

Welcome



Implementation Meeting

Implementation Meeting

Tuesday, August 26, 2014

10 a.m. to 12 p.m.



AGENDA ITEMS:

Welcome and Introductions

- Regional Meeting – September 9th and 10th, 2014 – Sacramento, CA
- National Convening – January 22nd and 23rd, 2015 – San Diego, CA

Community Review

WORKGROUP	INITIATIVE
Training	Training Proposal
Recruitment	Foster Parent Identification Card
Communication Plan	Phone Messages/Emails
Child Welfare	360 Evaluations Partnership Agreement Child Transition Survey Respite
Support and Retention	Caregiver Survey Foster Parent Champion Program
Community Partnership	Foster Friends Program

Community Input

Next Meeting Date – November 2014 – Details Coming Soon



Training Workgroup

This workgroup is responsible for creating a model for caregiver training which will encourage enhanced knowledge and skills to support the children in their care. The workgroup will collaborate with Community Partners to provide multiple training, on-line as well as in person, to meet the needs of all parents and caregivers. The workgroup will align with QPI initiatives by training the Child Welfare system to ensure consistent information is shared, fostering a positive partnership with internal and external partners.

Required Caregiver Training Hours by State

State	Preservice Hours Regular	Preservice Hours Relative	Preservice Hours Treatment	Additional Treatment Hours
Alabama	30		30	10
Alaska				
Arizona	6		6	24
Arkansas	30			
California	12			
CA LA County				
Colorado	20			
Connecticut	27			
Delaware				
Florida	30			
Georgia	20			
Hawaii	27			
Idaho	27			
Illinois	27			
Indiana	20			
Iowa	30			
Kansas	30			
Kentucky	30		24	
Louisiana	30			
Maine	24		24	16
Maryland	27	27	27	30
Massachusetts	30			
Michigan	6			
Minnesota	12			
Mississippi	12			
Missouri	27			
Montana	30			
Nebraska	27	27		
Nevada	8			
New Hampshire	21	9		
New Jersey	27	27	27	24
New Mexico	27	27	27	24
New York	12			

North Carolina	30	30	30	10
North Dakota	27			
Ohio	24		24	12
Oklahoma	24			
Oregon	24			
Pennsylvania				
Rhode Island	27			
South Carolina	14			
South Dakota				
Tennessee	30			
Texas	30			
Utah	32			
Vermont	21			
Virginia	40			
Washington	30			
West Virginia				
Wisconsin	10		10	18
Wyoming	26			

CLARK COUNTY

DEPARTMENT OF FAMILY SERVICES

121 S. Martin Luther King Blvd.
Las Vegas, Nevada 89106
(702) 455-7200

Proposal to increase annual training hours for licensed caregivers and raise participation in a comprehensive training program designed to enhance skills, abilities, and knowledge when working with children in the Child Welfare System.

Scope:

The purpose of this proposal is to provide a uniform outline for Licensed Caregivers Annual Continuing Training Requirements. It is the policy of Clark County Department of Family Services to support licensed caregivers through the implementation of a comprehensive ongoing training program that will enhance their knowledge, abilities and skills as they assume the care of the child/ren under the jurisdiction of the Department of Family Services (DFS).

General Overview:

Licensed caregivers will be offered continuing education opportunities through DFS and community providers. The initial TIPS-MAPP pre-service curriculum provided is comprehensive and includes all the essential elements relevant to provide care for the children. However, on-going specific training is vital to providing the best care for our children who have experienced trauma.

Currently, Nevada requires four training hours a year for licensed caregivers which is one of the lowest training requirements in the nation. (Attachment A). Additionally, there are no required classes to ensure licensed caregivers are equipped with the understanding and expertise they need to meet the needs of children in the child welfare system. During 2013, 864 children in Clark County experienced disruptions in their licensed caregiver's home. Caregiver skill development and support will assist in decreases to these unnecessary and traumatic moves.

The curriculum is approved by Clark County Department of Family Services and is subject to change when determined by the Clark County Department of Family services.

Recommendations by the Training QPI Workgroup:

Licensed caregivers shall provide documentation of a minimum of 12 hours of in-service training annually, from the date of re-licensure. These hours must include the list of all applicable training, including dates, number of hours and topics. Documentation of completed continuing education shall be recorded on the provider training page in UNITY by the assigned Resource Retention Specialist.

