

WASHOE COUNTY HUMAN SERVICES AGENCY



QUALITY PARENTING STANDARDS FOR FOSTER HOMES

Children's Services Division
350 South Center Street
Reno, NV 89501-2103

Telephone (775) 337-4470

Washoe County Human Services Agency

Program Requirements for Foster Homes

Quality Parenting Standards

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SECTION 1 – DEFINITIONS

Agency Director means the Director of Washoe County Human Services Agency.

Agreement means the contract to provide foster or emergency shelter care.

Comfort Call means a phone call made by the Foster Parent to the birth parent shortly after a child is removed from their home to comfort the child, take the first step in establishing a positive co-parenting relationship between the Foster Parent and the parent(s) and discuss vital information needed to meet the child's needs. This call also provides an opportunity for the child and parent to speak with each other after removal, which can help both to feel more comfortable with the placement.

Contractor means any person who enters into a contract agreement with Washoe County Human Services Agency.

Corporal punishment means any penalty or chastisement inflicted to the body and includes but is not limited to: Spanking; slapping; hitting; shaking; causing a child to remain in one position for an extended period; burning or scalding; tying down; hot sauce on the tongue; taping the mouth; placing soap in the mouth.

CPS means the Child Protective Services program areas of Assessment and Permanency of the Washoe County Human Services Agency.

DCFS means the Division of Child and Family Services of the State of Nevada.

Educational Decision Maker (EDM), pursuant to NAC 388.283 and NRS 432B.462, means a person who is appointed by the Court to be the educational decision maker for a foster child with, or suspected of having, a disability when a parent is not available or a foster parent is unwilling to serve in that role. The term is interchangeable with "surrogate parent".

Emergency placement means any placement made outside of Monday through Friday between the hours of 8:00 a.m. and 5:00 p.m. (nights, weekends, holidays) or any placement required to be made in an emergency during normal working hours because no other appropriate foster care placement can be made. Emergency placements are intended to be temporary until a longer-term placement is made. The Agency and Foster Parent has the option to utilize a different placement or maintain the placement.

Emergency shelter home means a licensed foster home which provides, under contract, 24-hour care on a temporary basis to children who have been placed in the custody of the Washoe County Human Services Agency.

Foster Care Licensing Unit means the unit within the Washoe County Human Services Agency that issues initial and ongoing foster care licenses, ensures

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compliance with NAC 424 foster home standards, and provides ongoing support to licensed caregivers.

Foster home, pursuant to NRS 424.014, means a home that receives, nurtures, supervises and ensures routine educational services and medical, dental and mental health treatment for children. The term includes a family foster home, specialized foster home, independent living foster home and group foster home. Foster home means any facility, which is licensed pursuant to NRS 424 and NAC 424.

Foster Parent: Foster Parent refers to the Foster Parent, relative caregiver or fictive kin caregiver with whom the child is placed. This term may be used interchangeably with the terms “caregiver” or “placement resource”.

Gender identity or expression means a gender related identity, appearance, expression or behavior of a person, regardless of the person’s assigned sex at birth.

Group home, pursuant to NRS 424.015, means a foster home which provides full-time care and services for 7 to 15 children who are:

1. Under 18 years of age or who remain under the jurisdiction of a court pursuant to [NRS 432B.594](#);
2. Not related within the first degree of consanguinity or affinity to any natural person maintaining or operating the home; and
3. Received, cared for and maintained for compensation or otherwise, including the provision of free care.

Holiday means a legal holiday as defined in NRS 236.015.

Human Services Agency or Agency means the Washoe County Human Services Agency, referred to as “WCHSA” throughout the Quality Parenting Standards.

Icebreaker refers to a facilitated, child-focused meeting held shortly after a child is placed (or the placement changes) in out-of-home care to provide an opportunity for the birth parents and Foster Parents to meet each other and to share information about the needs of the child. Much like a comfort call, this meeting helps to establish a positive co-parenting relationship between the child’s parents and caregivers.

Important Individual refers to a person identified by a child who is positive and supportive. This may include relatives, fictive kin, peers, or other individuals that the child has an ongoing positive relationship. Visitation and contact with an important individual should be maintained through a Family Engagement and Visitation Plan.

Normalcy means the condition of experiencing a typical childhood through participation in activities that are age or developmentally appropriate.

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Person means the singular and the plural and shall include individual persons, partnerships, firms, corporations, or associations.

Person Legally Responsible (PLR) means the Person Legally Responsible for the psychiatric care of a Child. The PLR is responsible for making decisions related to the psychiatric care of a Child, including consenting for such care and authorizing the administration of psychotropic medications. The PLR must be nominated by the agency and approved by the court.

Personal Identifying Information (PII) means any information that could reasonably identify a child (e.g. name, photo, date of birth, school, address, family names, medical or mental/behavioral health details, court involvement, caseworker names, legal status, or any other details).

Placement Support Team refers to a multidisciplinary team designed to provide support and services to workers and caregivers to help prevent the disruption of children from Relative, Family Foster, Enhanced and Specialized Foster Care Plus (SFC+) homes. The team ensures children and caregiver's needs are addressed and that they are maintained in the most appropriate level of care possible.

Provider is any person who meets all Quality Parenting Standards as stated herein and who contracts with Washoe County for emergency or other foster care.

Psychotropic medication refers to any medication, the prescribed intent of which is to affect or alter thought processes, mood, or behavior, including, but not limited to antipsychotic, antidepressant, and anxiolytic medication and behavior medications. The classification of a medication depends upon its stated, intended effect when prescribed because it may have many different effects. If a Child who is receiving psychiatric care is prescribed or given over the counter medications intended to improve psychiatric symptoms, such as melatonin or Benadryl, that medication shall be treated as a psychotropic medication for the purposes of this policy.

Reasonable and Prudent Parent Standard means the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encourage the emotional and developmental growth of the child, that a caregiver shall use when determining whether to allow a child in foster care under the responsibility of the Agency to participate in extracurricular, enrichment, cultural, and social activities. The term is interchangeable with "**normalcy**".

School of Origin means the school in which a child is enrolled at the time of placement into foster care. If a child's foster care placement changes, the school of origin would then be considered the school in which the child is enrolled at the time of the placement change.

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Social media includes but is not limited to Facebook, Instagram, X/Twitter, TikTok, YouTube, Reddit, blogs, forums, private groups, messaging apps with public features, and any future platforms.

Surrogate Parent, pursuant to [NAC 388.283](#), means a person who is appointed by the court to be the educational decision maker for a foster child with, or suspected of having, a disability when a parent is not available, or a Foster Parent is unwilling to serve in that role. The term is interchangeable with “**educational decision maker**”.

SECTION 2 – CONTRACTING TO PROVIDE FOSTER CARE

1. Foster Home License. The Foster Parent(s) must hold a valid foster home license issued by the licensing authority for the County in which the home is located.
2. Contracting with the Agency. Licensed homes will be expected to enter into a contract with the Washoe County Human Services Agency. The Licensing Worker will reach out to the foster family once licensed to review the Quality Parenting Standards for Foster Homes and to sign a contract.
3. Required Documents. The Foster Parent must provide to the Licensing Worker:
 - Copies of required insurance verification as outlined in the contract.
4. Placement and Payment. Once the contract is signed children may be placed in the home. No contract rate of payment for foster care may be made by Washoe County until a contract is in place. Refer to rates of pay information at [https://www.washoecounty.gov/hsa/childrens_services/foster_care/caregiver types_and_rates/index.php](https://www.washoecounty.gov/hsa/childrens_services/foster_care/caregiver_types_and_rates/index.php)

SECTION 3 – GENERAL PERSONNEL QUALIFICATIONS

1. Basic Qualifications. Pursuant to NAC 424, NAC 424.255, and NAC 424.550, all Foster Parents and staff must:
 - A. Provide to WCHSA written assurances that he or she will:
 - Refrain from engaging in corporal or degrading punishment, including, without limitation, disciplinary techniques described in NAC 424.530;
 - Refrain from using illegal substances, engaging in excessive consumption of alcohol and consuming medication in an illegal or improper manner;
 - Refrain from smoking under circumstances prohibited by NAC 424.500; and comply with the reasonable and prudent parent standard.
 - B. Be competent adults with a demonstrated ability to exercise sound judgment and decision making. Their character, integrity and conduct must be above reproach, especially with regard to their role as foster caregivers.
 - C. Be in sufficiently good physical and mental health, and be physically and emotionally capable, to provide the necessary care to children.
 - D. Be willing to cooperate with the agency in establishing and carrying out agency goals for the child by:
 - Providing pertinent information about the child and the needs of the child that the Foster Parents and staff have gained by caring for the child on a daily basis; and
 - Assisting in meeting any identified needs of the child.
 - E. Possess skills necessary to provide a nurturing and caring home and family environment.
 - F. Welcome each foster child into the foster home as a full member of the family and treat each foster child equally to any children of the Foster Parent who reside in the foster home, including, without limitation, when according benefits and privileges.
 - G. Be kind, respectful when communicating and interacting with the child and the family of the child and when discussing the family of the child.
 - H. Have knowledge and understanding of the needs of the child for well-being, safety and permanency.
 - I. Be flexible to best meet the needs of the child.
 - J. Present a positive image of fostering to the community.
 - K. Maintain good relationships with each member of the community who is involved with the child and the family.
 - L. Be professional in each action taken as a Foster Parent and caregiver and be a positive role model for each foster child when engaging in daily activities, making decisions, setting boundaries and modeling behaviors.
 - M. Communicate effectively and respectfully with each person involved in the care of a foster child and respect differences and opinions of others.
 - N. Accept additional feedback and participate in additional training to increase the Foster Parents or staff member's knowledge and ability to care for a child with unique needs.

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- O. When safe and appropriate, work directly with the parents or other family members of a child in support of the best interests of the child and the permanency goal of the child.
 - P. Possess realistic expectations regarding behaviors of children who have experienced past trauma and be able to remain calm during the emotional and behavioral outbursts of a child.
 - Q. Set appropriate verbal and physical boundaries with foster children and their families.
 - R. Recognize and celebrate milestones in the life of a foster child, including, without limitation, birthdays, graduations and holidays.
 - S. Be able to communicate with any child placed in the foster home, the agency which provides child welfare services and providers of health care and others who provide services to a child placed in the foster home. At least one Foster Parent or member of the staff must be capable of understanding and following directions on the label of any medication.
 - T. Demonstrate sound judgement by making mindful and careful decisions.
5. Law Enforcement Clearance. All employees of the foster home and each adult in the household shall obtain, before commencement of employment or within three days of residence, law enforcement clearance through the local licensing authority for the county in which the foster home is located.
6. Health of Contractors, Employees, and Residents. All contractors, foster home employees, and residents over 18, must be in good physical and mental health. Pursuant to NAC 424.120, results from a medical examination of the applicant conducted within the immediately preceding 12 months conducted by a licensed physician, physician assistant or advanced practice registered nurse indicating that the applicant is physically, mentally and emotionally capable of caring for foster children, and a medical history of each adult member of the household or staff, as applicable, which includes a description of any past or current mental health issue or substance use disorder experienced by the member must be submitted to WCHSA.

Foster Parents, residents in the home ages 18 or older, and employees of the foster home must submit to a tuberculosis skin test; chest radiograph and examination; or interferon-gamma release assay blood test prior to licensure/employment and every 24 months thereafter. Verification of such testing must be provided to the agency. Exception: Former foster youth, ages 18 or older, who are participating in the Court Jurisdiction program pursuant to NRS 432B.594, are exempt from this requirement.

For any member of the household or staff, as applicable, who will provide care to an infant in foster care, proof that the member has received the recommended immunizations for pertussis and influenza according to the recommendations set forth by the Centers for Disease Control and Prevention of the United States

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Department of Health and Human Services or a written statement from a licensed physician, physician assistant or advanced practice registered nurse that such immunizations are not recommended for the member because of a medical condition.

For any member of the household or staff, as applicable, who will provide care to a foster child with special medical needs, proof that the member has received the recommended immunization for influenza according to the recommendations set forth by the Centers for Disease Control and Prevention of the United States Department of Health and Human Services or a statement from a licensed physician, physician assistant or advanced practice registered nurse that such immunization is not recommended for the member because of a medical condition.

7. Records of Employees and Substitute Staff. Every foster home shall maintain a current record for each employee including part-time and substitute staff which shall include:

A completed application for employment listing:

- A. Name
- B. Birth date
- C. Address
- D. Social Security number
- E. Telephone number
- F. Education
- G. Training
- H. Work experience
- I. Five personal references
- J. Person(s) to notify in case of emergency.
- K. Statement from the local licensing authority for the county in which the foster home is located of clearance through law enforcement and approval to work in the foster home.

SECTION 4 – POLICIES AND PROCEDURES

1. General Environment. Pursuant to NAC 424.500, the foster home shall promote the safety, permanency, and well-being of the children for whom they provide care.
2. Reasonable and Prudent Parent Standard / Normalcy. The foster home will provide opportunities for children to experience and participate in normal activities which include involvement in community, school, family or social activities. Such activities not only allow foster children to experience normalcy in their daily lives, but provide a child opportunity to experience safe risk-taking, supported by parental guidance and nurturing. These experiences ultimately support normal development and give the youth skills needed to be healthy and productive adults.

Pursuant to NAC 424, a Foster Parent or designated member of the staff of a foster home, may allow a foster child to participate in extracurricular, enrichment, cultural and social activities similar to those participated in by peers of the same age, maturity and developmental level. When deciding whether to allow or deny participation in such activities, a Foster Parent or designated member of the staff of a foster home must be informed by all information about the activity that is available to the Foster Parent or staff member; and shall use the reasonable and prudent parent standard.

For more information refer to Statewide Policy [1303 Reasonable and Prudent Parenting Standard](#).

Reasonable and Prudent Parent: means the standard characterized by careful, nurturing and sensible parental decisions that maintain the health, safety, and best interests of a child, while at the same time encouraging the emotional and developmental growth of the child, that a nurturing caregiver shall use when determining whether to allow a child under the custody of an agency that provides child welfare services to participate in extracurricular, enrichment, cultural, and social activities.

3. Holidays and Religious Practices. Pursuant to NAC 424.290, no child shall be forced to attend religious services simply because the provider does. Activities and supervision must be provided for those children not attending church services. Additionally, the religious and spiritual beliefs of a Foster Parent may not be imposed upon foster children or prevent foster children from attending appropriate community and religious activities.
4. Records. Records shall be maintained and updated pursuant to Section 10.
5. Confidentiality. Information pertaining to an individual child welfare case, including information concerning the child, parents, relatives, court proceedings, etc., shall not be disclosed to anyone outside of the child's/family's identified team without express

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permission of the assigned case worker, unless there is a medical emergency, or the caregiver is reporting child abuse or neglect as required by NRS 432B.220.

