling a complaint or grievance, regardless of outcome.

Procedure

NHCFS has developed a grievance procedure that allows a client or prospective client, their family/guardian, legal representative, or concerned person in the individual's life to express concern and/or file a formal grievance about any aspect of their experience participating in an agency program.

Staff will verbally explain the grievance procedure to the individual upon service initiation or request; a copy is provided to the individual, and their legal guardian/representative, when applicable. Staff will not attempt to influence an individual's statement about the program/service in the grievance document or during an investigation resulting from the grievance, if applicable. Staff will assist the individual in filing a grievance, if needed or requested.

Informal Grievance Resolution

It is the belief of NHCFS that the majority of issues with staff and/or service delivery are most effectively resolved by talking directly to the staff involved. This is the first step in healthy conflict resolution. Individuals and legal representatives are encouraged to address concerns verbally with staff involved prior to filing a formal grievance.

If the individual does not feel comfortable speaking directly with the staff involved, they may speak to the appropriate Clinical Director or Program Director; or, Quality Assurance (QA) Director or QA Specialist. They may also request to speak to the QA Director to express concerns regarding agency policies or procedures.

If an attempt at informal resolution is not successful, or if the individual does not feel comfortable addressing the concern verbally, they are directed to follow the steps for a formal resolution of a grievance.

Formal Grievance Resolution

It is important that the grievance process is handled in an accepting and non-intimidating environment with appropriate and objective personnel. If verbal resolution is not satisfactory and the individual wishes to file a formal grievance, the steps to take are as follows:

1. The individual must submit their formal grievance in writing. The agency *Grievance Form* will be provided to upon request and staff will help in completing the paperwork, if needed. If the individual is particularly vulnerable or has difficulty expressing their grievance in writing, they may verbally file it with a staff member and the staff member will document on the grievance form.
2. Upon receipt of the written grievance, the agency has three (3) working days to respond to the grievance. The grievance is given to the appropriate Clinical Director or Program Director (or designee) to begin attempts at resolution. If a satisfactory resolution is reached, no further action is required. If a satisfactory resolution is not reached, the grievance goes to the QA Director (or designee).
3. The QA Director (or designee) has seven (7) working days from receipt of the grievance to respond and begin attempts at resolution. If a satisfactory resolution is reached, no further action is required. If a satisfactory resolution is not reached, the grievance goes to the Chief Operations Officer (COO) or Compliance Officer.
4. The COO or Compliance Officer has ten (10) working days from receipt of the grievance to respond and begin attempts at resolution. If a satisfactory resolution is reached, no further action is required. If a satisfactory resolution is not reached, the grievance goes to the Chief Executive Officer (CEO).
5. The CEO has fifteen (15) working days from receipt of the grievance to respond and begin attempts at resolution. If a satisfactory resolution is reached, no further action is required. If a satisfactory resolution is not reached, the individual will be directed to the appropriate Licensing Board or other external entity (i.e. Minnesota Department of Human Services).

Responses and steps taken are documented on the original grievance form by all staff who reviewed the grievance. An individual who reports a grievance will not be subject to adverse action by NHCFS as a result of filing the grievance. A grievance may be submitted to the highest level of authority, NHCFS Board of Directors, at the request of the individual filing the grievance; this request will be facilitated by the QA Director.

After a grievance is filed and resolved, QA staff will document the grievance and the resulting action (including investigation findings, if applicable) taken by the agency. A copy of this report is placed in both the client or prospective client's file, as well as in an agency file of grievances and is kept on file for two licensing/certification periods.

A complaint is an incident or report involving an alleged rule violation. It is NHCFS obligation to investigate all licensing complaints. Common licensing complaints that PFC Licensors address include home safety concerns (i.e. cleanliness of the home), inappropriate discipline techniques (i.e. name calling, spanking), PFC Providers drinking excessively, and failing to notify the agency when there are changes in the household composition and/or submitting background checks for persons age 13 and older living in the home.