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Annual continuing training hours recommended by the Training QPI Workgroup:

All Licensed Caregivers will complete the following trainings within their first year of licensure:

1. **Adult/Child & Infant First Aid/CPR (Every 2 years)**
Topics included in this training are: primary assessments; recovery position; CPR for adults, children and infants; choking; bleeding; signs and symptoms of illness and injury; and use of an AED (Automated External Defibrillator). Time for group and individual practice is provided. This training is in compliance with the American Heart Association guidelines for First Aid Training Certification and has been approved by the NV Registry.
2. **Car Seat Safety (Every 2 years)**
This program instructs participants on how to properly choose, use and install child restraint systems. Per NRS 484.474, all staff members who transport children are liable to: 1) be using the appropriate child restraint system according to the size and weight of the child and 2) have the child restraint system properly installed within and attached safely and securely to the vehicle.
3. **Trauma Informed Care**
Topics will include the impact of trauma on child development, attachment, emotional regulation, sensory integration and how the brain responds to fear and stress. This must be DFS approved training.
4. **Effective Discipline in Developmental Stages**
Specific classed approved by DFS. Topics will include obtaining information on developmentally appropriate, non-physical disciplinary techniques used to meet goals of effective discipline.

Oversight and accountability for ensuring completion of these training requirements is the responsibility of the supervising agency personnel. Continuing training will be approved by the supervising agency prior to use.

Other

- a. The supervising agency may require therapeutic and medical caregiver homes to complete additional continuing training hours based on the level of care they provide.
- b. Licensed caregivers shall be offered continuing training opportunities by their supervising agency. Continuing training opportunities shall be offered no less than monthly. For caregivers unable to attend, other methods such as QPINevda Just In Time training library will be developed to satisfy this requirement. Some of the classes require in person training such as CPR and Car Seat Safety.



Recruitment Workgroup

The focus of this workgroup is to develop a model for Quality Caregiver recruitment that can be used for both general and targeted recruitment. The group is currently working with Market Segmentation to develop a targeted recruitment plan and working with Casey Family Foundation to develop a cohesive recruitment effort. The group is highly interested in having input from the faith-based community, the LBGT community, the business community, and community service providers on creative and innovative ways to effectively reach out to their members.



**Clark County
Department of Family Services**



**LAWRENCE-MacDONALD
Jennifer**
Licensed Foster Parent
Date issued:
Date expires:

Official Department Identification

The foster is parent is hereby authorized to consent to the ordinary and necessary medical and dental examination and treatment of the child.

Extraordinary medical procedures require prior authorization by a biological parent or court order.

**Do you know someone who wants to be a foster parent?
Have them call 702-455-0181**

Valid Only: [date] - [date]
**Expired badges must be returned to:
Clark County Department of Family Service
121 S. Martin Luther King Blvd. Las Vegas, Nevada 89106**

Communication Plan Workgroup

This workgroup is tasked with creating a comprehensive plan designed to educate the community and Department of Family Services about quality caregiving, community resources and changes in policies and practice.

To accomplish this goal this workgroup is developing and improving a communication plan that focuses on messaging, public relations and education.



Contact numbers for DFS employees are posted on line and can be accessed through:

WWW.QPINevada.com – Clark County – Featured Items – Helpful Links – Foster Care Phone Book – click on Clark County.

Out-Going DFS Voice messages will be changed to:

“Hello. This is {first and last name} of the {Name of your Unit} at the Department of Family Services. I am currently away from my desk and unavailable. Please leave a message that includes your contact information and I will return your call within one (1) business day.

If you require immediate assistance, please contact my supervisor, {first and last name} at {(702) 455-XXXX } or the front desk reception at {(702) 455-XXXX}.”

Child Welfare Workgroup

The goal of this workgroup is to create sustainable changes to support the new vision of the Quality Parenting Initiative. They do this by examining the impact of policies and practices for children and the promotion of mutual understanding and respect between DFS and caregivers. Their focus is on promoting consistency across the continuum of care by gathering and sharing comprehensive and critical information with caregivers to ensure that the children's safety, well-being and permanency needs are supported.



CASE MANAGER'S REVIEW OF CAREGIVER



The purpose of this review is to obtain feedback on how the Licensed Caregiver(s) have fulfilled the Partnership Plan for Children in Out-of-Home Care.

Name- Licensed Caregiver(s)/Agency

Date

Name- Case Worker

Child(ren)'s Name/DOB

The above named child(ren) is in or has recently left your care and your input is needed to assess the caregiver and his/her consistency with the Partnership Plan. Your responses are important for the ongoing assessment and development of caregivers and for successful implementation of the Partnership Plan.

Please rate the following:

1- Never; 2- Sometimes; 3- Consistently/Always; N/A- Not Applicable

Provide comments for all "1" and "2" scores. Use back page if necessary.