6. Non-discrimination. The foster home shall not discriminate on the basis of race, color national origin, disability, religion, gender, gender expression, stated gender preference, names, pronouns, age, marital status, political affiliation, sexual orientation or any other reason in accordance with the United States Constitution, the Civil Rights Act of 1964 and section 504 of the Rehabilitation Act of 1973.
7. Working with children who are lesbian, gay, bisexual, transgender and questioning (LGBTQ). The Foster Parent and any person employed by the foster home who has direct contact with children shall ensure that each child placed in the home is treated in all respects in accordance with the child's gender identity or expression. Foster Parents and staff of the foster home are required to complete training related to LGBTQ within 90 days of licensure/employment, and annually thereafter¹.
8. Training. Foster Parents are responsible for completing the following training:
 - A. A minimum of four (4) hours of training annually, not including LGBTQ training. Consideration of the foster home's licensing parameters (e.g. ages, genders, and needs of children) should be applied when selecting training topics.
 - B. Annual LGBTQ Training – training that has been approved by WCHSA concerning working with lesbian, gay, bisexual, transgender and questioning children. A different training course on this topic should be selected each year.
 - C. The Bridges Out of Poverty Training is required during first two years of licensure. This training will be counted towards the four (4) hour annual training requirement.

Additional mandatory training may be required at the discretion of WCHSA initially or throughout the year.

A library of approved training is available free of charge on JITNevada.org.

¹ AN ACT relating to children; requiring certain institutions and agencies to treat a child as having the gender with which the child identifies; requiring certain persons to receive training on working with lesbian, gay, bisexual, transgender and questioning children; requiring the Division of Child and Family Services of the Department of Health and Human Services to establish protocols to follow or factors to consider before placing a child in certain placements; requiring the Division to establish a process for filing and resolving certain grievances; revising the manner in which a foster child is notified of his or her rights; requiring certain facilities to which a juvenile court commits a child to comply with certain federal law; and providing other matters properly relating thereto, A.B. 99, 79th Session. (2017).

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9. Mandatory reporting of suspected child abuse or neglect. Each licensee, Foster Parent, member of the staff of a foster home or employee of a foster care agency who, in his or her professional or occupational capacity knows or has reasonable cause to believe that a child has been abused or neglected shall report the abuse or neglect as required by NRS 432B.220. Reports of suspected child abuse or neglect may be made by calling the 1-833-900-7233 (SAFE).

10. New Placements and Changes in the Foster Home Household. The foster home must notify the WCHSA Foster Care Licensing Case Worker within one business day of any change in the household composition, i.e., moves, employment/schedule changes, people visiting in the home, people moving in or out of the home, etc. Notification may be by telephone call or text, e-mail, or in-person. The Foster Parent must ensure that any person visiting the home does not have unsupervised contact with foster children unless approved by the Agency.

11. Clothing and Personal Items.
 - A. Upon arrival at the foster home, each child shall be provided the minimum basic requirements for personal care including toothbrush, toothpaste, comb/brush (depending on the child's hair needs), towel, and washcloth. The toothbrush, toothpaste, and comb/brush shall be issued to the child in new condition and shall be taken with the child upon departure.
 - B. Other basic items shall be properly sanitized prior to reissue or issued in new condition.
 - C. The foster home shall ensure each child placed has available to him or her soap and shampoo and, as appropriate to the child's age and gender, deodorant, sanitary napkins or tampons, shaving supplies, and hair spray and/or other hair products that meets the needs of the child's specific hair and skin type. The foster home shall not be expected to purchase special brands desired by a child if a required personal need item is otherwise available to the child.
 - D. Each foster child must have his or her own clothing and personal possessions as well as storage space, such as a closet, locker or dresser, in his or her sleeping area. Children must not be required to share personal clothing items with other children. Clothing must be of the correct size and type, and appropriate to climatic condition, and must be kept clean and in good repair.
 - E. Pursuant to NAC 424.480, the Foster Parent will ensure that a Clothing Inventory Sheet listing all of the child's clothing and personal possessions is completed within two (2) business days of the child's placement. This Clothing Inventory Sheet shall be completed again and shall accompany the child when they leave the placement. The Clothing Inventory Sheet shall be provided to the Agency if requested. The Foster Parent shall ensure that the child is given and allowed to take all of their clothing and personal belongings

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when they leave the foster home. The Clothing Inventory Sheet can be found at [Inventory 2 \(jitnevada.org\)](http://Inventory 2 (jitnevada.org)).

- F. Any gifts or purchases made for the child, either by the Foster Parent or others, remain the child's property. These items shall be listed on the child's inventory sheet and must accompany the child when they leave the placement.

12. **Safe Sleep.** According to the National Institutes of Health², Sudden Infant Death Syndrome (SIDS) is the leading cause of death in infants between the ages of 1 month and 1 year. Most SIDS deaths occur when babies are between the ages of 1 month and 4 months of age. Each year infants die during sleep time from SIDS, accidental suffocation or unknown causes. Babies are at higher risk for SIDS if they:

- Sleep on their stomachs
- Sleep on soft surfaces, such as an adult mattress, couch, or chair or under soft coverings
- Sleep on or under soft or loose bedding
- Get too hot during sleep
- Are exposed to cigarette smoke in the womb or in their environment, such as at home, in the car, in the bedroom, or other areas
- Sleep in an adult bed with parents, other children, or pets; this situation is especially dangerous if:
 - The adult smokes, has recently had alcohol, or is tired.
 - The baby is covered by a blanket or quilt.
 - The baby sleeps with more than one bed-sharer.
 - The baby is younger than 11 to 14 weeks of age.

Foster Parents shall ensure all children, ages birth to 12 months old, are provided a safe sleeping environment and will use safe sleep practices at bedtime and naptime.

Foster Parents shall:

- A. Ensure each crib meets the standards prescribed in 16 CFR, Part [1219](#) and [1220](#) and be equipped with a firm crib mattress that properly fits the crib.
- B. Place the infant on his or her back to sleep. Babies must not be:
- Allowed to sleep on a soft or semisoft surface, including but not limited to, a sofa, waterbed, large pillow, or bean bag.
 - Placed in a crib containing any loose item, including but not limited to, a comforter, quilt, blanket, stuffed animal, crib bumper, wedge, pillow, or other loose bedding.
- C. Dress the baby in clothing appropriate to the weather when put down to sleep. During cold weather the child should be dressed in appropriate sleep

² Safe to Sleep® Public Education Campaign. (n.d.). Retrieved October 11, 2017, from <https://www.nichd.nih.gov/sts/Pages/default.aspx>

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- clothing such as a one-piece sleeper or sleep sack. However, the Foster Parent should take care to ensure the child does not overheat.
- D. Participate in Safe Sleep education provided by the case worker during each home visit for any child, both foster children and the Foster Parent's own children, in the home aged birth to 12 months. This education will include the Foster Parent demonstrating their understanding of safe sleep practices by explaining and demonstrating how the child is put to bed and signing a form acknowledging safe sleep practices.
- E. Ensure that substitute caregivers or foster children who are parenting a child, ages birth to 12 months, follow safe sleep practices in the foster home.
13. Nutrition. The Foster Parent will provide three healthy meals and appropriate snacks daily in the quantity and quality necessary to meet the child's dietary, nutritional and caloric needs.
- A. Daily nutritional needs shall be provided as recommended by:
- The American Heart Association's Dietary Recommendations for Healthy Children (Heart.org); or
 - The Office of Disease Prevention and Health Promotion's, Dietary Guidelines for Americans 2015-2020 Eighth Edition (Health.gov); or
 - The USDA's ChooseMyPlate.gov website (MyPlate.gov).
- B. Sweets, foods, and beverages with little or no nutritional value may be served in moderation and in addition to the above dietary recommendations.
- C. Consideration shall be given to the child's cultural and religious diet preferences.
- D. The Foster Parent will ensure that special diets prescribed by the child's health provider are followed.
- E. Foster children must have access to drinking water at all times, unless a written medical authorization limiting the child's consumption of water is on file.
- F. Foster children may only be provided pasteurized milk.
- G. Foster children must have access to healthy snacks and drinks between meals. The kitchen refrigerator must not be locked unless a written medical authorization or order of a provider of health care requiring the restriction of food to a child due to health concerns is provided to the licensing worker. A Foster Parent may use a child-proof latch for the safety of toddlers in the foster home or a refrigerator alarm.
- H. Foster children must be included with the family during meals and must not be seated separately. Foster children must be provided the same quality of food that the Foster Parents and their family consume in the foster home.
- I. Nutritious food alternatives must be made available to a foster child if the child possesses a known allergy to foods that are served for meals or snacks. The Foster Parent shall take appropriate measures to ensure cross contamination does not occur during food preparation when a child has food allergies.

14. Orientation to the Home.

- A. Foster Parents will participate with a comfort call upon initial placement of a child into their home whenever possible. A comfort call refers to a phone call facilitated by the placing case worker and Foster Parent to the birth parent shortly after a child is removed from their home or moved to a different placement. The purposes of the call are to comfort the child, take the first step in establishing a positive co-parenting relationship between the Foster Parent and parent(s) and discuss vital information needed to meet the child's needs. This call also provides an opportunity for the child and parent to speak to each other after removal or placement change, which can help both to feel more comfortable with the placement.

The Family Engagement Center (FEC) will contact the Foster Parent to schedule the time/date schedule a facilitated Icebreaker meeting with the parents. FEC staff will meet with the parent(s) prior to the first visit to address any issues related to their first visit, including setting realistic expectations about child behaviors and reactions during visitation and introduction to the Fostering Relationships through Visitation model. The FEC will also schedule ongoing visitations with the Foster Parent and parent.

- B. Foster Parents are expected to be active participants in transition plans developed for a child entering or leaving their home. This aspect of orienting a child to your home may include day-long or overnight stays and is not a service that reimbursement will be provided for but is considered a part of the commitment a Foster Parent makes to ensure the success of placement of children in their home.
- C. The foster family should endeavor to make new children feel welcome. Introductory techniques such as showing a child where they will sleep, where they will store their belongings, where the bathroom is, where their personal items are located, etc. are encouraged. Within one day of placement and as developmentally appropriate, the foster home should orient each child to house rules and practices.
- D. Efforts should be made to become aware of a child's ethnicity and culture to include clothing preferences, hair styling, family rituals, etc. to assist the child's transition into the foster home placement. The Foster Parent is encouraged to work with the birth family to learn more about the child's culture.
- E. Per NAC 424.450, the foster home shall not discriminate on the basis of race, color, national origin, disability, religion, gender, age, marital status, political affiliation, sexual orientation or any other reason in accordance with the

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United States Constitution, the Civil Rights Act of 1964 and section 504 of the Rehabilitation Act of 1973.

15. Contact with the Case Worker.

- A. A child may not be deprived of contact with his or her assigned case worker during Washoe County business hours. If a child has left a message at the Agency for the case worker to return the call, the child need not make another call to the case worker that day.
- B. In after-hours emergencies, the Foster Parent may contact the Agency's after-hours number, 1-833-900-SAFE (7233), which is staffed 24 hours per day.
- C. Monthly Case Worker Contacts:
 - Frequency: The assigned case worker must visit, in person, with the child at least monthly. Visits with the child will occur in the foster home and in the community but may not occur in the community for more than one consecutive visit. Additional forms of contact, such as emails or text messages may occur in addition to the minimum requirements stated above.
 - Quality: During child contacts the case worker must speak with each child in a private location. Additionally, the case worker is required to spend time individually with the Foster Parent during visits that occur in the home to assess the needs of the Foster Parent to ensure they can meet the safety, permanency and well-being needs of the children in their care. If the case worker conducts a child contact outside the placement home, they should facilitate a telephone conversation with the caregiver during that same month. Visits to the home must be a combination of announced and unannounced home visits. The case worker shall conduct safe sleep education/consultation as outlined in section 4.10 Safe Sleep and conduct Psychotropic Medication Spot checks as applicable for each child.

16. Medical Emergencies.

- A. A current list of emergency numbers including health agencies and fire, police, and ambulance services must be posted in a common area of the home, pursuant to NAC 424.410.
- B. In medical emergencies requiring treatment of the foster child, Foster Parents must contact the Agency to obtain consent to medical treatment. Foster Parents are not authorized to consent to medical treatment of foster children in Washoe County custody. Foster Parents should not delay seeking medical treatment because they are trying to reach the Agency. The emergency medical personnel will contact the Agency and obtain consent for medical treatment via telephone.
 - To prevent being billed by the medical provider, Foster Parents should identify the Agency as the guarantor of medical bills for the foster child.

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- Foster Parents who travel outside the State with a foster child must obtain written Agency authorization to consent to medical treatment, which also includes billing instructions to the medical provider.

17. Changes to a child's appearance. The child's case worker and the child's birth parents must be consulted before anything is done to significantly or permanently change the child's personal appearance. This includes haircuts, change in hair color, tattooing, ear piercing, circumcision, etc. Written permission from the child's parent, when their parental rights have not been terminated, must be obtained by the case worker prior to changing a child's appearance.

18. Medications. The Foster Parent shall monitor a child who has been prescribed medications or taken over-the-counter medications for any adverse reactions and immediately seek medical attention when a child has a severe adverse reaction. The Foster Parent shall notify the case worker immediately when the child experiences any adverse reactions to any medication and the PLR if the child has one for psychotropic medications.

The Foster Parent shall keep all medications in a locked cabinet or box. Exception: Medication that must be kept with a child, such as inhalers or epi pens, are exempt from this requirement. All unused prescription medication must be destroyed in a manner that is recommended on the label of the medication or as directed by the pharmacist.

19. School. Pursuant to NAC 424.570, the Foster Parent shall ensure that each child attends school as required by law and shall provide or cooperate with persons responsible for the educational planning for each child. Each child must be afforded the opportunity to complete schooling or training in accordance with his or her aptitude.

A. School Stability - Federal and State law requires that children shall be maintained in their school of origin, unless the Agency determines it is in the best interests of the child to move to a different school. Any school change for a child in foster care must be approved by the Agency.

- If a child is to remain in their school of origin the Foster Parent may be expected to transport the child to their school of origin. If transportation assistance is needed WCHSA will work with the school district and caregiver to explore available options.
- If a school change has been approved by the Agency, the Foster Parent shall enroll the child into the agreed upon school as directed by the child's case worker.
- If the child was not enrolled in school at the time of placement, the Foster Parent will consult with the case worker to determine which school the child should be enrolled in and enroll the child as directed.