Complaints trigger an internal and/or external investigation. When a complaint is made, it is screened (reviewed) by the party receiving the information to determine if it meets maltreatment criteria. Depending on the county, the investigation may happen independently of the licensing agency (NHCFS), or in conjunction with the licensing agency (NHCFS). Once the county completes their facility investigation, the report is typically forwarded to the licensing agency to assess potential licensing.

Complaints are typically made by:

Self-reported by provider
Foster child
Parents/guardians/family members
County/Tribal Personnel
School personnel
Other care providers

Complaints are made to:

Local law enforcement
NHCFS personnel
County workers/placing agents
MN DHS/MN DOC

When a licensing complaint is received, your PFC Licensors will confer with your PFC Case Manager to determine how the complaint will be addressed, as well as review any relevant documentation (i.e., unusual occurrence reports, monthly progress notes, case notes, etc.). In some circumstances, it is necessary to speak with others (i.e., school personnel) who may have additional information. In some instances, it has been requested that a foster parent have an assessment completed (chemical dependency, psychological) to determine if they are able to provide quality care at that time. Using the information gathered during the internal investigation, a disposition of *occurred, did not occur, or could not be determined* is made. Depending on the disposition, the licensed provider may be issued a correction order, may be required to complete training on a specific topic(s), or may be closely monitored through unannounced visits by the agency case manager or PFC Licensors to ensure compliance with licensing rules. In some cases, other action recommendations are made to DHS, while in others; no follow up with the licensed provider is necessary. Regardless of the nature of the complaint and the subsequent disposition determined from the internal investigation, documentation that the complaint was addressed will be kept in the licensed provider's file as well as in NHCFS PFC master complaint log which is monitored by DHS.

The NHCFS PFC Licenser can recommend to the Commissioner that a licensing action be taken on a provider's child foster care license. The licenser must submit the following information to the Commissioner:

- The citation to laws or rules that have been violated
- The nature and severity of each violation
- Whether the violation is recurring or nonrecurring
- The effect of the violation on persons served by the program
- Any relevant information about the qualifications of the applicant or license holder(s) or persons living in the residence (including placement evaluations, complaint documentation)
- Any aggravating or mitigating factors related to the violation

The PFC Licenser shall give written notice to a license holder when the PFC Licenser recommends a licensing action to the Commissioner. The parents and/or guardians of any youth in care will be given notice of the licensing action recommendation, as well as be immediately informed of the Commissioner's action on the recommendation.

If the Commissioner orders a licensing action, the licenser shall immediately inform parents and/or guardians:

1. That a licensing action has been ordered by the Commissioner, and the circumstances for the action
2. The effect of the licensing action on the operation of the home
3. That an explanation of the appeal process available to the license holder is available upon request

The licenser shall also notify, in writing, any county/tribe that has placements in the home, as well as the county in which the program is located, of the licensing action ordered.

If the Commissioner does not order a licensing action following the licenser's recommendation, the licenser shall inform parents and guardians when the licenser receives the Commissioner's decision.

Types of Licensing Actions:

- Correction Order
- License Revocation/Denial of Application
- License Suspension
- Monetary Fines

More information on each type of licensing action is available upon written request.

An allegation is an accusation of suspected child maltreatment against an individual, family, or facility. An allegation does not mean that child abuse or neglect has occurred; it means that someone has reported that child abuse or neglect has occurred. The details are not always clear and all child maltreatment reports must be reported to the county. The county will determine if it is founded or not, and if an investigation by the county is warranted.

Each report of maltreatment is screened by county/tribe to determine if an assessment, or investigation, is necessary. If criteria are met, an investigation will be initiated by child protection (screened in); if the criteria are not met (screened out), an investigation will not be initiated by the county, but the report may be passed on to NHCFS as the licensing agency to determine if a licensing violation has occurred.