Respected Partners

The Caregiver has:	Rating	Comments
1. Maintained the Medical Passport and provided it to the worker at the time the child left the home.		
2. Communicated relevant information about family changes or activities in a timely manner, including changes in household members.		
3. Maintained confidentiality regarding the child and his/her family.		
4. Advocated for the child by participating in the Judicial Reviews and other staffing, including the child as appropriate, or by providing written feedback when attendance was not practical.		
5. Participated in the development of the case plan for the child and family either in person or through alternative methods of participation.		



CASE MANAGER'S REVIEW OF CAREGIVER



Safe Children

The Caregiver has:	Rating	Comments
6. Shown concern, acceptance and support for the child through praise, showing appropriate affection, listening to the child and soliciting the child's input.		
7. Treated the child as a family member and has integrated the child into the family by taking the child on family outings, participating in the child's school and social activities, and providing healthy meals that are enjoyed as a family.		
8. Made and fulfilled a commitment to keeping the child in the home for the planned period of time or until permanency is achieved or when removal is demonstrably in the child's best interest as determined through consultation with agency staff and other resource partners.		
9. Ensured that the child's medical, dental and other needs were met by scheduling and transporting child to appointments and coordinating with case worker when assistance was needed.		
10. Provided the child(ren) with appropriate clothing, toiletries and an allowance. Ensured that the items transitioned with the child when the child left the home.		
11. Recognized, encouraged and supported the religious beliefs and practices, ethnic heritage, language and cultural identity of the child and family.		
12. Used only positive and non-physical methods of discipline.		
13. Provided the child with a sense of age- appropriate "normalcy," including age-appropriate privacy and privileges.		
14. Promoted the child's sense of identity through the accumulation of personal possessions, photographs, Life Book, etc.		
15. Demonstrated awareness and sensitivity to the child's trauma, history of trauma and the impact of this on the child's behavior.		



CASE MANAGER'S REVIEW OF CAREGIVER



Healthy Families

The Caregiver has:	Rating	Comments
16. Supported the child's connection to family, including maintaining relationships with siblings by assisting with sibling visitation and contact.		
17. Helped transition the child home or other permanent placement and supported the case plan goals.		
18. Worked in partnership with the child's family, including birth parents and/or relatives, as appropriate, to ensure the child maintained connections through visitation and other means of ongoing communication.		
19. When appropriate, worked with the child's birth family to improve their ability to care for and protect the child.		

Caring Communities

The Caregiver has:	Rating	Comments
20. Enrolled the child in school, attended parent/teacher conferences, and advocated for the child's educational needs, including an Individualized Education Plan (IEP), if needed.		
21. Worked in partnership with the child(ren)'s team (case manager, CASA, therapeutic, medical and educational providers) by being available for meetings, participation in planning for the child, etc.		

Thank you for your participation and feedback.

Case Manager

Date

Case Manager's Supervisor

Date



CAREGIVER'S REVIEW OF CASE MANAGER



The purpose of this review is to obtain feedback on how your Case Manager has fulfilled the Partnership Plan for Children in Out-of-Home Care.

Name- Caregiver(s) _____
Date

Name- Case Manager

Child(ren)'s Name/DOB

The above named child(ren) is in or has recently left your care and your input is needed to assess the case manager and his/her consistency with the Partnership Plan. Your responses are important for the ongoing assessment and development of staff and for successful implementation of the Partnership Plan.

Please rate the following:

1- Never; 2- Sometimes; 3- Consistently/Always; N/A- Not Applicable

Provide comments for all "1" and "2" scores. Use back page if necessary.

Respected Partners

The child(ren)'s case manager has:	Rating	Comments
1. Provided support by responding promptly to phone calls, email and other requests; provided information regarding agency policy for returning calls, including how to contact the supervisor; and provided names and phone numbers of staff who could be contacted in emergencies.		
2. Made contact with me and the child every 30 days and face-to-face contact with me and the child in my home every 60 days.		
3. During the visits the case manager shared relevant information about the child and the case and solicited my input.		



CAREGIVER'S REVIEW OF CASE MANAGER



4. Provided basic information about the child and all available social, educational, medical and legal information on the child within 72 <i>hours of placement</i> .		
5. Provided on-going social, educational, medical and legal information on the child as it became available.		
6. Solicited my participation and input in developing the case plan, <i>and provided me with copies of the plan and of case plan updates</i> .		
7. Worked in partnership with me as a team member by recognizing my contributions, soliciting my input, and keeping me regularly informed about all child-specific aspects of case progress.		
8. Worked with me in a respectful manner to solve problems and informed me of the grievance process.		
9. Provided timely notice of all judicial reviews, administrative hearings and Child and Family Team (CFT) meetings regarding the child(ren) placed in my home and has encouraged my input and/or attendance including offering alternative methods of participation.		