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- B. The WCHSA has a process in place to notify the school whenever a child is placed into the custody of WCHSA. However, if the school requests other documentation to verify custody, the Foster Parent should provide a copy of the placement letter to the school. If that document is not accepted the Foster Parent may obtain a copy of the court order from the child's case worker or Supervisor.
- C. Parents are expected to participate in all school meetings and have decision making authority concerning their child's educational needs and services unless their parental rights have been terminated or their whereabouts are unknown. When a parent is not available, the Foster Parent is expected to serve as the child's surrogate parent concerning the educational needs of the child. In some cases, the court will appoint an educational decision maker ([NRS 432B.462](#)), who is not the Foster Parent, to act as the child's educational decision maker. Whenever there is a parent or court appointed education decision maker available to make educational decisions, the Foster Parent will continue to participate in team meetings to assist in the assessment of and provision of services to meet the educational needs of children in their care.
- D. Unless otherwise instructed by the child's case worker, parents and court appointed educational decision maker should be notified by the Foster Parent of any school events such as parent/teacher conferences, open houses, school meetings, special programs, etc., so that they may continue to participate in their child's education.
- E. The Agency is required to conduct ongoing assessments of the educational and developmental needs of all children with noted developmental concerns and to advocate for services to address those needs. The Foster Parent is expected to be an active member in this process by reporting any concerns they have for the child's education or development and collaborating with the case worker to obtain services to address those needs.
- F. The decision to request an evaluation for special education services (Individualized Education Plan) must be made in collaboration with the child's parents, if available, and the child's team, which includes the Foster Parent, case worker, child attorney, therapist, educational decision maker, and other involved professionals. The Foster Parent should consult with the child's case worker if they believe the child has educational needs that are not being met by the school and special education services may warranted. If the child requires an Individual Education Plan (IEP), the biological parent must consent to and sign the plan that is developed. If the biological parent is not available, the Foster Parent or educational decision maker may consent to and sign the plan that is developed. The case worker is not authorized to consent to any special education services; however, the Foster Parent should notify them of any meetings to evaluate or address a child's special education needs as the case worker is required to attend such meetings.

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- G. The Foster Parent will notify the case worker of any communications from the school, including report cards, which relate to the child's school behavior and performance. Positive as well as negative reports should be shared. Reports should be shared during monthly child contacts made by the case worker or sooner if there are concerns that require immediate attention. Foster Parents are encouraged to obtain access to Infinite Campus through the foster child's school to monitor the child's attendance, grades and behaviors in school.
- H. The Foster Parent is responsible for providing required school supplies such as pencils, papers, binders, Kleenex, gym clothes, backpacks, lunch boxes, etc. Any need beyond this may be referred to the case worker.
- I. The Washoe County Human Services Agency and the Washoe County School District have an ongoing partnership to address the needs of foster children in Washoe County schools. An Educational Liaison is employed by the Washoe County Human Services Agency to assist case workers, parents, and Foster Parents in obtaining services needed to address the needs of children in foster care.

20. Case Plan and Team Meetings. The Foster Parent and direct care staff will participate in case plan and other team meetings. The purposes of such meetings may include, but are not limited to:

- A. Establish, update and carry out the child's treatment plan;
- B. Establish, update and carry out the child's plan for independent living (children ages 14 and older);
- C. Establish or update the family's case plan;
- D. Plan for reunification with the parent; or,
- E. Plan to transition the child to their permanent home (e.g., independent living, placing the child for adoption/guardianship, transition to a relative, etc.).

The Foster Parent is to participate in meetings and staffing relating to the child's case plan. They are expected to participate in Multidisciplinary or Child Family Team meetings as active members, reporting on the child (ren) in their care.

Due to the sensitive information discussed during these meetings, it is imperative that the foster parent maintains the confidentiality of the child and family due. In addition, Foster Parents must let the child's case worker take the responsibility for addressing the parent's case plan compliance and remain focused on the needs of the child.

21. Court.

- A. Foster Parents will receive notice of scheduled court hearings and a caregiver update to be completed and returned. Once the Court Report is final, Foster Parents will receive copies of the Agency requested findings and recommendations, the case plan with redacted information, the child's medical passport, and any visitation plan(s) for the child placed in the home.

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- B. Foster Parents are expected to complete and submit the [Caregiver's Update on Child](#) and submit via the instructions on the form to the Court Liaison. The Caregiver's Update on Child must be received at least 5 days before the hearing. Foster Parents are encouraged to attend court hearings for children residing in their home and to provide updates during the hearing on the progress of the child's services, behaviors, and placement whenever the Judge/Court Master requests. Foster Parents may be excused from hearings in some instances once they have provided their updates regarding the child.
- C. Children are generally expected to attend court hearings. While social research is limited in child attendance at court hearings, studies conducted have shown that children who attend hearings were more likely to report they trusted the Judge to do what is best for them and they felt that the Judge had enough information to make the right decision³. Attendance of children at court hearings also provides the Judge the opportunity to observe interactions between the children, parents, and Foster Parents, providing invaluable information about these relationships. These observations, in combination with reports by the Agency and the parent's counsel, enable the Judge to make the best decision possible for the child⁴.
- Children may be excused from hearings in some instances, but only if it has been determined that it is in the best interest of the child not to attend and accommodations cannot be made to ensure the child's best interests while attending court. If a child in your care indicates they do not wish to attend a court hearing or if you believe it is not in the best interests of a child in your care to attend a court hearing, discuss it with the child's case worker and attorney as soon as possible.

For more information concerning children and the courts go to www.jitnevada.org

- D. Effective October 1, 2017, every foster child will be appointed an attorney to represent them in court. Children's attorneys meet with their clients on an ongoing basis and advocate for the child's wishes during court hearings. The child's attorney makes recommendations to the court when a child does not wish to attend a hearing or when the child's team does not believe attendance at the hearing would be in the child's best interests. If you do not know who your child's attorney is, please contact the assigned case worker.

³ Weisz, V., Wingrove, T., Beal, S., Faith-Slacker, A. (2011). Children's participation in foster care hearings. *Child Abuse and Neglect*, 35(4), 267-272.

⁴ Whitney Barnes, E., Khoury, A., Kelly, K. (2012). "Seen, Heard, and Engaged: Children in Dependency Court Hearings." *Technical Assistance Bulletin*. National Council of Juvenile and Family Court Judges, Reno, Nevada.

22. Reporting Incidents.

Incident Reporting Requirements for Serious Incidents:

- A. Incident reports are required anytime there is a serious incident, accident, or injury involving a child in a foster home as outlined in [NAC 424.476](#). When caregivers are uncertain if an incident report is necessary, caregivers should contact their assigned Foster Care Licensing Worker for guidance. In instances where a behavior routinely occurs or is ongoing, an incident report must be submitted for each occurrence.

- B. Examples of a serious incident include, but are not limited to:
 - 1. The death of a child.
 - 2. The ingestion of a poison or drug overdose by a child.
 - 3. A traumatic event involving a child, including, without limitation, near drowning, suffocation, or shock.
 - 4. Threats of harm to others or self.
 - 5. Any actions involving self-harm or attempted suicide.
 - 6. A discovery that the child is or has been involved in sex trafficking or has been exploited.
 - 7. Physical aggression or physical altercation between any household members.
 - 8. Injuries to a foster child.
 - 9. Any incident that requires medical or psychiatric intervention and/or hospitalization.
 - 10. Sexualized behavior.
 - 11. Criminal activity, law enforcement involvement, or arrest of a foster child or caregiver.
 - 12. Damage to property.
 - 13. Medication errors or refusal.
 - 14. Physical restraint of a foster child.
 - 15. Runaway or missing foster child (see below, Incident Reporting Requirements for Runaway or Missing Children).
 - 16. An occurrence in the foster home of an illness or disease that presents a significant risk to the health of the child.
 - 17. Any condition or situation that causes the foster home to close and requires a child to be moved out of the foster home.
 - 18. Any physical damage to or failure of a necessary electrical, heating, cooling, smoke- or fire-detection system, or any physical damage to or failure of any plumbing on the premises of the foster home, which may affect the safety of a child or the habitability of the foster home and which cannot be repaired within 24 hours after the damage or failure is discovered.
 - 19. A fire on the premises of the foster home which requires a response by a fire-fighting agency.
 - 20. A motor vehicle accident if a foster child was in the vehicle.

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21. Any change in the foster home which affects compliance with any licensing requirement, including, without limitation, any member of the household or staff who suffers a major illness or injury or who is arrested.
22. Any other significant event that may affect the safety, health or well-being of a child or any other person in the foster home.

C. Incident Report Content:

1. Confidentiality of foster children must be maintained in incident reports. Therefore, only one foster child may be named in an incident report.
 - a. Each incident Report will reference one child by name and the subsequent child (if applicable) by age and gender.
 - b. If two youths are involved in an incident and incident reports are needed for both, each youth requires their own incident report.
2. Incident reports should include:
 - a. Demographic information and an identified incident category as outlined in section 1 of the incident reporting form.
 - b. A detailed description of the event or incident, including the location, nature of the incident, events that led up to the incident, efforts made to de-escalate the situation, interventions used.
 - c. Names of all parties involved in and witness to the incident.
 - d. A detailed explanation of what immediate action was taken, including persons contacted, such as the child's assigned Case Worker, caregiver(s), Foster Care Licensing Worker, child's family, or others; the date and time the person was contacted; and if an injury occurred what was the immediate response.
 - e. A detailed description of the follow-up action, including the outcome or resolution of the incident, consequences given to the child, and the steps taken to prevent reoccurrence.
 - f. If applicable, photos of any injuries, property damage, etc. should be provided with the incident report.

D. Incident Reporting Requirements:

1. Family Foster Caregivers must provide email notification on all incidents as outlined in section C.2., Email Notification. Additional immediate verbal notification is required when a child's immediate safety is affected, see examples of a serious incident above, numbers 1-5.
2. Enhanced and Specialized Foster Care providers are required to complete all steps of the Incident Reporting process outlined below in section E.

E. Incident Reporting Process:

1. Verbal Notification: If any situation threatens the immediate safety of any child in a foster home, Caregivers, Enhanced and Specialized Foster Care Agencies will notify WCHSA as soon as reasonably practicable but not more than 30 minutes after the incident. Examples of situations in which verbal notification is required are examples 1-5 of serious incident

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- examples above. Verbal notification should occur via phone call to the child's assigned Case Worker or Supervisor during business hours, and to the on call clinical Supervisor or intake at 1-833-900-7233 (SAFE) after business hours. A voicemail is not sufficient.
2. **Email Notification:** The caregiver must email a brief summary of the incident as soon as reasonably practicable after the event but not later than 24 hours. This email satisfies the requirement for written notice within one business day per NAC 424.476(2). The email should be sent to HSA-IncidentReports@washoecounty.gov and the child's assigned Case Worker and will include:
 - a. A brief description of the incident, including:
 - i. Who was involved (youth, staff/caregiver), including if law enforcement was called.
 - ii. A description of any immediate action taken to ensure the safety of all household members.
 - iii. Whether or not injuries occurred for any involved party.
 - iv. Whether or not a restraint occurred.
 3. **Incident Reporting Form:** A completed incident reporting form HSACS 630 must be emailed to HSA-IncidentReports@washoecounty.gov and the child's assigned Case Worker. The form must be submitted as soon as reasonably practicable but not later than 2 business days following the occurrence, even if the Agency was previously notified via phone or email.
 4. The foster home or specialized foster care agency should have a designated person responsible for notifying the Agency and submitting incident reports within the required timeframes.

Incident Reporting Requirements for Runaway or Missing Children:

- A. When the child runs away:
 1. Licensed foster homes and caregivers are required by NAC 424.476(5) to verbally notify WCHSA and law enforcement *immediately* upon determination that a child is missing, runaway or suspected to have been abducted or been a victim of sexual exploitation. The Foster Parent should obtain the law enforcement report number and provide it to the Case Worker.
 2. A child is determined to be missing when the location of the child is unknown and there has been no contact with the child for three (3) hours despite multiple attempts to make contact (in person, electronic, social media, etc.). Note: The three (3) hours timeframe does not apply when a child is five (5) years of age or under, when a child that has a cognitive delay, when a child that is vulnerable due to medical needs, or when it is clear that a child has runaway or abduction is suspected. In these cases, verbal notification to WCHSA and law enforcement must occur immediately.

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3. If a child is at school and/or another activity and is determined to have gone missing and/or runaway the timeframe for reporting begins immediately upon discovery of youth's whereabouts being unknown.
 4. When reporting a missing child to WCHSA, the caregiver should speak directly to an Agency staff member. Leaving a voicemail message is not sufficient.
 5. Upon determining a youth has runaway the care provider will immediately begin active efforts to locate youth, including:
 - a. Continue to seek information from the parents, relatives, adult mentors, child attorney, friends, and others, who may have information about the child's whereabouts while the child is missing or on runaway status.
 - b. Ask the other children in the home if they have heard from or know where the child may be.
 - c. Check past locations the child has been known to frequent or where they were previously found.
 - d. Check all of the child's contacts (i.e., local family members, friends, teachers, significant others, etc.) to ask if they have heard from the child and if they know of his/her whereabouts.
 - e. If at any time new information is obtained on the child's location, all law enforcement agencies and other agencies notified that the child was missing must be contacted immediately.
 - f. Check social media of the youth, friends, and family.
 - g. Continue to call or text youth directly on their cell phone.
 6. Licensed foster homes and caregivers are required by NAC 424.476(5) to provide written notice as soon as reasonably practicable, but no later than 24 hours. The caregiver will complete and submit the Runaway or Missing Child Reporting Form for Caregivers HSACS 322B to WCHSA as instructed on the form.
 - a. Complete Section 1 of the form and submit when the child runs within 24 hours.
 - b. Complete Section 2 of the form and submit it along with the previously completed Section 1 when the child returns.
 7. Upon notification of a missing/runaway child, WCHSA will follow the WCHSA Runaway Protocol.
 8. If determined a child has runaway, the caregiver can request a bed hold after 24 hours by emailing HSA-BedHolds@washoecounty.gov. Refer to the Bed Hold Policy for additional information.
- B. When the child returns from a runaway:
1. Licensed foster homes and caregivers must verbally notify WCHSA and law enforcement *as soon as reasonably practicable but no later than three hours* upon determination that a child has returned from a runaway incident.

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2. Within 24 hours, the caregiver must complete and submit the Runaway or Missing Child Reporting Form for Caregivers HSACS 322B in its entirety to WCHSA as instructed on the form.
 3. Interactions with the child should include:
 - a. Welcome the child back. Ensure the child knows and is aware of the concerns expressed regarding his/her safety and wellbeing by friends, family and others who have significant relations with the child.
 - b. Assess and meet the child's immediate physical and health needs.
 4. Any immediate needs for the child should be communicated to the Case Worker.
23. Placement Disruption. Before requesting the removal of a child from a foster home, the Foster Parent shall make every effort to preserve the placement of the child within the foster home by working in partnership with the Agency to support the well-being of the foster child (NAC 424.478). Whenever possible the case worker will make referrals for services to address any behavioral or parenting issues that may be impacting the child in their placement. See Section 9 – Placement Support Services for more information.
24. Bed Hold Protocol. A bed hold reserves a child's placement when a child is temporarily absent from a foster home or specialized foster home and can allow the caregiver to continue to receive payment during the child's absence until the child returns to the home.