Even if maltreatment is unfounded, the license holder may have violated a licensing rule. When an allegation is made, the licensor's position is to protect the child(ren) in the foster home and cooperate with other service providers in the screening, assessment and determination if licensing rules have been violated. It is also the duty of the licensor to determine if the license holder is eligible to continue to care for foster children.

County's Role in a Maltreatment Investigation

A representative of child protection or law enforcement conducts an investigation through interviews, reports, and observations of the child. The investigation examines the child and the living environment. Foster children have the right to refuse to be interviewed, photographed, or audio or videotaped. However, failure or refusal by a foster care provider to comply completely is reasonable cause for immediate suspension or revocation of a license.

Child protection assesses credible evidence that a child has been abused or neglected; law enforcement investigates to determine if there is enough evidence to press criminal charges, which must eventually be able to stand up in a criminal court as evidence "beyond a reasonable doubt". The licensing agency assesses licensing violations, which may have occurred even if neglect or maltreatment is not determined to have occurred.

The investigation might last two hours, six months, or even longer. Moreover, the care provider may not even know the investigation has been initiated. There is no requirement in Minnesota to immediately notify the licensed family that they are being investigated, or about the nature of the allegation. Once the investigation is concluded, the county makes two determinations:

1. Whether or not maltreatment occurred
2. Whether or not protective services are needed

NHCFS Role during the County's Investigation

Because NHCFS is a private agency with PFC Licensors in a separate role from PFC Case Managers, in most circumstances, PFC Case Managers are allowed to have reasonable and appropriate contact with foster providers during the county investigation process. The agency licensor works with the county, and will conduct an internal licensing review investigation either simultaneously with the county or once the county has completed their facility investigation. The PFC Licensor and Case Manager, as well as other staff (i.e. foster care director, lead licensor, compliance director, etc.) in the agency, will handle each situation on a case-by-case basis. Because an active investigation is being conducted, NHCFS staff is limited in what can and cannot be discussed with providers during this time. There are a number of services and resources that may be provided to help foster providers through this difficult and sometimes painful process, such as copies of state laws on child abuse reports/investigations and implications, and information regarding care providers' legal and procedural rights.

Typical NHCFS responses during an investigation include:

- Maintain consistent contact with the providers on issues not related to the investigation
- Keep the care provider updated on the progress of the investigation
- Remove all foster youth in most circumstances in which a report is made that alleges any violations that could potentially compromise the health and/or safety of youth in the home.
- In circumstances in which the health or safety of foster youth is NOT questioned, the agency may allow the foster family to continue foster care services.
- If agreed upon by the treatment team members, the agency may allow foster providers contact with the youth who have been removed to allow for some continuity of care and to lessen feelings of abandonment for children.
- If a child is removed from your home during an investigation, it is up to the placing worker and NHCFS to determine reimbursement.

If you find yourself in this situation, ask your PFC Licensor for more resources on your rights as a foster provider.

Tips for Avoiding False Allegations

- Know your limits. If you are not comfortable handling children with certain challenging backgrounds and behaviors, don't accept the placement.
- Learn as much as you can prior to placement. You have the right to know about previous abuse and allegations.
- Make sure that men and boys in your home are never alone with a girl who has been sexually abused. Proactive precautions are very important!
- Give each child who has experienced sexual abuse his or her own bedroom. Although this may be difficult, do not put another child at risk in your home.
- Have clear rules and expectations for dress, privacy, physical touch, etc.
- Never use physical discipline. Corporal punishment is not allowed in foster care, but some people choose to discipline biological and/or adoptive youth through physical discipline. Don't do it. Children with a history of physical, sexual or emotional abuse often misinterpret physical discipline and an allegation is likely. Physical discipline can also undermine attachment.
- Avoid teasing, horseplay, wrestling, and suggestive language.
- Document everything!
- If you have been falsely accused, consider contacting an attorney who has experience in this area for help.
- Participate in support groups.
- Reserve personal time to reduce stress and establish a calming plan when you are feeling stressed.
- Report everything!