Safe Children

The child(ren)'s case manager has:	Rating	Comments
10. Provided information/referral for any recommended counseling or training pertaining to the child's unique needs.		
11. Provided routine and specially requested information, supervision and assistance that was helpful in caring for the child. This includes information on the child's traumatic experiences and possible impact on behavior.		



CAREGIVER'S REVIEW OF CASE MANAGER



12. Engaged me in the development of a <i>Safety Plan</i> for the child(ren) when necessary.		
13. Provided support in overcoming barriers to the child's full participation in family life and community activities.		
14. Provided information on expectations for excellent parenting. Provided access to all training needed to improve my skills in parenting children who have experienced trauma.		

Healthy Families

The child(ren)'s case manager has:	Rating	Comments
15. Partnered with me to develop a plan (approach) to work with the birth family, promote connections, schedule visits, identify mentoring opportunities to assist the family and improve their parenting skills, and provided needed support to implement the plan.		
16. Took reasonable timely steps toward the permanency goal of the child's case plan.		
17. Worked in partnership for a smooth transition for the child(ren) to birth family, new foster home, adoptive home, or relative placement by sharing information about the needs, experiences, and preferences of the child.		



CAREGIVER'S REVIEW OF CASE MANAGER



Caring Communities

The child(ren)'s case manager has:	Rating	Comments
18. Provided names and numbers of new staff who work with the children in my home <i>within two working days</i> , when there has been a staff change.		
19. Supported efforts to advocate for the child(ren) in the child welfare system, court, community agencies (school, child care, health and mental health providers, and employers). Respected my input and did not retaliate as a result of this advocacy.		

Thank you for your participation and feedback.

Caregiver Name

Date

Caregiver Name

Date



CHILD EXIT INTERVIEW



The following survey is to be conducted within 5 days of a child's exit from a licensed home or residential treatment setting. The survey should occur in a setting in which the child feels comfortable (and not the setting just exited). The purpose of this survey is to assess safety and well-being, as well as identify any barriers to permanency.

Interviewer's Name _____ Date _____ Place of Interview _____

Case Manager _____ Caregiver(s) / Agency _____

Child's Name / DOB / Age _____

Reason for Placement Change: Disruption Foster Home Closure Siblings Reunited Adoption Placement Relative Placement Independent Living Reunification

A. Child Safety and Satisfaction Assessment: For each question, enter the answer that most closely corresponds to the response of the child, and then write in the actual response of the child in the response section. Provide explanation of ratings of "1" and "2" in the response.

Please rate the following:
1- Disagree; 2- Neutral; 3- Agree; N/A- Not Applicable

Provide comments for all "1" and "2" scores. Use back page if necessary.

Question	Rating	Response
1. Did you feel safe in this foster home/placement?		
2. Were you treated with respect in this foster home/placement?		
3. Did you have plenty of food in this foster home/placement?		
4. Did you have enough clothes in your size in this foster home/placement?		
5. Was the foster home/placement clean?		
6. If allowed, were you able to contact your birth parents when you asked?		



CHILD EXIT INTERVIEW



7. Did you have visits with your brothers and sisters?		
8. Were you able to call your case worker when you asked?		
9. Were you able to call your CASA when you asked?		
10. Do you feel this foster home/placement helped you?		
11. Were you satisfied with the care you received in this placement?		
12. Were you disciplined fairly when you did something you were not supposed to do?		
13. How were you told when it was time to leave this placement? By whom?		

B. Interviewer's Observations

1. Document the child's physical and mental state.

2. Document your professional observations regarding child's safety, permanency and well-being.



Partnership Plan for Children in Out of Home Care

Safe Children, Healthy Families, Caring Communities



The responsibility for the well-being of Clark County's children in care lies with all of us. As committed child welfare partners, we meet this obligation through collaboration and partnership, always aware that none of us can succeed by ourselves.

Our community's most vulnerable population needs loving, skillful and quality parenting, which honors a child's connection to his or her birth family and need to develop and maintain permanent lifelong relationships that support their well-being. Caregivers are foster parents, adoptive parents, birth parents, biological relatives and fictive kin, among others.

Together, we must meet the needs of children in care while communicating openly and honestly to achieve the goal of what's in the best interest of children.

Together, we set the standards for what quality care looks like – meeting the needs of children, advocating for children and sharing information.

The purpose of this partnership agreement is to clearly layout our commitment to children through a common understanding of the values, principles and relationships necessary to fulfill our responsibilities to Clark County's children in care.