Common circumstances under which a bed hold can occur include:

- a. Admission of the child to a hospital for medical care
- b. Admission of the child to an acute care facility for psychiatric care
- c. Booking of the child into a Juvenile Detention facility
- d. Runaway

It is expected that if a child is absent from a foster home for any of the above reasons that the home allows the child to return unless there are extenuating circumstances and consultation has occurred with WCHSA.

A. Process to Request a Bed Hold:

1. In the event a child placed in a foster home or specialized foster home is temporarily absent, but the plan is for the child to return, a bed hold request must be submitted via email to HSA-BedHolds@washoecounty.gov and the child's caseworker within 24 hours of the child's departure. The email should include the child's name, date the child left the home, reason the child left the home, and name of the foster home.
 - a. If the child resides in a specialized foster home, the request must be submitted by the caregiver, any SFC agency staff member, or SFC Agency Director.

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- b. If a child resides in a family/kinship foster home, the placement liaison is responsible for requesting the bed hold on behalf of the foster family.
2. The bed hold team will review the request and notify the caregiver of the determination via email.
3. During the time the child is out of the home, the caregiver and/or specialized foster care agency must demonstrate continued involvement by:
 - a. visiting the child or maintaining contact with the child as permitted,
 - b. attending meetings or appointments for the child,
 - c. taking the child personal care items (e.g., sundries; clothing; medication),
 - d. involvement in discharge and/or transition planning back to the foster home, and
 - e. for runaway youth, any related activities such as making police reports and runaway information sheet, contact with child and/or the child's team, and following all runaway protocols.

B. Payment:

1. Payment for a bed hold may not exceed seven (7) days. Approval beyond seven (7) days can be considered on a case-by-case basis.
2. If the child returns to the placement within seven (7) days the home will be reimbursed the daily rate for the number of days the child was absent.
3. If the child does not return to the same home within seven (7) days reimbursement will not be issued.
4. If a child is placed into emergency foster care temporarily for any reason during the period a bed hold was requested, a bed hold may not be honored and will be considered case-by-case.
5. Please note that if an SFC agency invoices WCHSA for a bed hold for which no notification/approval was given, the agency will not get paid.
6. All bed hold related issues must be resolved within the month in which it occurs.

SECTION 5 – FOSTERING RELATIONSHIPS THROUGH VISITATION

1. Purpose and Philosophy. Family Engagement and Visitation is essential for a child's well-being, fundamental to permanency and vital to a child maintaining family relationships and cultural connections.
2. Visitation is a right, not a privilege. The Fourteenth Amendment to the United States Constitution ensures a parent's fundamental right to have custody of their children. When a child has been removed from the parental home the parent retains the right to have visitation and in most instances has a right to receive services to facilitate reunification, including visitation. Children also have a right to visit with their parents and other important individuals. Under no circumstance will visitation be withheld solely based on the parent's non-cooperation with their case plan services or a child's behavior.
3. Visitation should be embraced and encouraged. Research has shown the most powerful motivation a parent has to make positive lifestyle change is to see their children. Consistent visitation is associated with higher rates of reunification and decreases in a child's anxiety and depression. Visitation maintains and supports the parent child relationship, which is essential for successful reunification and preventing re-entry into foster care.
4. We need to nurture parents the way we want them to nurture their children. Psychological preparation of parents for visits has been shown to predict positive visiting outcomes. When parents understand that the visit is different from their usual interactions with the child and that the child is under greater than normal stress, they are better prepared for their child's reactions and are less likely to be discouraged by any disruptive behaviors during visits. Providing realistic expectations for the visit to the parents helps to build their confidence in their ability to parent, which has already been badly shaken by the child's removal, and helps them to feel less like they are being negatively judged for the child's reactions⁵. Provision of enhanced visitation services, such as the Fostering Relationships through Visitation (FRTV) model or other forms of facilitated family parenting time, should be provided during the early stages of visitation, to strengthen and maintain the parent/child relationship.

When a Foster Parent supports family reunification through a positive relationship with birth parents/family members, which includes mentoring and supporting visitation, achievement of reunification happens more often. The Agency expects that any Foster Parent who accepts the responsibility of caring for a child will facilitate visits between the biological parent and/or relative and the foster child and will engage in a positive co-parenting relationship with birth families.

⁵ Holcomb, R., MSW, Ph.D. (2004). Innovative Practice in foster child visitation: A review of the literature for Family Alternatives, Inc. Retrieved November 7, 2017, from <http://casw.umn.edu/wp-content/uploads/2014/07/FosterCareVisitationLitreview.pdf>.

Research shows when the child's case worker and Foster Parent makes efforts to engage parents in visitation and encourage parents to join in their children's activities and participate in decision making, such as attending medical/dental appointments, educational meetings, therapy, and extra-curricular activities, there was an increase in the regularity of parent-child visitation⁶. Parents who have substance use disorders may need a longer recovery period, are more likely to have mental health problems, use visiting and other services less and have lower reunification rates⁷. Due to these additional issues, these parents may require more persistent encouragement to visit their children⁸. Support services to help parents participate in visitation and well thought out Individualized Family Engagement and Visitation Plans developed in collaboration with the parent and Foster Parents should be provided to ensure logistical barriers do not prevent visitation.

The removal of a child is a traumatic experience for both the children and the parents. Additionally, parents often have other past traumatic experiences, such as a childhood history of foster care placement, previous experience with a child protective services agency, family violence, etc. Those traumatic experiences can influence the parent's engagement with the case worker, Foster Parent and other agency staff and their participation in visitation. It is imperative that the case worker's and Foster Parent's approach is non-judgmental, and trauma informed.

Visitation should occur in the least restrictive environment as is necessary to ensure child safety. When visits are supervised, parents may feel that their interactions are being scrutinized and judged making spontaneous, self-assured interaction difficult⁹. Therefore, when visits must be supervised the parent should understand the reason for supervision and know what must change to decrease the level of supervision during visits.

5. Children who visit frequently with parents have fewer behavioral problems and show less anxiety and depression. When a child is exposed to stress, the body's natural response is to release cortisol, otherwise known as the stress hormone, to engage the fight or flight response. Researchers have found that while initial cortisol levels increase when a child is first stressed, the levels decline to an abnormally low level if

⁶ Nesmith, A. (2014). Factors Influencing the Regularity of Parental Visits with Children in Foster Care. *Child and Adolescent Social Work Journal*, 32(3), 219-228. doi:10.1007/s10560-

⁷ Choi, S., & Ryan, J.P. (2007). Co-occurring problems for substance abusing mothers in child welfare: Matching services to improve family reunification. *Children and Youth Services Review*, 29, 1395-1410.

Dore, M. M., & Doris, J.M. (1998) Preventing child placement in substance-abusing families: Research-informed practice. *Child Welfare*. 77(4), 407-426.

⁸ Burry, C.L., & Wright, L. (2006). Facilitation visitation for infants with prenatal substance exposure. *Child Welfare*, 85(6), 899-918.

⁹ Haight, W. L., Black, J. E., Mangelsdorf, S., Giorgio, G., Tata, L., Schoppe, S. J., & Szewczyk, M. (2002). Making visits better: The perspectives of parents, Foster Parents, and child welfare workers. *Child Welfare*. LXXXI, #2, Retrieved November 7, 2017, from <http://centerforchildwelfare.fmhi.usf.edu/kb/trpost/Making%20Visits%20Better--The%20Perspectives%20of%20Parents,%20FP,%20and%20Case%20Workers.pdf>

they experience stress for an extended period of time,¹⁰ which is often the case for children involved in the child welfare system. These abnormal cortisol levels have been linked to behavioral problems in children such as aggression, depression, and anxiety¹¹ and may be a contributing factor to a child's negative behaviors. In addition, when a child is removed from their home, they may not understand the separation from their parents and may respond with bewilderment, sadness and grief. During visits they may cling, cry, act out or withdraw from their parents. Following a visit, they may be confused, sad or angry. Some children show regressive behaviors, depression, physical symptoms or increased behavioral problems¹². Due to these various factors, a child's negative behaviors following a visit may not mean the parent did something harmful during the visit.

Studies have shown that children who have frequent, regular parental contact experience significantly less externalizing behaviors and lower levels of depression¹³. Additionally, children who visit with their parents regularly have stronger attachments than children with less contact, which is also linked to fewer behavioral problems¹⁴. In cases where children are exhibiting problematic behaviors, increasing visits may actually reduce the child's anxiety and result in less negative behaviors¹⁵. Foster Parents and relative/fictive kin caretakers can provide support to children and parents during visitation by encouraging parents to follow the child's lead using the Fostering Relationships through Visitation (FRTV) model. Research has shown that simply following a child's lead and responding to them in a nurturing manner over time strengthens the parent-child attachment¹⁶, improves the child's regulation of cortisol¹⁷, and increases the child's ability to manage their own emotions and behavior¹⁸.

6. All families should be welcome. Children should have contact with all persons they identify as important individuals. Supporting existing relationships and supporting new

¹⁰ Concordia University. (2011, February 10). Behavioral problems linked to cortisol levels: Study finds intervention needed as soon as behavioral problems appear. *ScienceDaily*. Retrieved March 6, 2018 from www.sciencedaily.com/releases/2011/02/110209124143.htm

¹¹ Ruttle, P. L., Shirtcliff, E. A., Serbin, L. A., Fisher, D. B., Stack, D. M., & Schwartzman, A. E. (2011). Disentangling psychobiological mechanisms underlying internalizing and externalizing behaviors in youth: Longitudinal and concurrent associations with cortisol. *Hormones and Behavior*, 59(1), 123-132. doi:10.1016/j.yhbeh.2010.10.015

¹² Smariga, M. (2007). *Visitation with infants and toddlers in foster care: What judges and attorneys need to know*. Retrieved November 7, 2017, from http://www.ct.gov/ccpa/lib/ccpa/birth_to_three_and_visitation_aba_child_law_center_doc.pdf

¹³ McWey, L.M.m Acocck, A., & Porter, B.E. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Children and Youth Services Review*, 32(10), 1338-1345. Doi:10.1016/j.childyouth.2010.05.003

Cantos, A. L., Gries, L.T., & Slis, V. (1997) Behavioral correlates of parental visiting during family foster care. *Child Welfare*, 76(2), 309-329.

¹⁴ McWey, L. M., & Mullis, A. K. (2004) Improving the lives of children in foster care: The impact of supervised visitation. *Family Relations*, 53, 293-300.

¹⁵ Hess, P. (1988). Case and context: determinants of planned visit frequency in foster family care. *Child Welfare*, 67(4), 311-326.

¹⁶ Bernard, K., Dozier, M., Bick, J., Lewis-Morrarty, E., Lindhiem, O., & Carlson, E. (march/april 2012). Enhancing Attachment Organization Among Maltreated Children: Results of a Randomized Clinical Trial. *Child Development*, 83(2), 623-636. doi:10.1111/j.1467-8624.2011.01712.x

¹⁷ Bernard, K., Dozier, M., Bick, J., & Gordon, M. K. (2014). Intervening to enhance cortisol regulation among children at risk for neglect: Results of a randomized clinical trial. *Development and Psychopathology*, 27(03), 829-841. doi:10.1017/s095457941400073x

Bernard, K., Hostinar, C. E., & Dozier, M. (2015). Intervention Effects on Diurnal Cortisol Rhythms of Child Protective Services–Referred Infants in Early Childhood. *JAMA Pediatrics*, 169(2), 112-119. doi:10.1001/jamapediatrics.2014.2369

¹⁸ Lind, T., Bernard, K., Ross, E., & Dozier, M. (2014). Intervention effects on negative affect of CPS-referred children: Results of a randomized clinical trial. *Child Abuse & Neglect*, 38(9), 1459-1467. doi:10.1016/j.chiabu.2014.04.004

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relationships with relatives can provide the child with long-term support and may even result in identifying new placement options. The child's wishes concerning contact with important individuals should be considered and an Individualized Family Engagement and Visitation Plan put into place. The Reasonable and Prudent Parent Standard outlined in the [Normalcy Policy for Foster Parents](#) and [Normalcy Policy for Relatives](#) should be used by caregivers to guide decisions concerning the foster child's continued contact with peers. Consideration of introduction of new household members, such as a parent's new boyfriend/girlfriend, should be guided by the wishes of the child based on their developmental level and the permanency plan.

7. Fostering Relationships Through Visitation (FRTV). FRTV is a relationship building model where the Foster Parent facilitates visits and other forms of contact with the birth parent to build a positive co-parenting relationship. During visits the Foster Parent coaches and encourages parents to follow their child's lead, encouraging play-based engagement and connection with their children and strengthening the parent-child bond. Parents are taught to understand their child's reactions during visits, making them feel less rejected, which has been shown to support ongoing consistent visitation. Foster Parents and birth parents also collaborate on how to best meet the child's needs, empowering parents to stay involved and connected with their children. Foster Parents are also encouraged to serve as mentors to parents, providing guidance on parenting and support throughout the reunification process.

It is the expectation that all Foster Parents will engage birth parents using the FRTV model to build a positive co-parenting relationship, improve visitation experiences for parents and children and to support reunification. The Foster Parent should facilitate visits until a positive co-parenting relationship has been established. At that point, the Foster Parent may only need to check in with parents during visits to provide updates on the child.

Foster Parents may receive training and coaching to implement the FRTV model through the Family Engagement Center. Additional information concerning positive visitation is available at <http://www.qpinevada.org/> . The FRTV model consists of the following elements:

- A. Foster Parents facilitate the initial visitation in order to build a relationship with the birth parent and to ease the child's transition in their home. The Foster Parent should remain in the visits to facilitate for as long as is in the best interest of the child and family.
- B. An Agency representative will be there at the beginning and end of the initial visit that the Foster Parent is facilitating to provide guidance and support to both the foster and birth parents, as well as, to provide initial introductions.
- C. During visitation the Foster Parent is expected to promote positive interactions between birth parent and child. This could be in the form of

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modeling healthy parenting practices, basic infant care, special dietary instructions, etc. A positive interaction between the birth parents and Foster Parents is critical to child development and is what is in the best interest of the child.