Allegation Survival Strategies

- Remember that allegations will happen.
- Try to remain positive and optimistic.
- Document everything. Start a notebook to record details of phone conversations, interviews, and correspondence related to the allegation.
- Educate yourself. Review rules, statutes, and other information that may be relevant.
- Behave appropriately. Speak with confidence, remain factual, honest, respectful and keep in mind you are a professional.
- Communicate with your partner.
- Know your rights. Don't be afraid to appeal and learn how the grievance procedure works.
- Rely on your support network.

It is the expectation of NHCFS that you remain in compliance with the home safety standards at all times as outlined in MN Rules, part 2960.3050, Subp. 1. The Home Safety Checklist and Child Foster Care Addendum are completed at initial and re-licensing visits.

Common areas of non-compliance:

- All smoke detectors are properly installed, appropriately located, and maintained in proper operating condition.
- A fire extinguisher with a minimum rating of 2A:10BC is maintained in the kitchen cooking area or area approved by the fire marshal. Fire extinguishers must be tagged by a certified professional (i.e., fire department) **annually** or a new fire extinguisher must be purchased.
- Exit doors and windows are not obstructed and are easily opened from the inside.
- Combustible items are properly stored at least 36" from any heating sources.
- Residence is clean free from accumulations of dirt, rubbish, peeling paint, rodents and insects.
- Medication is inaccessible to children and vulnerable adults as needed. Schedule II controlled substances are stored in a locked area.
 - Effective 06/01/2017, NHCFS will require providers to keep all medications (prescription and over-the-counter medications), as well chemicals that could pose a risk to a child who has a history of abusing chemicals or medications or has a history of other self-harming behaviors, to be locked or inaccessible to the child. Please refer to the child's NHCFS treatment plan to see if this applies to the child/children in your care.
- There is a safe water supply in the residence. Water from privately-owned wells must be tested by a certified laboratory annually for total coliform bacteria and nitrates/nitrogens.
- Weapons must be unloaded. Weapons and ammunition must not be visible and must be stored separately in locked areas.
 - It is the License Holder's responsibility to notify NHCFS if they have or plan to obtain a permit to carry and provide a copy of their permit to their PFC Licensor.

Home Safety Checklist Addendum

Effective September 2013, providers caring for infants must comply with the following:

- Infants younger than one year of age in care must be placed to sleep on their back, in a crib, directly on a firm mattress.
- The crib must have a fitted sheet that fits tightly on the mattress.
- Nothing is to be placed in the crib with the infant except for the infant's pacifier, as defined in Code of Federal Regulations, title 16, part 1511.
- MN Statutes, section 245A.1435, Reduction of Risk of Sudden Unexpected Infant Death in Licensed Programs has been reviewed by all caregivers caring for youth under the age of five.

Water Temperature Policy

In accordance with information from MN DHS, effective 1/1/2020, NHCFS will start monitoring water temperature for all licensed child foster care homes. If the water temperature exceeds 120 degrees, providers will be given a warning and required to turn the temperature down on the water heater, or purchase and install an anti-scalding device to control the temperature for all water sources that youth have access to. A correction order will be issued when the water temperature exceeds 122 degrees.

Fire Marshal Inspections

MN Rules, part 2960.3050, Subp. 2 states that a fire marshal inspection is required for homes that have one or more triggering factors. These include:

- the home has a free-standing solid fuel heating appliance
- manufactured home that was built prior to June 15, 1976
- the licensing agency (NHCFS) identifies a potential hazard
- the home intends to be licensed for a capacity of four or more youth
- the foster home intends to have a foster youth sleep in a bedroom that is 50% or more below ground level

Please note that if you plan to provide respite and have not completed a fire marshal inspection, you may not be able to accommodate additional youth. Please contact your PFC Licensor for additional clarification.