Respected Partners

Caregivers, families, and agency staff working together in partnership

1. To ensure that the care we provide our children supports their healthy development and gives them the best possible opportunity for success, caregivers and case managers will work together in a respectful manner that supports positive and genuine partnership.
2. Caregivers, the birth family and case managers will conduct themselves in a professional and respectful manner and will share all relevant case information in a timely manner.
3. Caregivers, the family, and case managers will participate in developing the plan for the child and all members of the team will work together to implement this plan. Caregivers will be invited to and encouraged to participate in all team meetings (CFT) and court hearings (including review and permanency hearings) related to the child's care and future plans. Case managers will support and facilitate caregiver participation through timely notification, an inclusive process, and providing alternative methods for participation of caregivers who cannot be physically present.
4. DFS will honor and respect the caregiver's right to take a time-limited break from accepting the placement of children into his or her home without fear of adverse consequence from the agency. Respite is not intended to replace the duties or obligations originally agreed to by foster families. (e.g. foster children should be included in family holiday events, activities and family vacations).
5. Caregivers will work in partnership with case managers to maintain school records, child photographs, and records of special events and achievements as well as obtain and maintain records that are important to the child's well-being including but not limited to, medical, mental health records and medication management.



Partnership Plan for Children in Out of Home Care

Safe Children, Healthy Families, Caring Communities



Safe Children

Every child matters and will be safe in their placement

1. Quality parenting is a reasonable expectation of caregivers, and case managers will support quality parenting. Quality parenting includes, a commitment to the child and the child's safety and well-being (physical, behavioral, emotional, mental health) educational success, equal participation of the child in family life, awareness of the impact of trauma on behavior, respect for the child's individuality and likes and dislikes, appropriate supervision, positive methods of discipline, involvement of the child within the community, a commitment to enable the child to lead a normal life, encouragement of the child's strengths, and providing opportunities to develop the child's interests and skills.
2. Case managers will provide caregivers with all available information in a timely manner to assist them in appropriately caring for the child. Children will be placed only with caregivers who have the ability and are willing to accept responsibility for the care of a child in light of the child's culture, religion and ethnicity, physical or psychological needs, sexual orientation, gender identification and expression, family relationships and any special circumstances affecting the child's care.
3. Caregivers are required to seek out training that will assist them to provide quality care for child(ren) placed in their home. Resource Development and Retention Unit specialist will assist caregivers in gaining the support, training, skills, and services necessary for them to provide quality care of the child. Caregivers will be expected to identify, communicate and seek out their needs without fear of judgment or retaliation.
4. Caregivers must be willing and able to learn about, be respectful of and support the child's connection to his/her family to include parents, siblings and relatives, religion, culture, ethnicity, sexual orientation, gender identity and gender expression.
5. Caregivers will fully incorporate the child into their family, including equal participation in family activities such as vacations, holiday celebrations, and community activities to support the child's sense of belonging. Case managers will support families in overcoming barriers to full participation in family life and activities.
6. The agency will provide caregivers with information on expectations for quality parenting. Caregivers will have access to and take advantage of all training they need to improve their skills in parenting children who have experienced trauma due to neglect, abuse or separation from home, to meet these children's special needs and to work effectively with child welfare agencies, biological families, schools, courts, and other community and governmental agencies.
7. Once a Caregiver accepts the responsibility of caring for the child, the child will remain with the caregiver unless the caregiver is clearly unable to care for him or her safely, when the child and his or her birth family are reunified, when the child is to be placed with a relative or non-relative extended family member, when the child is being placed in a legally permanent home in accordance with the case plan or court order, or when the removal is demonstrably in the child's best interest as determined through consultation with case manager and members of the child's family team.



Partnership Plan for Children in Out of Home Care

Safe Children, Healthy Families, Caring Communities



8. When a child leaves the caregiver's home, a transition plan will be developed jointly between the caregiver and the case manager. The development of the plan should involve cooperation and sharing of information among all persons involved. This transition will respect the child's developmental stage and psychological needs, relationship to the caregiver family, ensure he or she has all his or her belongings, and allows for a transition at a pace that is best for the safety and well-being of the child from the caregiver's home and, if possible, for continued contact with the caregiver after the child leaves. The caregiver will complete a child transition survey to ensure all information about the child transitions to the next caregiver.
9. Caregivers support child participation in extracurricular activities.

Healthy Families

Caregivers support birth family connections

1. Caregivers will respect and support the child's ties to his or her birth family (parents, siblings, extended family members, fictive friends of the family and other significant relationships) and will assist the child in maintaining these relationships by assisting with appropriate visitation and other forms of communication in accordance with the case plan. Case managers will provide caregivers with the information, guidance, training and support necessary for fulfilling this responsibility.
2. When the plan for the child includes reunification, caregivers and case managers will work together to support that plan and to provide continuity for the child by assisting the birth parent(s) in improving their ability to care for and protect their child including, as appropriate, participation in medical/related care, school, and other important activities. Case managers will support caregivers in the reunification process, respect their input, and will not retaliate against them as a result of this advocacy.
3. When the plan for the child includes adoption, relative placement, or a move to a new foster family, with the support of DFS, the existing and the prospective caregiver will work together, with the support of the case manager, to facilitate a smooth transition by sharing information about the needs, experiences and preferences of the child. To provide continuity for the child, prospective families are encouraged to participate in medical/related care, school and other important activities. Continued contact between the child and the initial caregiver is encouraged as long as it is in the child's best interest.