8. Individualized Family Engagement and Visitation. Each child should have an Individualized Family Engagement Plan designed in collaboration with the Child and Family Team that outlines a plan of visitation and other forms of contact with birth parents and other important individuals at a frequency and duration that will support and improve familial bonds and meet the safety, permanency and well-being needs of the child.
 1. **Comfort Call:** Upon placement, whenever possible, and when a child transitions to a new placement the Foster Parent and placing case worker should initiate a phone call with the biological parent(s) to introduce the Foster Parent and allow the child to speak with the parent. The primary purpose of a comfort call is to provide comfort to the child and parents after a removal or move to a new placement. This call is also the starting point of the Foster Parent – parent relationship, setting the stage for a positive co-parenting relationship. During the call the Foster Parent should allow the parent to be the expert on their child by discussing vital information needed to meet the child’s needs such as:
 1. Medical – allergies, medications, upcoming or needed appointments, immunizations, etc.
 2. Behavioral – past trauma, placement history, therapeutic history.
 3. Educational and Developmental – school attended, teachers, academic performance, special services, etc.
 4. Family/Fictive Kin/Peer support systems – Who else can the child call for support?
 5. Routines – extracurricular activities, schedules, bedtimes, etc.
 6. Set up an Icebreaker and first in person visit; and
 7. Let the children speak with their parent – The placing case worker should help to set guidelines with the parents for appropriate conversations.
 2. **First Visit:** It is important for children, parents and siblings to have contact as soon as possible after placement into foster care or relative/fictive kin care. The first visit should occur no later than 48 hours after initial placement. The Icebreaker and first visit should occur at the Family Engagement Center. At the time of initial placement into foster care, the removing Case Worker will provide the birth parent and Foster Parent with a ‘Partnership Plan for Children in Out-of-Home Care’. This document will specify the day and time of the first visit with additional information for all parties should that day and time need to be altered. An initial visitation schedule will be coordinated with the Foster Parent and birth parents by the case worker or Family Engagement Center staff member during the first visit. When there is a placement change and siblings are not placed together a visit should occur within 48 hours of placement change.

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3. Safety During Visits – The Foster Parent must immediately report to the case worker any behaviors by the parents that threaten the safety of the child during visitation. Safety refers to the physical and emotional safety of a child. If there are danger threats that are not effectively managed with the current Individualized Family Engagement and Visitation Plan, the case worker must take immediate action to review and update the Individualized Family Engagement and Visitation Plan to ensure the safety of the child during visitation.
4. Written Individualized Family Engagement and Visitation Plan: An initial Individualized Family Engagement and Visitation Plan should be developed in collaboration with the Child and Family Team within 30 days from the date of the child's removal. The case worker should discuss visitation with the Foster Parent and child during monthly child and Foster Parent contacts. Substantial changes made to the plan should be updated on the Individualized Family Engagement and Visitation Plan on an ongoing basis. A formal review of the Plan, with completion of a new Individualized Family Engagement and Visitation Plan form, should be conducted by the case worker at least every 90 days.
5. Frequency and Duration of Visits: Family visits will occur as often as the case plan warrants and is based on the needs of the child first and foremost. The frequency of court ordered visits may not be altered. The Foster Parent and Agency will collaborate to ensure the child is made available for visitation as frequently as the court has ordered.

The Foster Parent is required to transport to and facilitate, at a **minimum**, two family visits a week per foster child; though more may be required depending on the needs of the family and the best interest of the child. Additionally, Foster Parents may also be requested to facilitate visitation and provide transportation to visits at least two weekends per month based on the needs of the child and family and the availability of the Foster Parents.

The Child and Family Team should determine the appropriate frequency and duration of visits that best meets the individual needs of the child and that supports the permanency plan, including progression to an in-home plan or transitioning towards adoption. Some factors that are considered include, but are not limited to:

1. The child's age and developmental level – Generally, younger children may require more frequent in-person visitation with a shorter duration to maintain the parent – child bond while older children may require less frequent in-person visits with a longer duration with other forms of contact occurring daily.

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2. The child's wishes – What is the child asking for in terms of visitation and what does this request mean? Whenever it is safe and in the child's best interest visitation should occur at a level that the child is requesting. When a child does not wish to visit with a parent the case worker should explore the child's reasoning and determine if there is a course of action that would help the child to feel more comfortable re-engaging in visitation with the parent. As determined appropriate by the Child and Family Team, family therapy for the parent and child may be offered as a case plan service to develop or enhance the parent/child relationship when visitation supports the permanency plan.

Foster Parents are expected to provide emotional support to children who are experiencing ambivalence about their parents, being mindful that even when a child is angry at a parent or upset, they still love them and may change their mind about contact. Additionally, the Child and Family Team may require that the child participate in visits with the parent even if the child indicates they do not want to visit and the Foster Parent should provide support in these instances without making negative statements to the child about the decision to visit.

3. The child's school and after-school activity schedule – Stability in all activities should be maintained whenever possible. Children shall not miss school for regularly scheduled parental visits. Unless it is determined to be unsafe the Foster Parents should invite parents to attend the child's school and after-school activities in addition to their other scheduled visitation.
4. The child's emotional well-being – The child's reactions to visits, both positive and negative, should be considered when determining the frequency and duration of visits. However, a child's negative reactions, before, during or after a visit, does not necessarily mean that the parent did something wrong and should not be a sole determinant to reduce visitation. When a child has negative reactions during visits the case worker should attempt to determine if it is a normal response to separation or if it suggests a problem in the visiting situation or the parent – child relationship. Research has shown that when children have strong reactions during visits or in the foster home increasing the frequency and consistency of visits can actually reduce these behaviors improving child well-being and placement stability. Additionally, Foster Parents should provide emotional support to children before, during and after visits to help children adjust and help nurture a positive co-parenting relationship with the birth parent. When Foster Parents effectively co-parent with birth parents the child experiences less loyalty conflicts, which reduces their anxiety and negative behaviors in the foster home.

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5. Timing and duration that supports natural parenting activities – Visits should be scheduled at a time and duration that will support natural parenting activities such as meal preparation, nap times, home work time, etc. If the visit interferes with a child’s regular daily activities the case worker should consider how the parent may be incorporated into that activity during visitation.
 6. Parent’s and Foster Parent’s Schedules – Visits should be coordinated with the parent’s and Foster Parent’s schedules, whenever possible. The Agency should provide the Foster Parents with a minimum of 48 hours notice prior to any changes to an existing visitation, so Foster Parents may also have an opportunity to plan their schedules, but an initial visitation will need to occur on more of an emergent basis. When there are scheduling conflicts that cannot be resolved the case worker should consult with the Child and Family Team to determine if others involved with the family can assist.
 7. The Permanency Plan – When the permanency plan is reunification the visitation plan should change over time, depending on the parent’s progress towards enhancing parental capacities, ideally increasing in length and requiring more responsibility on the part of the parent to care for their child. When the plan changes to termination of parental rights consideration should be given to continuing connections with parents and important individuals after the closing of the case. If there will be no further contact with the parent the visitation plan should include titration down and a final “goodbye” visit.
6. Other Forms of Contact: Family engagement and visitation can occur in many forms including in-person, Skype/FaceTime, telephone, text, email, social media, or letters. In person visits should be scheduled whenever possible. In person visits should be supplemented with additional forms of contact based on the child’s needs, age and developmental level. These additional forms of contact should not replace in person visits, but should be used to increase the parent’s engagement with their child. When in-person visits are not possible or appropriate, other forms of family engagement and visitation should be implemented.
 7. Location: Visits should occur in the least restrictive, most home-like environment that is safe for the child. When determining the location of a visit the case worker will take into consideration the identified danger threats, the wishes of the child/parent/Foster Parent, how the location can mitigate the danger threat and how the location encourages natural parent – child interactions and offers opportunity for the parent to develop or practice parenting skills.

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Visits may occur in the parent's home, the foster home, the community, the Family Engagement Center or the CPS Office. Foster Parents are encouraged to facilitate visitation in their own homes and during outside activities. If a Foster Parent is interested in expanding visitation to include birth parents in outside activities or moving visitation within their own home, they should speak with the case worker for prior approval.

8. Transportation to visits: Whenever possible, the Individualized Family Engagement and Visitation Plan will be developed to accommodate the Foster Parent's schedule, allowing them to transport the child to visits on an ongoing basis and facilitate visits with the birth parents. While Foster Parents are expected to transport children to all visits and other activities, other individuals involved in the child's care as approved by the Agency, such as the birth parents, relatives/fictive kin who are not the placement, members of the child and family team, etc., may also be considered when making transportation arrangements for family engagement and visitation time. Utilizing agency staff to transport children to and from visitation with their family can negatively impact the co-parenting relationship between birth parents and Foster Parents, as visitation is an important opportunity for the Foster Parents to engage with birth families. Additionally, the child may see the Foster Parent as being unsupportive of the parent-child relationship when they are not transporting to visits on a regular basis. Agency staff may be available to transport children on a limited, case-by-case basis. Please contact the case worker directly to request transportation assistance.

Birth parents and family members who will be transporting the child for visits must provide their own car seat if the child's age and size so warrant. Parents must comply with state laws including state law for child restraints.

9. Holidays: Holidays are special family times for both foster and birth families alike. Whenever possible, the Agency will attempt to reschedule routine visits with the family to reasonably accommodate the schedule of the foster family. Usually, such visits will be scheduled on a non-holiday day. Non-routine visits will not be scheduled for holidays without the consensus of the foster family and unless no other accommodation can be made.
10. Evening Visits: Based on varied schedules of birth parents and Foster Parents, visitation may fall outside normal business hours. Evening visitation may be requested to accommodate all parties for visitation.
11. Foster Parent Cancelling Visits: Because visitation is so important for both children and parents, Foster Parents may not cancel a scheduled visit without first consulting with the case worker or visit Coordinator to see if there are supports available to facilitate the visit. Whenever a scheduled visit is cancelled by the Foster Parent, a make-up visit will be scheduled as soon as possible.

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Cancelling a visit when a child is ill should only occur when the child:

- Has an undiagnosed skin rash; or
- Has purulent drainage from eyes, nose, or ears; or
- Appears mildly ill and is unable to participate in normal visit activities; or
- Has an undiagnosed fever of 100.4 degrees or higher, vomiting or diarrhea.

If the visits occur in the parental home the Foster Parent should consult with the case worker to determine if the sick child should attend their visit.

12. If a Foster Parent believes a child will be endangered if released to the parent or family member for an off-site visit (i.e. the parent appears to be under the influence of alcohol/drugs, the parent does not have the proper child safety seat, the parent brings an individual who is not approved to visit, etc.), the Foster Parent may refuse to release the child, but must immediately consult with the child's case worker, Supervisor or the on-call case worker at 775-785-8600.
 13. In instances where the foster family and case worker are unable to achieve consensus regarding any aspect of the Foster Parent's involvement in the visitation plans, the matter will be handled according to the dispute resolution procedure discussed in Section 11.
9. Visitation Guidelines and Procedures. The following is a list of tips to be utilized during visitation between the parent and child. Examples of appropriate interactions are focusing on child's needs, playing a game with the child, assisting with homework or an activity, reading a book together, and speaking to the child on their level.
- A. Keys to successful visitation:
1. The case worker, Foster Parent, and birth parent/family member mutually agree upon the time and length of the visits. This will be established prior to the first visit.
 2. A child's ability to visit with their parent is critical to their emotional well-being and is a contributing factor to successful reunification. Birth parents can often be late or miss visitation for a variety of reasons. We understand this can be upsetting to the child and frustrating for the Foster Parent. Foster Parents will be required to stay until approximately 15 minutes past the scheduled visit time. Foster Parents are required to answer their phones during the scheduled visit time, so that WCHSA can contact them if the parent arrives for the visit. The Foster Parent, depending on the circumstances, may be requested to bring the child back to the office or Family Engagement Center for the remainder of the visit time.

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- Note: If the parent arrives late for the visit, but prior to the child being removed from the visit site the parent and child may visit for the remaining time of their scheduled visit. In instances where a parent is chronically late for visits the parent will be required to check in prior to the scheduled visit time allowing the Agency time to notify the Foster Parent of the parent's arrival prior to transporting the child to a visit. The case worker or visitation Coordinator is responsible for making the determination when a parent is chronically late to visits and will develop a plan with the parent to outline under what conditions the early check in will discontinue.
3. Visitation is an important time for birth parent and child bonding. As the Foster Parent you can be a great support to both the birth parent and child by encouraging healthy interactions; ensuring that the child feels safe and secure during visitation; and maintaining boundaries with the birth parent if they begin to venture into visitation that no longer seems productive or could be perceived as unsafe for the child.
 4. The Foster Parent is expected to communicate information to the case worker during monthly contacts about how visitation is going, both the positives, as well, as any concerns that they may see during visitation. We encourage the Foster Parents to provide feedback to parents in a thoughtful, non-judgmental and supportive manner during visitation with the birth parent. If the Foster Parent is uncomfortable providing this feedback, a Foster Parent mentor or assigned staff may be able to provide support and guidance. Safety concerns must be reported to the case worker and/or FEC staff immediately.
 5. Negative comments or discussion of the court case, case worker, or related matters such as visitation restrictions should be avoided during visitation, especially when such conversations are upsetting to the child. Foster Parents are encouraged to help shift the focus of the visit back to parent-child interaction.
 6. The visiting person is the only person who may be present during the visit unless the child's case worker has previously authorized the presence of others and communicated the permission to the Foster Parent.
 7. If a Foster Parent suspects that the visitor is showing signs of being under the influence of alcohol or drugs they may contact the case worker or agency representative to determine the appropriateness of the person to visit. The judgment of the person supervising the visit will determine if the visitor appears under the influence to the point that visiting could cause a safety concern for the child. It is important to note that being under the influence of alcohol or drugs does not, in and of itself, constitute cause to terminate the visit.

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8. The Foster Parent should discuss the rules of their home with the birth parents prior to allowing the birth parents to visit in their home and the birth parent must respect those rules or in-home visitation may cease to be an option for that family.
9. If the Foster Parent has any issues or concerns during a visit in their home, they should contact the assigned case worker and/or Supervisor. If it is an emergency, please contact the on-call case worker at (775) 785-8600.

SECTION 6 – DISCIPLINE

1. Discipline. Any adult who resides in the home or has contact with the child shall promote self-control and discipline through wholesome example, positive guidance, redirection of the child's behavior, and setting clear-cut limits on behavior.

Children who experience separation from and loss of their families often go through a grieving process and a period of adjustment that is difficult for them. The loss of family coupled with what for most children is an entirely new set of life experiences (from new foods to different sleeping accommodations to new playmates to changing schools) also contribute to emotional difficulty which may cause the child to push behavioral boundaries with the Foster Parent. The Foster Parent should expect a temporary period of adjustment and should not respond with extreme disciplinary measures.