Transportation Protocol

Effective January 2015, all licensed providers must meet the following COA standards:

- Utilize age appropriate restraint system (i.e., car seats, seatbelts, etc.).
- Maintain car seat certification (if applicable).
- All vehicles used to transport foster youth must be registered.
- All vehicles used to transport foster youth must be insured at all times.
- Transportation Protocol Form completed annually and submitted to agency licensor.

Household Changes

It is the license holder's responsibility to notify their PFC Licensor of any changes. This includes but is not limited to the following:

- changes in household members
- remodeling
- plans to move to a new home (must complete new DHS paperwork prior to move)
- request for capacity changes (includes the adoption or transfer of legal of a child)

Variations

Variations can be requested and granted for various purposes, which may include, but is not limited to: capacity, ratio, dual licensure, and training.

Maximum Capacity/Ratio Variance Request Procedure:

In the event that there is a justifiable reason for a capacity or ratio variance (i.e., sibling group, former foster youth, etc.), please contact your PFC Licensor to complete the maximum capacity or ratio variance request form. Your PFC Licensor will ensure compliance with MN Rules 2960 and will notify the License Holder(s) upon approval.

There are numerous factors to consider which may include: sleeping space, space for youth's belongings, adequate dining table space, adult to child ratio, training requirements, fire marshal inspection, needs of youth already in the home and those who are in consideration, etc.

Other Variations:

In the event that there is a justifiable reason for any other variance (i.e., dual licensure, training, etc.), please contact your PFC Licensor to discuss your request in more detail.

Smoke-Free Child Foster Homes

DHS issued a bulletin on September 30, 2015, which provided information regarding the requirements for licensing child-placing agencies and child foster homes to maintain a smoke-free environment. On January 1, 2016, NHCFS implemented a smoke-free foster care policy. The policy's primary goal is to protect the health of children and allow them to breathe safe, clean air while in foster care. Under the new policy, all foster and adoptive providers licensed by NHCFS are prohibited from smoking at all times in the following areas:

- Inside the home
- Other enclosed spaces connected to the home, such as a garage, porch or deck
- Motor vehicles
- Outdoors, when children are present

A smoke-free foster care environment shall not be interpreted to interfere with traditional or spiritual American Indian or religious ceremonies involving the use of tobacco according to MN Statutes, Section 260C.215, Subd. 9.

It is illegal for those under 18 years of age to smoke and we cannot approve illegal behavior. Foster children (over 18) who smoke, are not allowed to smoke on the property of the foster home or in other NHCFS facilities.

Information about the effects of second-hand smoke is available on YouTube at the following link: <https://youtu.be/v-Xck1nLS70>

During the initial licensing process for child foster care, all applicants must complete a drug and alcohol policy for their home. All foster homes that are licensed by the State of MN, must have a household drug/alcohol use policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for persons served by the program, from abusing prescription medication or being in any manner under the influence of a chemical that impairs the individual's ability to provide services or care. This policy is in accordance with Minnesota Statutes, Chapter 245A.04 Subd. 1 (C).

Any changes that you make to your household drug and alcohol policy must be submitted to your NHCFS PFC Licensor for approval prior to implementation.

In addition, all providers must adhere to the following:

- All youth who are in care are under the age of 21 and therefore cannot legally consume alcohol at any time.
- Providers need to take appropriate measures to ensure that children in their home do not have access to alcohol in the foster home.
- Providers who use alcohol are encouraged to drink responsibly and to remain appropriate role models.
- Under NO CIRCUMSTANCES should a provider transport children under the influence of any chemicals and/or alcohol.
- If you work with youth who have experienced chemical health problems or youth who have a history of trauma involving drugs or alcohol, please be mindful and avoid situations that may be a trigger for youth.
- If you specialize in working with chemically dependent youth, you should not have alcohol or non-prescription medication in your home at any time.

*Each day of our lives we make
deposits in the memory banks
of our children*

- Charles R. Swindoll

*Parenting is the easiest thing in
the world to have an opinion
about, but the hardest thing in
the world to do*

- Matt Walsh

*Children are great imitators, so
give them something great to
imitate*

- Anonymous