Caring Communities

Supports the well-being of children

(physical, mental, emotional and behavioral health and academic success)

1. Caregivers will advocate for children in their care within the child welfare system, the court, and community agencies, including schools, child care, health and mental health providers, and employers. Case managers will support them in doing so, respect their input and will not retaliate against them as a result of this advocacy.



Partnership Plan for Children in Out of Home Care

Safe Children, Healthy Families, Caring Communities



2. Caregivers will participate fully in the child’s medical, psychological and dental care. Quality care means that the child’s needs are met, advocating for any services as identifying doctors, needed specialists, scheduling regular and necessary appointments, accompanying children to appointments, sharing information with medical, psychological and dental professionals to provide care to the child. In consultation with the case manager, supporting and comforting children and birth families during and after visits, and implementing any needed follow-up for the child(ren) in the home. Case managers will support and facilitate this participation. Caregivers, birth families and case managers will share information with each other about the child's health and well-being.

3. Caregivers will support the child’s school success by participating in school activities and meetings, including IEP (Individualized Education Plan) meetings, back to school nights, other school events, assisting with school assignments, supporting tutoring programs, meeting with teachers, including teacher conferences, coordinating school transportation, working with the birth parent as educational rights holder or educational representative or surrogate if one has been appointed, and encouraging the child’s participation in extracurricular activities. Case managers will be kept informed of the child’s progress and needs. Caregivers and case managers will share information with each other about child’s progress and needs, academic performance, behavioral functioning and issues regarding school placement.

4. Caregivers will provide developmentally appropriate opportunities to allow children to learn and practice life skills and have hands-on experiences in preparation for transition to adulthood including, participation in family decisions, routine age, appropriate household activities and chores, conflict resolution, money management and financial planning, assistance with job and career exploration/development, assistance with higher education and financial aid exploration/processes, obtaining housing, obtaining legal documents, and supporting the youth in accessing and taking advantage of agency and community resources.

These commitments are embraced by all of us. This document in no way substitutes for or waives statutes or rules; however we will apply these laws and regulations in a manner consistent with these commitments. By their respective signatures below both the DFS case manager and the caregiver(s) understand the outlined partnership expectations that ensure quality care for children placed in the home.

Caregiver’s Signature: _____ Name: _____ Date: _____

Caregiver’s Signature: _____ Name: _____ Date: _____

Case Manager’s Signature: _____ Name: _____ Date: _____



Child Transition Survey



Please complete for each child in your home.

Name/Age of Child: _____

Name of Caregiver: _____

Name of DFS Case Manager: _____

Today's Date: _____

Purpose for completing form (Check all that apply):

- Child leaving placement (reunifying with family/siblings, going to relatives, respite care)
- Child leaving placement (disruption, 10 Day Notice)
- Guide for monthly caseworker visit / documentation (optional)
- Other: Please explain _____

HEALTH OF THE CHILD

1. Please describe the overall health of the child and/or any concerns regarding the child's health.

2. Please list any and all upcoming appointments (i.e. medical, dental, specialist, psychiatric, etc.)

Type of Appt	Name of Professional	Appointment Date & Time	Office Name & Address	Office Phone Number

MENTAL/EMOTIONAL HEALTH OF THE CHILD

3. Please describe the overall mental or emotional health of the child and/or any concerns regarding the child's emotional well-being.

4. Please list any pertinent information regarding the child's behavior. (i.e. triggers, reactions to stressful situations, behaviors during school, extreme or unusual behavior, etc.)



Child Transition Survey



5. Please list any information on what soothes the child when he/she is upset. (These can be coping skills the child uses, favorite items that comfort the child, movies, music, etc.)

6. Please list any and all existing service providers (i.e. BST, therapy, PSR, occupational therapy, speech therapy, physical therapy, etc.)

Type of Service	Name of Professional	Standing Appointment Date & Time	Agency Name & Address	Office Phone Number

DEVELOPMENT

7. What do you like about this child? Please give a description of the child's general temperament (i.e. easy going, easily triggered, humorous etc.) and a list of the child's strengths.

8. Please describe the general development of the child and/or any concerns you have in regards to their physical, emotional or social development.