The Foster Parent is encouraged to consult with the child's case worker, therapist, assigned clinician, licensing worker, or the Placement Support Team for strategies to deal with challenging behavior.

2. Aims of Discipline. Pursuant to NAC 424.515, the aims of discipline are threefold:
 - A. To help the child accept his or her responsibility to others;
 - B. To help the child realize that others also have responsibilities and privileges; and,
 - C. To help the child accept the fact that there are unpleasant and difficult things which everyone must do at times.
3. Prohibited Punishments. Per NAC 424.530, adults associated with a foster home shall not, for any reason:
 - A. Threaten to subject or subject a child to verbal abuse, humiliate the child, threaten the child, or make derogatory remarks about the child or their family.
 - B. Threaten to subject or subject a child to pushing, punching, shaking, rough handling, force feeding, biting, spanking, hitting of any kind, including with an implement, isolation in a closed space, such as a closet or unlit or unventilated space, or any other corporal punishment or other extreme discipline.
 - C. Threaten to remove the child from the foster home.
 - D. Threaten a child with the loss of love of any person.
 - E. Threaten a child with punishment by a deity.
 - F. Threaten to deny or deny food, shelter, medication or rest, or threaten to restrict or restrict the use of a toilet or other bathroom fixture as punishment.
 - G. Threaten to subject or subject a child to any form of punishment by other children.

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- H. Threaten to subject or subject a child to excessive withdrawal of positive reinforcement for inappropriate behavior, including, without limitation, removal from participation in the normal routine or activities of the foster home or requiring the child to be alone in a room for an extended period of time.
 - I. Threaten to wash or wash a child's mouth out with soap or detergent or any similar threats or acts.
 - J. Threaten to tape or tape the mouth of a child or any similar threats or acts.
 - K. Threaten to place or place a sauce made from hot peppers or other pungent condiment sauce in the mouth of a child or any similar threats or acts.
 - L. Threaten to deprive or deprive a child of visits with significant others in the child's life as a form of punishment when the agency placing the child has identified the visitation as appropriate.
 - M. Threaten to withhold or withhold the personal money of a child or the allowance of a child provided by the agency which provides child welfare services.
 - N. Subject a child to work that does not have a purpose as a means of punishment, including, without limitation, scrubbing the floor with a toothbrush, writing repetitive phrases, pulling weeds in a field of weeds, excessive exercise or any similar acts.
 - O. The use of a mechanical restraint, chemical restraint, involuntary physical confinement or psychological coercion or confinement of a foster child as a form of discipline is prohibited. Involuntary physical confinement does not include the withdrawal of positive reinforcement for inappropriate behavior, including, without limitation, removal from participation in the normal routine or activities of the foster home or allowing the child to be alone voluntarily in a quiet, unlocked room.
 - P. "Chemical restraint" means the administration of drugs for the specific and exclusive purpose of controlling an acute or episodic aggressive behavior when alternative intervention techniques have failed to limit or control the behavior. The term does not include the administration of drugs on a regular basis, as prescribed by a physician, to treat the symptoms of a mental, physical, emotional or behavioral disorder and for assisting a child in gaining self-control over his or her impulses.
 - Q. "Mechanical restraint" means the use of any device, including, without limitation, mittens, straps, a restraint chair, handcuffs, belly chains and a four-point restraint, to limit a child's movement or hold a child immobile.
4. Corrective Measures. Measures used in a foster home to correct a child's challenging behavior must be consistent with supportive, positive action. The QPI website (www.jitnevada.org) contains training opportunities on how to best manage a child's behaviors. Additionally, per NAC 424.525, recommended behavior management strategies include:
- A. Restraining by holding a child who is physically aggressive in order to protect oneself, staff, the child, others, or property from harm.

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- B. Picking up a child who is out of control and removing him or her from the setting. This is appropriate only to younger children whose size and weight enable such action.
- C. Informing the child in a simple and positive manner what conduct is expected.
- D. Restriction to the child's room or other area or withholding privileges such as attending social gatherings or watching television. As used in this subsection, "social gathering" does not include an approved visit with any member of a child's family.
- E. Sitting with a child until the child gains control of his or her behavior and can return to normal activities.
- F. Redirecting the child to a new or different activity.
- G. Praising and recognizing a child who behaves in the expected manner.
- H. The use of a point system to recognize good behavior and create an incentive to improve inappropriate behavior.
- I. The withdrawal of positive reinforcement for a temporary time for inappropriate behavior, including, without limitation, removal from participation in the current routine or activities or allowing the child to be alone voluntarily in a quiet, unlocked room.
- J. Strategies to teach adaptive behavior which include the use of positive reinforcement.
- K. Assigning consequences that are specifically related to the child's behavior.

SECTION 7 – TRANSPORTATION

1. Notice. When a foster child is in need of transportation, the case worker or another Agency representative will provide as much notice as is possible, depending on the situation or immediacy of the circumstance. The Foster Parent is encouraged to assist the Agency if urgent or unusual circumstances exist.
2. Mutual Respect and Cooperation. Foster Parents and case workers should work cooperatively to meet the needs of the child.
3. Transportation Area. Foster Parents shall not be required to transport a child outside of Washoe County. This requirement shall not preclude a Foster Parent from transporting a child outside the County to necessary appointments if the Foster Parent is willing to do so.
4. Medicaid Reimbursement for Transportation. Foster Parents who provide transportation to qualifying medical appointments for Medicaid-eligible children may be entitled to reimbursement of transportation costs. Foster Parents should contact the Medicaid office directly, at (877) 638-3472, for information about claiming transportation expenses.
5. Reimbursement for Educational Transportation. Foster Parents may be requested to transport a child to their school of origin while the school district arranges for transportation; or if school district transportation is not available. Reimbursement for transportation in these instances may be available through the Washoe County School District. The Foster Parent should contact the assigned case worker or the WCHSA Educational Liaison for assistance in obtaining reimbursement.
6. Other Reimbursement for Transportation. Washoe County compensates contracted Foster Parents with a higher rate than the regular state foster care rate. Washoe County does not otherwise reimburse for transportation within Washoe County. Transportation out of Washoe County may be eligible for reimbursement if it furthers the goals of the case plan and has been prior authorized by the Agency.
7. Required Transportation. Transportation as identified in the child’s case plan and as otherwise specified in the Quality Parenting Standards including, but not limited to, parental visits, medical and counseling appointments, and other appointments.
8. Vehicle Safety. Any vehicle used for transportation shall be in safe operating condition.
9. Vehicle Driver. The driver of the vehicle must follow all relevant State and local laws.

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10. Automobile Insurance. The Foster Parent shall maintain in force at all times automobile insurance as outlined in the Agreement for Provision of Foster Care Services for any vehicle used to transport children in Washoe County custody.
11. Child Restraint. The Foster Parent is required to adhere to all applicable/current child restraint laws and requirements ([NRS 484B.157](#)). It is best practice to use child door locking mechanisms to prevent a child from exiting the vehicle in an unsafe manner.
12. Front Seat. No more than two persons for cars and three persons for trucks shall be permitted to occupy the front seat of the vehicle. No child under age 12 or less than 4 feet 9 inches in height shall occupy the front seat of a vehicle equipped with a passenger-side airbag.
13. Supervision. No child shall be left unattended in a vehicle.
14. Standing. No child shall be permitted to stand in the vehicle when being transported.
15. Vehicle Loading and Unloading. All loading and unloading shall be done from the curbside of the vehicle or in private driveways.
16. First Aid Kit. Each vehicle shall have a first aid kit available, which is stocked with supplies.
17. Out of State. Upon initial placement into the home, the case worker should provide a placement letter for the child, which authorizes the Foster Parent to transport the child outside of Washoe County for vacation purposes. The Foster Parent must notify the case worker at least one (1) week prior to departure for planned travel and as soon as possible for unplanned travel. The case worker may be required to obtain parental permission prior to authorizing a foster child to travel outside of Washoe County.

SECTION 8 – COMPLAINTS ABOUT A FOSTER HOME

1. Manner of Reporting. Complaints to the Human Services Agency about a foster home may be received by telephone, letter, email, or personal interview.
2. Written Report. For each complaint received by the Human Services Agency, a written report will be made. A copy of the report will be forwarded to the licensing authority for the foster home.
3. Agency Response.
 - A. If the report is classified for investigation as child abuse or child neglect under NRS 432B, a CPS investigation will be initiated per Agency institutional abuse investigation policy. If the investigations conclude in a substantiation of abuse or neglect:
 - Pursuant to NAC 424.190, substantiated reports of abuse or neglect against a Foster Parent will result in the revocation or denial of renewal of the Foster Parent license. The Foster Parent may request a hearing regarding the revocation or denial of the renewal of his or her license by the licensing authority by submitting a written request within 15 business days after the notice of revocation or denial was mailed.
 - Pursuant to NRS 432B.315, a written notification will be sent to the Foster Parent. Follow the instructions on this written notification to appeal the substantiated finding.
 - B. If the report is determined the allegations potentially violate the licensing regulations in NAC 424 it will be considered a licensing complaint and investigated by the Foster Care Licensing Unit. If an investigation occurs, in most cases the Institutional Investigator or Licensing Worker response to the report will be an unannounced visit to the foster home. In addition, the investigation process may include collateral interviews or requested office visits. The outcomes of a licensing investigation may include:
 - Issue a written notice specifying the nature of the noncompliance and if needed issue a plan of corrective action and the time in which each corrective action must be taken;
 - If the noncompliance does not involve health or safety issues, continue the license conditioned on the foster home achieving full conformity by a date set forth in the issued written notice;
 - Suspend the license;
 - Revoke the license; or
 - Refer the person to the legal counsel of the agency which provides child welfare services for appropriate action.
 - C. If both NRS 432B and NAC 424 have been violated, a joint investigation with the Institutional Investigator and a Licensing Worker will be conducted.

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Depending on the findings of a joint investigation, the outcomes in section A or B above could occur for the foster home.

- D. A report of the complaint will be maintained in the foster care record. Complainants will not be made known to the foster home operator.
 - E. For more information about this process see DCFS Statewide Policy [0901 Institutional Investigations](#).
4. Judicial Complaints. The operator of the foster home must provide the Agency with a written report within ten (10) calendar days of any complaint filed through the judicial process which involves the foster home operator, staff, or resident. This requirement includes lawsuits, arrests, traffic tickets, and other criminal or civil citations of the operator or any foster home employee or resident. Failure to do so is a violation of these Quality Parenting Standards for Foster Homes.
 5. Violations of Contract. If the foster home is found to be in violation of licensing regulations and/or contract requirements, steps may be taken to remedy the situation, which could include but is not limited to a notice in writing, a formal written corrective action plan and or termination of the Contract Agreement for Provision of Foster Care Services.

SECTION 9 – PLACEMENT SUPPORT SERVICES

1. Purpose. Support services are provided to enhance the well-being of children in foster care and to help maintain a child’s placement in one foster home throughout their time in out-of-home care. Additionally, support services are utilized to assist the child’s family in achieving their case goals, including reunification. The types of support services available are:

Caregiver Support Plan: A collaborative document developed with the caregiver and their support case worker to identify existing supports, needs, strengths, areas for growth, and preferred communication methods. It is first drafted during pre-service training and reviewed regularly to update information and address changing support needs, including self-care, family relationships, support systems, and partnership with the agency.

Clinical Services Team: A unit composed of licensed mental health professionals and clinical interns who coordinates care for children with higher needs in institutional and group care settings and provides short-term clinical services to children and families involved with the Washoe County Human Services Agency. In addition, the Clinical Services Team provides Foster Parent Coaching and Support which includes assigning a clinician to provide education and coaching for Foster Parents to help maintain or preserve the placement.

Enhanced Family Foster Home: For children and Foster Parents who meet the eligibility criteria, provides enhanced Foster Care training with a clinician, in-home support, and a higher rate to help the Foster Parent manage child behaviors and meet the needs of children who have higher needs than regular foster care youth, but are not necessarily appropriate for placement in treatment level care.

Trauma Training: Provides formal and informal education to Foster Parents on the impacts of trauma on children and families and strategies to effectively cope with trauma induced behaviors to support children and parents.

Peer Support Parent (PSP): Provides informal support from a seasoned Foster Parent.

Foster Parent Support Group: Provides a forum for small group discussions facilitated by other Foster Parents to help support caregivers. During Foster Parent support groups additional training and babysitting may be available to ensure caregivers can fully engage in the group.

Child Care/Head Start or Day Treatment: Provides a structured setting for the child to help them gain socialization outside of the home.

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Online Foster Parent Education and Training: The QPI Nevada Just In Time Website (www.jitnevada.com) contains a library of approved Foster Parent online trainings and other helpful information for Foster Parents.

Psychosocial Rehabilitation (PSR): Psychosocial rehabilitation helps children develop the social, emotional, and intellectual skills they need in order to live happily with the smallest amount of professional assistance they can manage. Psychosocial rehabilitation uses two strategies for intervention: learning coping skills so that they are more successful handling a stressful environment and developing resources that reduce future stressors.¹⁹ Children typically must be working with a therapist and meet eligibility criteria prior to this service being provided.

Assess Other Services: Physical therapy, occupational therapy, speech therapy, developmental services provided by Nevada Early Intervention Services (ages birth to 3 years) or Child Find Program (ages 3- school age), etc.

Person Legally Responsible (PLR): Provides decision making concerning psychiatric services and medication management for children in the custody of the Washoe County Human Services Agency. Persons who perform the duties of a PLR must complete training, attend all psychiatrist appointments, and complete necessary paperwork to appropriately approve and monitor the administration of psychotropic medication. The PLR may be the birth parent, the Foster Parent, a family member, the case worker, or a specialized Agency PLR. Note: Foster Parents are still required to attend all the child's psychiatrist appointments even if they are not assigned as the PLR.

Intensive In-Home Services: A brief therapeutic intervention provided to children and families to assist in maintaining a child in their own home or to assist in returning a child to the family home after removal. Services are primarily provided in the home of the birth parents but may also be provided in the foster home to help support the child's placement and well-being. Additionally, referrals for long-term therapeutic services may also be made through the intensive in-home services clinician.

Placement Support Team (PST): A multidisciplinary team that discuss cases where children are at risk of disruption and or to assist with supporting placements in all levels of care. The team reviews interventions currently in place and brainstorms possible solutions to support children and families and to assist in maintaining the placement whenever possible. Although Foster Parents typically do not attend these meetings due to time constraints, members of the team will consult with Foster Parents to ensure their concerns are understood and addressed during the meeting.