9. Please describe the behavior management or modification strategies that are effective as well as the ones that are ineffective with this child.



Child Transition Survey



PLACEMENT

10. Please give a brief description of the child's day-to-day routine (bedtimes, waking times, naps, meal schedules, etc). Include all day care facilities, schools, daily programs and transportation schedules.

11. Please list any schools or day-care facilities that the child attends.

School / Facility	Days / Times	Location	Is there an IEP?

12. Please list any extra-curricular activities or special events or programs the child is involved in.

Activity	Days / Times	Location	Equipment or Preparation?

13. Do you have any concerns regarding the placement of this child? Do you need any resources in order to continue meeting the needs of this child?

VISITATION

14. How does the child react to visits? Do you notice any behavior changes? What do you do to help the child during difficult visits?

15. Please list any scheduled visitation with the child's biological family.

Family Member Name & Relationship	Visitation Date & Time	Location of Visit	Phone Number



Child Transition Survey



PERMANENCY

16. What would you want a new caregiver to know about this child if they were to leave your home?

17. If the child is leaving your care, would you be willing to talk with the child's next caregiver and answer their questions related to the care of the child?

- Yes, they can contact me at: _____
- No

Please use the space below for any additional comments.



Child Transition Survey



This page of the survey is **not** to be distributed to next caregiver.
The intent of this page is for Quality Assurance and Placement Matching only.

10 DAY NOTICES – If you are submitting a **10 Day Notice**, please complete this section in addition to the sections above.

18. Check what is most applicable to the circumstances for the disruption and provide a brief explanation.
Please use the back of this page if more space is needed to explain the circumstances.

Service/Resources (therapy, education, medical)

Responsiveness

Lack of Support

Placement Match

Other

19. Who has discussed this with the child and to what extent? When did this occur?

20. What strategies and attempts have you tried to maintain the placement? Please be as specific as possible.
Include the behaviors of the child and your responses as a caregiver.

21. What recommendations do you have for the next placement of this child to be successful?

22. Please describe what you need as a caregiver to be successful in your future placements?

Please use the back of the page for any additional comments.



Don't Say "No" Before You Know Series: Facts About Respite



The *Don't Say "No" Before You Know Series* provides Clark County Caregivers with information on a monthly basis about various topics that support quality care to children in your home.

Edition 1 – Facts about Respite Care: This edition is focused on quality respite care and addresses several myths about requesting the temporary placement of a child in your care to another caregiver.

WHAT IS RESPITE CARE?

Respite care is a planned, scheduled, temporary period of relief from the responsibility of parenting a foster child whose legal custodian is the Clark County Department of Family Services (DFS). While respite is available to licensed caregivers, the decision to request the support service must be carefully considered as its effects can be drastically felt by and negatively impact the children we serve.

Parenting can be stressful, and respite care allows the caregiver time to rest. Respite might also be needed in emergency situations, such as sick relatives.

PROVIDING RESPITE CARE:

Caregivers are expected to identify possible respite providers through their networks of other licensed caregivers. Participation in the local caregiver associations/support groups is encouraged for this reason. We also encourage caregivers to identify approved non-primaries; someone who assists in the home, such as a grandparent who can take care of the child if the parent is at work. Once respite is secured, the caregiver is required to notify the case manager. In the event that a caregiver is unable to identify a respite provider they must contact their case manager with their request for respite. All attempts will be made to accommodate the request however if a respite provider is not available, then the caregiver may be asked what accommodations can be made for travel requests to change so the child can remain with the caregiver or alternative respite dates are identified. The reason for this is not to inconvenience the caregiver however it is to ensure the best interest of the child (ren) is met.

A licensed caregiver with an open bed and who is known by the foster child is most favorable and is the preferred first option. This method is preferred because the respite caregiver has had a chance to establish a rapport with the child which will reduce the discomfort or trauma of transitioning into a new home for the respite period.

SCHEDULING RESPITE CARE:

When a caregiver is in need of respite, and they have been unable to secure respite with a KNOWN caregiver, he or she must contact the case manager, who will complete a placement change and/or movement form (see attached) and email it to the DFS Placement Team Family Support Workers. This information is needed to match the request with appropriate respite providers. The caregiver and case manager will be notified by the Family Support Worker when respite is secured.

Care may be provided either at the licensed respite care provider's home or at the home of the caregiver requesting time off.

If it is an emergency, what is the process?

The process to request emergency respite is the same as the regular process. Submit a request to the case manager who will complete required paperwork. Requests are being secured by DFS Family Support Workers, who are now assigned to the Placement Unit. You can call: 702-455-0195.



Don't Say "No" Before You Know Series: Facts About Respite



Myth: Respite is a time for me to take 'my family' on a vacation.

Fact: Children in care are to be treated as part of the family and included in all family activities. As described in the DFS respite policy: "...respite is not intended to replace the duties or obligations originally agreed to by the caregivers, e.g. foster children should be included in family holiday events, activities, and family vacations when possible."

Myth: Child Haven is a respite option.

Fact: Child Haven is not a respite choice. Children should not be in shelter care and this is not the intention of this shelter. This can also cause the children trauma based on their previous placements at Child Haven and increase a sense of abandonment.

Myth: There is one type of respite.

Fact: There are four types of respite as defined in DFS policy: Peer-to-Peer Respite, Planned Respite, Emergency Respite, and Respite through Community Groups or Organizations.

Myth: I only need to give two weeks' notice.

Fact: You must give a minimum of 30 days' notice if you have been unable to secure your own respite with a licensed provider that is known to the child and are requesting that the Family Support Workers assist with securing respite care. Emergency situations will be considered on a case-by-case basis.

Myth: Respite is no longer available to caregivers.

Fact: Respite is available to caregivers. The DFS respite policy is being reviewed by the Child Welfare Quality Parenting Initiative workgroup to make recommendations that would reflect caregiver requests. What is different now is we are requesting that you look to your informal and formal support system to support your respite needs as it greatly reduces the stress on the child during your absence.

Myth: I am not allowed to find my own respite.

Fact: You are able to find your own respite and we encourage it. However, we ask that you connect with licensed caregiver networks for the peer- to-peer method, which is preferred. If you are in need of babysitting please make sure to connect with your licensing specialist and review the babysitting policy,

Support and Retention Workgroup

This workgroup has taken on the responsibility of creating a model for caregiver support and retention to provide support services to caregivers through the Foster Parent Champion Program using a customer service model. This team is also defining the roles and responsibilities of caregivers and developing support tools to make caregivers lives easier.



Caregiver Survey 2014

- June 1 – July 31, 2014
 - Email Link to Survey Monkey
 - Paper Versions at Visitation Center
- Approximately 300 Licensed Caregivers completed the Caregiver Survey
 - English
 - Spanish
- Data will identify areas of improvement for DFS



Child Trends improves the lives and prospects of children and youth by conducting high-quality research and sharing the resulting knowledge with practitioners and policymakers.



QPI Nevada

Foster Parent Champion Program

(702) 455-1149 / Monday – Friday / 9:00 am – 7:00 pm

DFSFPC@ClarkCountyNV.gov



The Foster Parent Champion (FPC) team is here to support you whether you're a newly licensed, unlicensed or an experienced caregiver. Call on us to:

- Answer questions you may have prior to children being placed in your home including tips for smooth transitions
- Ensure you are comfortable with each new placement in your home and that other household members are comfortable with the changes in the home that a new family member brings
- Inform you on how to access services and resources that are available and assist in understanding the additional documents, services and resources you may not know about including:
 - Placement Documents – ensuring you have what you need regarding all necessary documents to use for school, medical, etc.
 - Peggy's Attic Referral – for clothes, shoes, toys and school supplies
 - Medical Passport and Early Periodic Screening Diagnosis and Treatment (EPSDT)
 - Visitation Protocol – ensure you have information on who can visit as well as when and where the visits will take place
 - Team Members Contact information – ie., Case Manager, Therapist, WIN Worker, CAP Attorney, CASA Worker, etc.
 - WIC / Urban League Assistance
 - Child Focus for siblings placed in separate homes
 - Clark County Foster Parent Associations
 - Quality Parent Initiative of Nevada (QPINV), Just in Time videos and training opportunities
 - Training Team, Parenting Project, NV Partnership for Training and Community Partners that offer trainings
- Assist with transportation arrangements in special instances for:
 - Medical assessments for children
 - CFT's for children and relative caregivers
 - TANF, WIC, or Urban League applications for relative caregivers
 - Sibling Visits
- Assist with referrals for resources such as:
 - Baby Bounty
 - Family Resource Centers
 - SafeKey
- Provide support to Caregivers who are referred for Placement Preservation Services to assess needs, provide support and avoid 10-Day Notices
- Suggest appropriate training opportunities to meet the needs of Caregivers
- Serve as a liaison with Caregivers
- Assist in the development of Life Books for children

*Let us know if there are additional ways that you can think of for how we can help you.
The Foster Parent Champion Mission is to Make Caregivers' Lives Easier!*



Community Partnership Workgroup

This workgroup is responsible for developing and maintaining community partnerships that will further the Quality Parenting Initiative and support children in care. The goal is to work with public and private agencies to bring about “opportunities of support” for our children in care and the caregivers in our community.



Community Input



**Thank you
for your participation!**