¹⁹ NAMI – Psychosocial Treatments. (2017) Retrieved October 4, 2017, from <https://www.nami.org/Learn-More/Treatment/Psychosocial-Treatments>

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Respite and Babysitting: Foster Parents can utilize respite and babysitting services to assist them in having breaks away from care giving or to participate in case activities (team meetings, visitation, court hearings, etc.) for children placed in their home. Having caregivers that the child is not familiar with can have negative impacts on a child's ability to form healthy attachments. Therefore, Foster Parents should use respite and babysitting providers that are known to the child, whenever possible. Funding may be available for respite or babysitting. Speak to your Case Worker or licensing worker for more information. A full explanation of the Alternative Care Policy can be reviewed in Appendix 1 at the end of this document.

Wraparound in Nevada (WIN): A program through the DCFS to support children and their birth families with complex needs. A case manager is assigned through WIN and that person holds monthly child and family team meetings, meets with the child on a regular basis and provides other services as needed to assist the child and family. Services received through WIN may continue past the closure of the Child Welfare case, providing ongoing services and supports to the family. To be eligible for WIN the child must have a permanency plan other than long-term foster care and must have a Medicaid determination of Seriously Emotionally Disturbed (SED) completed by their therapist.

Treatment Services: These are a variety of services, including Medicaid treatment providers, which will assist the foster child in specific goals. They may include day-treatment, individual, family, and group therapy, psychological assessments, and psychiatric assessment and medication management.

Independent Living Program (ILP): All youth aged 14 and over are expected to be involved in an independent living plan in addition to the case plan related to the family. Foster Parents are expected to actively assist in independent living evaluations and programming for youth in their homes.

Tutoring: Provides additional educational services to help the child be more successful in school. Tutoring may be available through the child's school or community resources. Contact the child's caseworker for additional resources.

Partnership Plan: This written plan can be used as a tool to strengthen the working relationship between foster parents and caseworkers. The plan highlights the fundamental beliefs about children in foster care, the inclusion of the Foster Parent as a professional member of the child's/family's team, sharing of information and our commitment to always act in the child's best interests.

2. Accessing Support Services.

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- A. If you need support, resources, or services for the foster child or any household member, please email HSASparkTeam@washoecounty.gov and a person from our team will reach out to you.

- B. If a Foster Parent becomes aware of challenges presented by the child, the Foster Parent is required to discuss these concerns with the child's case worker so that the Agency can provide services to meet the child's needs. Foster Parents may request services to support them in their role as Foster Parents or to assist with a specific child in their care by contacting the child's case worker and if needed by emailing HSASparkTeam@washoecounty.gov.

- C. A Placement Support Team (PST) meeting may also be arranged to review the status of the case and attempt to identify potential remedies to the concerns. The PST is a multidisciplinary team designed to discuss cases where children are at risk of disruption and or to assist with supporting placements in all levels of care. During the PST meeting the circumstances of the case are discussed to develop a list of potential services and supports for the foster home to help stabilize the child's placement. After the meeting a staff person is designated to follow up with the Foster Parent with service recommendations and to ensure the services are working as intended.

- D. Foster Parents are required to work cooperatively with support services that are provided to foster children or the foster family. Placements shall not be refused due to support services being part of the child's case plan. Any complaints or disputes about support services shall be addressed through the Program Requirements Dispute Resolution Process outlined in Section 11.

SECTION 10 – RECORD KEEPING

1. Records shall be maintained and updated on each child as information becomes available.

2. Placement Record. The Foster Parent shall make a record of placement maintained in a marked file folder or binder and kept in a location of the home that allows the records to remain CONFIDENTIAL. Placement records shall include:
 - Date and hour placed;
 - The child's full legal name;
 - The child's preferred name;
 - Gender which the child identifies;
 - Birth date;
 - Name of child's assigned caseworker;
 - Reason for placement;
 - Father's name, address, and telephone;
 - Mother's name, address, and telephone;
 - Medical, dental, or mental and behavioral health diagnosis.

3. Medical Records. The Foster Parent shall keep a record of all medical, dental and therapeutic appointments as well as any medications, both over-the-counter, prescription and psychotropic medications for each child on the forms identified below. Forms mentioned in this section may be found at [JIT Nevada Just in Time Training | Washoe County Caregiver Resources & Supports](#) under Medical/Medication or from the child's case worker. (NAC 424.560 and 424.720). The Foster Parent should return the completed medical forms, to include Medical/Dental Forms, Over-the-Counter (OTC) Medication Administration Log (HSACS 597) and Prescription Medication (including psychotropic medications) Administration Log (HSACS 590) by the 5th business day of the following month either by email to hsa-unity@washoecounty.gov. Alternately, the Foster Parent may also submit these forms to the case worker during the monthly home visit.
 - Medical/Dental/Therapeutic Appointments: Documentation of all medical/dental/therapeutic appointments shall be maintained by the Foster Parent on the [Medical History Form](#). The Foster Parent is responsible for maintaining a copy of this form in the child's medical record and providing a copy to the child's next placement to ensure the next caregiver is aware of the child's medical needs.

 - Consent to Administer Over the Counter and Prescription (non-psychotropic) Medication: The Foster Parent should obtain the Over-the-Counter / Prescription (non-psychotropic) Medication Consent (HSACS 598) from the placing case worker authorizing administration of over-the-counter drugs and all non-psychotropic prescription medications at the time of placement. A

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new Over-the-Counter / Prescription (non-psychotropic) Medication Consent (HSACS 598) should be obtained for each new foster placement. When initially completing the form, the placing case worker should consult with the parent to determine which OTC medications may be given to a child, taking into consideration any allergies the child may have, potential medication interactions, etc. All medications that could reasonably be needed by the child should be consented to, unless there is a contraindication for use of that medication, or the parent does not wish to consent. The parent or case worker must initial each medication the foster care provider has consent to administer, listing only ingested medications and prescription topical medications (no need to list OTC cortisone cream, or anti-fungal creams unless they are being prescribed by a physician). A new form does not need to be completed as medication changes occur; the Foster Parent may simply ask the case worker or the parent to add new prescriptions or OTC medications to the form with a date and initials. This form must be retained in the child's medical record at the foster home and provided to the case worker for inspection upon request.

The foster care provider should only administer OTC or prescription medications that are approved by the parent or case worker on the consent form. Exception: If an emergency arises, the foster care provider may begin administering an over-the-counter or prescription (non-psychotropic) medication immediately without written consent by the parent/guardian as long as the medical provider believes that waiting until written consent is obtained could be harmful to the child. The foster care provider must follow up with the caseworker or parent as soon as possible, but no later than the next business day, to obtain written consent (the case worker must be notified of this even if the parent provides consent). An example of this would be a child with an ear infection, conjunctivitis, strep-throat, etc. needed to begin treatment on a weekend or after hours. The foster care -provider may also contact the after-hours number at 833-900-SAFE (7233) if they have questions or to obtain verbal consent. However, written consent from the parent or case worker must still be obtained as outlined above.

In instances where a treatment level home has policies that require them to obtain their own consent form, the case worker should complete the treatment provider's consent form in addition to the Over-the-Counter / Prescription (non-psychotropic) Medication Consent (HSACS 598).

- Consent to Administer Psychotropic Medications: Children who are in the custody of the WCHSA and who require psychiatric care must have a court appointed Person Legally Responsible (PLR) to make psychiatric decisions, schedule psychiatric appointments and provide consent to administer psychotropic medications. The PLR may be the parent, a family member, the Foster Parent, the assigned case worker, or an agency PLR. The PLR and

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the Foster Parent are required to attend the child's psychiatric appointments to provide the psychiatrist with accurate information about the child.

The Foster Parent will dispense psychotropic medications to the child as directed on the Psychotropic Medication Record and Informed Consent for Foster Children (HSACS 546). When there are changes to a child's prescription medication the PLR is required to complete a new Psychotropic Medication Record and Informed Consent (HSACS 546) reflecting the change and providing a copy of the updated consent to the Foster Parent. Should the Foster Parent have concerns about the administration of psychotropic medications, they should communicate those concerns to the Foster Parent and Case Worker.

For more information about the requirements for a caregiver caring for a child who is receiving psychiatric care and medication, talk to the child's case worker and designated PLR. They can provide detailed instruction as to what must occur.

- **Logging Over-the-Counter (OTC) Medications:** The Foster Parent will log the administration of OTC medications at the time of administration on the [Over-the-Counter \(OTC\) Medication Administration Log](#) or [Registro de Medicamentos de Venta Libre](#) (HSACS 597). Administration of non-prescription, topical, OTC medication does not need to be logged. The Foster Parent is responsible for maintaining a copy of this form in the child's medical record and submitting to the Agency by the 5th business day of the following month.
 - **Logging Prescription Medication, Including Psychotropic Medication:** The Foster Parent will log the administration of prescription medications, including psychotropic medications, on the Prescription Medication (including psychotropic medications) Administration Log (HSACS 590). The Foster Parent is responsible for maintaining a copy of this form in the child's medical record and submitting to the Agency by the 5th business day of the following month.
4. **School Records.** The foster family shall retain the child's report cards and any other significant school reports. The Foster Parent shall provide these school reports to the child's case worker on a monthly basis or sooner if there are educational needs that should be addressed. It is also recommended that the foster family maintain a file containing samples of the child's school projects so that the child will have reminders from his school experience that he can look back on in later life. School records, including school pictures, should accompany the child when he leaves the foster home.

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5. Life books, Photos, and Videos. The Foster Parent is encouraged to maintain a file of photographic and written descriptions of experiences from the child's life so that the child will have reminders from his childhood that he can look back on in later life. Life books, some photos, and some videos (if available) should accompany the child when he leaves the foster home.
6. Other Records. The Foster Parent may be asked to maintain other records from time to time on a particular child. Such records should be turned in to the Agency as directed.
7. Records Retention. Each record, which does not accompany the child upon the child's removal, shall be kept available at the foster home for two years after the child's departure from care.
8. Records Destruction. Records that contain confidential information shall be provided to the caseworker for proper destruction.

SECTION 11 – DISAGREEMENT RESOLUTION

WCHSA understands that there will sometimes be disagreement between a child’s case worker and the foster home over matters addressed in Sections 1-10 of this document. In such instances, WCHSA is committed to hearing both sides of the disagreement and resolving it as quickly as possible in order to meet the needs of both the case worker and Foster Parent and ultimately the child.

If the Foster Parent identifies an issue, please discuss this directly with the Case Worker and/or the case worker’s Supervisor to attempt to find a mutually acceptable solution to the problem. If unable, the Foster Parent can then pursue consultation with the Foster Home Liaison, the Foster Care Licensing Worker or the QPI Liaison, who can assist the Foster Parent and/or bring the issue to their supervisor or coordinator on behalf of the Foster Parent.

WCHSA will work together to resolve the issue with the Foster Parent and in instances where the issue cannot be resolved, the Division Director or designee will discuss this with the Foster Parent and explain why the Agency is unable to meet their request. Child safety, permanency and well-being will drive these decisions based on NRS, NAC and Policy.

SECTION 12 – CHILDREN WITH EXTRAORDINARY NEEDS

Philosophy. Some children in foster care may demonstrate extraordinary physical or behavioral needs for care that are well beyond the needs of other foster children. Extraordinary needs are those needs that require extraordinary time, expense, and training on the part of the Foster Parent. The extraordinary need is a recurring or ongoing, professionally diagnosed medical, psychiatric, educational, or social need. If a foster child is assessed by the Agency to have extraordinary needs, the Agency may provide services to the child in the home, which may include an increased foster care reimbursement rate.

Procedure.

- A. Usually, the request for an extraordinary needs assessment should be made before accepting placement of the child; though circumstances exist wherein the child's special needs do not emerge until after placement of the child. If a Foster Parent believes a child has extraordinary care needs, the Foster Parent should request an evaluation by the case worker.
- B. The case worker will complete an evaluation using the Agency's Extraordinary Needs Assessment (HSACS 465). The Foster Parent may be asked to provide written documentation of the child's extraordinary needs.
- C. The case worker's evaluation will be reviewed by the Extraordinary Needs Rate (ENR) Team to determine eligibility for additional services and the amount of the extraordinary needs rate. If approved, the foster care payment will be increased by the amount approved.
- D. The ENR Review Team will review each active child with an ENR every 6-months. Generally, the ENR will be continued; however, cases require a re-determination if to determine if the ENR should be reduced, maintained, or increased.
- E. If the Foster Parent disagrees with the decision of the team, the Foster Parent may request an appeal of the decision by emailing their request to the ENR Review Team at HSA-ENRReviewTeam@Washoecounty.gov
 1. A first level appeal review by the Coordinator over the ENR Review Team will be conducted, and a determination will be made within 10 business days.
 2. If the Foster Parent believes the first level appeal did not fully consider the circumstances of the case, a second level review by the Division Director may be requested. In this case, the Division Director will review the case and a decision will be made within 10 days. This will be the final decision.

SECTION 13 – SOCIAL MEDIA USE

Foster parents play a vital role as an extension of WCHSA and are entrusted with the responsibility of safeguarding the privacy and dignity of the children in their care. Foster Parents may turn to social media for learning opportunities, to share information with friends and family and to obtain support from other Foster Parents. Additionally, the use of social media can be a powerful tool to engage birth parents and families in their child’s life, promoting positive connection and ultimately the goal of reunification with their child.

Foster parents must exercise discretion when posting online, recognizing that their actions reflect the agency and its commitment to protecting vulnerable children. Because social media is a public platform, any content shared can have lasting implications for a child’s safety, confidentiality, and well-being. This policy section outlines expectations to ensure that confidentiality is maintained and that foster parents represent the agency in a professional and respectful manner.

Refer to Section 1, Definitions, to review the meaning of social media and personally identifying information.

1. Talk with your caseworker. Before posting, find out whether there are specific considerations for the child in your care that could impact their safety, privacy, or well-being. Some children may have court orders, safety concerns, or family dynamics that require additional caution. Avoid content that may retraumatize, stigmatize, or expose the child to unwanted attention. Center the child’s best interests above online engagement.
2. Protect privacy and confidentiality. Caregivers may post pictures of children in their care; however, they may not post the child’s last name, status as a foster child, or other identifying information. Caregivers should never discuss case-specific information online, including reasons for placement, court involvement, visitation, reunification/adoption plans, or family circumstances, even if names are not included.
3. Be aware of privacy settings. It’s not uncommon for birth parents or family members to be curious about foster parents or seek out information online. Foster parents should be mindful of this and regularly review privacy settings on social media accounts to control who can see posted content. Assume any post can become public and widely shared (e.g. screenshots, re-posts, etc.); when in doubt, do not post. Treat private groups as not fully secure.
4. Be aware that photos may reveal a child’s location. Most smartphones embed tags (geo tags) that can provide the exact location where a photo was taken. As appropriate, the foster parent should adjust the settings on their smartphone to remove these tags when the location of the child could impact the safety or

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privacy of the child or foster parent. Other photos can provide clues, such as a school or street name. Foster parents should be aware of this when posting photos on social media.

5. Avoid searching for birth families online. Avoid searching for or monitoring a child's birth family on social media. Doing so can expose you to information that may be concerning, inaccurate, or difficult to act on, and can complicate boundaries and case dynamics.
6. Think before you post. Be sensitive to how messages may be interpreted by others. When posting about fostering, your experiences, or interactions with the agency, be thoughtful about how wording may be perceived by children, birth families, community members, other caregivers, or agency staff. Avoid posts that could be interpreted as critical, dismissive, or revealing of confidential system involvement. Remember that children may see these posts now or in the future, and posts may be shared beyond your intended audience. If you have questions about whether something is appropriate to share, do not post it until you have consulted with your caseworker or licensing worker.
7. Representation of the Agency. Licensed foster parents are an extension of WCHSA and are thereby expected to communicate respectfully and avoid inflammatory, derogatory commentary that could undermine trust in the child welfare system, breach confidentiality, or harm public confidence. Foster parents should refrain from speaking "on behalf of" WCHSA unless expressly authorized, and redirect inquires or media requests to WCHSA. If seeking support, keep examples de-identified and general; escalate significant concerns to WCHSA, not social media.
8. Removal of posts or comments. Some information shared on social media may have legal or safety implications for a foster child and/or not be aligned with this policy. Foster parents may be asked to remove posts or pictures and are expected to comply promptly.
9. Considerations before posting:
 - Could this identify the child or reveal case details?
 - Do I have authorization for any image/video?
 - Is there any location data, school logo, or routine pattern visible?
 - Would this post preserve the child's dignity today and in the future?
 - Does this reflect the professionalism expected of someone representing WCHSA?

SECTION 14 – ADDITIONAL RESOURCES

1. [JIT Nevada Just in Time Training | Washoe County](#) – provides training for birth, resource, relative and adoptive parents, WCHSA Newsletter, Resources and Contacts.
2. [Foster Care Licensing Regulations - Nevada Administrative Code \(NAC\) Chapter 424](#) – provides information about the Foster Care Licensing regulations.
3. [Federal Register :: Notice for Proposed Model Family Foster Home Licensing Standards](#) – provides information about the National Model Foster Care Licensing Standards.
4. Note, if at anytime you need additional assistance with locating help or resources, please email HSASparkTeam@washoecounty.gov and a person from our team will reach out to you. Examples of additional support include:
 - A. Resource Parent Support and Connection Groups
 - B. Clinical Support
 - C. Resource Parent Trainings
 - D. Peer Support Parents
 - E. Resource Parent Advisory Board
 - F. Link to Resources and Provide Concrete Goods

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Foster Care Licensing – Quality Parenting Standards Alternative Care Policy

Appendix 1: Alternative Care Policy for Licensed Foster Parents

- A. Purpose. To provide guidance, direction, and parameters for licensed family foster homes (including licensed relative and fictive kin homes) to use prudent parenting decision making when selecting an appropriate alternative care provider when the licensed Foster Parent needs assistance in caring for a foster child. All identified respite providers are expected to adhere to the WCHSA guidelines and expectations as the caregiver would during respite.
- B. Definition. Alternative Care, also referred to as Respite, is a temporary break designed to give support to the caregiver from their caregiving duties and responsibilities to attend to personal needs or obligations and emergencies. Pursuant to NAC 424.805, respite is the temporary care:
1. Provided for a child who is placed in a family foster home;
 2. Provided by a person other than the current Foster Parent of the child; and
 3. Provides a respite for the Foster Parent of the child from the stresses and responsibilities that result from the daily care of the child.

Reasonable and Prudent Parent: The standard characterized by careful, nurturing and sensible parental decisions that maintain the health, safety, and best interests of a child, while at the same time encouraging the emotional and developmental growth of the child, that a nurturing caregiver shall use when determining whether to allow a child under the custody of an agency that provides child welfare services to participate in extracurricular, enrichment, cultural, and social activities.

- C. Responsibilities of Licensed Foster Parent. The responsibilities of licensed Foster Parents in selecting an alternative care provider include:
1. Ensuring that the needs of the child are met and that the child is in a safe environment at all times;
 2. Selecting an alternative care provider that best fits the needs of each child and situation; and
 3. Selecting an alternative care provider that has the ability and training to meet the special needs and medical needs of the child.

Note: Whenever possible, the Foster Parent should use an alternative care provide that the child knows.

- D. Supervision of Foster Children and Responsibilities of Respite Caregiver. The alternative care provider must meet the requirements for supervising the child, considering their unique special needs, as set forth in NAC 424.505:
1. Minors shall not supervise foster children unless approved by the child's case worker.
 2. Foster children must be given supervision appropriate to their age and maturity.

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3. Foster children shall not supervise or baby-sit other children unless approved by the foster child's case worker.
4. Children shall always be supervised by an adult when in or around a pool or other water hazards.

E. Categories and Requirements for Alternative Care Providers

1. Babysitter. A babysitter is a mature, responsible person who provides occasional, short-term care (not to exceed six hours or be overnight) for a foster child in the home of the licensed Foster Parent. Selection of a babysitter must take into consideration the number and ages of children to be supervised, the length of time, special needs of the children and the skills of the babysitter to address the identified needs. The following provides further direction:

- a. A babysitter must be at least 16 years of age. The Foster Parent must obtain permission from the child's case worker to use a babysitter under the age of 18.
- b. A babysitter under 18 years of age may not transport foster children. Babysitters age 18 and over must meet the Washoe County Human Services Agency' (WCHSA) minimum requirements for insurance coverage prior to transporting any foster child.
- c. Any babysitter, regardless of age, must be physically capable of taking care of and protecting the children, be capable of making sound decisions and able to recognize and avoid danger for the child. And
- d. The licensed Foster Parent must leave the babysitter an emergency phone number where he or she may be reached.

2. Direct Care Staff. A direct care staff is an alternative care provider who provides care to foster children in the home of the licensed Foster Parent. The difference between a babysitter and a direct care staff provider is that a direct care staff provider cares for the foster child on a routine basis for more than six hours or overnight.

All applicants must complete a background check that includes an annual Child Abuse and Neglect System (CANS) check. In addition to the following requirements, it is recommended that the direct care staff applicant complete Cardio Pulmonary Resuscitation (CPR) training as well as four hours of advanced training annually. In order to obtain initial approval, the direct care staff provider must:

- a. Be at least 18 years of age.
- b. Complete a Direct Care Staff Application Packet.

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- c. Complete a criminal background check or obtain a valid child care work permit card.
 - d. Provide five positive references.
 - e. Provide copies of negative TB skin test or chest X-ray results per NAC 424.167(2).
 - f. Complete six hours of training specific to child development and discipline (Child Care Licensing Training may be approved by WCHSA) and the required LGBTQ training for Foster Parents. Alternative-learning methods may be approved or the training waived by WCHSA on a case-by-case basis due to extenuating circumstances. And
 - g. Provide WCHSA a Department of Motor Vehicles (DMV) background print out if the direct care staff provider will transport foster children in the licensed Foster Parent's vehicle. If the direct care staff provider will use his or her own vehicle to transport foster children then WCHSA's insurance requirements must be met and proof of insurance provided.
3. Respite Care Provider. A respite care provider or alternative care provider is a person who may provide care in his or her own home as well as in the family foster home where the child resides. The respite care provider must meet all the requirements listed under the "Direct care staff provider" section or be a licensed childcare provider or child care facility staff as outlined further in this policy in sections #5 and #6. However, only the person actually providing the alternative care must complete the training requirements. The following are requirements to provide care in the respite care provider's home:
- a. Pass a yearly home safety inspection (for licensed day care providers the annual home inspection meets this requirement).
 - b. Provide written proof of Personal Liability Insurance with a minimum limit of \$100,000. This may be satisfied with a Homeowner, Condominium Owners, or Renters insurance policy, or any policy providing similar coverage.
 - c. Complete background clearances on all members of the household 18 years of age or older. And
 - d. Provide proof that the provider and each member of the household over the age of 18 are free from active tuberculosis.
4. Licensed Foster Parent. A licensed Foster Parent may provide

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babysitting, alternative care and direct care staff care to other foster children outside of his or her home. The foster care licensing case worker must be consulted for issues concerning compliance with the license e.g., capacity limits. For assistance in locating a licensed Foster Parent for respite services contact the Foster Care Liaison. The following are restrictions on licensed Foster Parents care:

- a. A licensed Foster Parent may provide alternative care for a maximum of four children and a maximum of fourteen consecutive days unless otherwise approved by WCHSA;
- b. A Foster Parent must receive the approval of the licensing case worker if the care is to be overnight and causes the number of children on the license to exceed limits. (The licensing case worker will designate the number of children allowed on a case-by-case basis); and
- c. A licensed relative foster caregiver may not provide direct care staff or respite care for other foster children without the permission of the licensing case worker.

5. Licensed Child Care Providers. Licensed childcare provider may provide babysitting, respite care and direct care staff care to other foster children not residing in his or her home. If transporting foster children, then WCHSA's insurance requirements for contract foster homes must be met and proof of insurance provided.

6. Child Care Facility Staff. May provide care in the home of the licensed Foster Parent. Childcare staff may also provide respite care in their own home if they pass a yearly home safety inspection and provide written proof of Personal Liability Insurance with a minimum limit of \$100,000. This may be satisfied with a Homeowner, Condominium Owners, or Renters insurance policy, or any policy providing similar coverage. If transporting foster children, then WCHSA's insurance requirements for contract foster homes must be met and proof of insurance provided.

F. Payment. The respite program may be utilized when funds are available. WCHSA will notify foster families at the beginning of each fiscal year when this service is available.

1. Foster Families are eligible for **14** days of respite per fiscal year as defined in this policy. More days may be authorized if funding allows. Families are allowed to use funding to select and pay an approved respite providers as listed above in the Categories and Requirements for Alternative Care Providers section.

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2. Types of paid respite include:
 - a. **Inclusive Respite:** This Policy outlines the option to receive respite payments to off-set costs associated with taking the whole family, *inclusive of the foster children*, on a family vacation.
 - b. **Paid Alternative Care:** This Policy outlines the option for foster families to use funding to select and *pay an alternate licensed Foster Parent directly*.
 - c. **Other Approved Alternative Care Providers:** This Policy outlines the option for foster families to use other approved caregivers to provide respite, including cleared direct care staff, babysitters, and licensed childcare staff. These provider types are *eligible* for alternative care reimbursement.
 - d. **Recreational Program:** Foster families may request the use of respite funding for camps or recreational programs for foster children. The child's attendance in the camp or program must promote caregiver wellbeing and/or placement stability and is not to be used as a means for childcare.
 - e. **Normalcy Babysitting:** Foster families may submit for reimbursement for normalcy babysitting. Submission of a receipt signed by the foster parent and the babysitter indicating the children's names, date of babysitting, and total dollar amount paid to the babysitter is required.

3. Respite can be approved in the following special circumstances:
 - a. Additional days may be approved to include but not limited to: extenuating circumstances, training and court attendance, and other volunteer needs determined by the Department. Approval for excess days will require Coordinator/Division Director approval and will not count against the provider's **14** days.
 - b. Foster children in Washoe County placed on an ICPC are not in the custody of WCHSA, they are in the custody of another child welfare agency. Foster Parents licensed through WCHSA for an ICPC foster placement may utilize funds to take the children on a family vacation, but not to place the children in alternate respite care.
 - c. Biological families working informally with WCHSA and considered high risk for their children entering foster care may utilize paid alternative care on a case-by-case basis with Coordinator/Division Director approval.
 - d. Respite at Kids Kottage can only be approved on a case-by-case basis due to special circumstances that require Coordinator/Division Director approval. Respite days at KK will be billed to the paid alternative care program.

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4. **Prior approval.** The WCHSA Paid Alternative Care Request Form must be submitted no later than one week in advance of when alternative care will be used. This allows WCHSA to ensure that the selected care provider is in good standing and can accommodate the number of children requesting alternative care services during the dates requested.
5. Providers must use an approved alternate care provider (via Child's Social Worker and/or Foster Parents' Licensing Worker) in accordance with this policy to provide the care unless using the funds towards a family vacation inclusive of the foster children. Enhanced/SFC+ Providers are required to utilize the same level of provider (SFC+ to use SFC+ licensed provider).
6. Paid alternative care days can be taken in any increment up to seven consecutive days. Additional consecutive days may be approved on a case-by-case basis. WCHSA will track number of days used, so contact the agency to check your remaining balance.
7. The Foster Parent requesting respite must work with the Respite Care Provider and the child's assigned Caseworker to ensure a smooth transition between homes for the child. Respite must be coordinated to ensure the child's medical, dental, and therapeutic appointments, as well as visitation and school transportation have been arranged and covered. Additionally, the Foster Parent requesting respite must inform the respite provider of the unique needs and behaviors of each child and supervision requirements to ensure child safety and well-being.
8. **Reimbursement.** Effective January 1, 2021, WCHSA is required to issue 1099 tax forms to all caregivers who are paid \$600 or more in respite earnings, as respite is considered a taxable event by the IRS. If your total respite earnings are less than \$600, a 1099 will not be issued. There are different categories of respite that may or may not qualify as taxable. This is noted below in each type of paid alternate care.
 - a. **Inclusive Respite:** This Policy outlines the option to receive respite payments to off-set costs associated with taking the whole family, *inclusive of the foster children*, on a family vacation. These payments are paid directly to the Foster Parent with whom the foster child resides. Issuing respite funds as an *inclusion* is not a taxable event and therefore a 1099 tax form will not be issued. The inclusive respite reimbursement rate is \$40 per day per child.

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- b. **Paid Alternative Care:** This Policy outlines the option for foster families to use funding to select and *pay an alternate licensed Foster Parent directly*. When an alternate caregiver is used to provide respite for a foster child, the respite payment is made directly to that alternate caregiver and is considered a taxable event, as it meets the IRS's definition of respite earnings. Therefore, a 1099 tax form will be issued to the alternate caregiver if their respite earnings for the calendar year total \$600 or more. A one-time completed W-9 must be submitted to HSA-RespiteRequests@washoecounty.gov to receive payment. For a two-parent licensed foster home only one parent is required to submit a W-9, and will be the taxed individual. Upon WCHSA confirming that alternative care was provided, all alternative care respite providers will be paid at a rate of \$40 per day per child with the exception of children placed in Specialized Foster Homes.
 - c. **Other Approved Alternative Care Providers:** This Policy outlines the option for foster families to use other approved caregivers to provide respite, including cleared direct care staff, babysitters, and licensed childcare staff. These provider types are *eligible* for alternative care reimbursement. Providers must submit a copy of their identification, a completed Alternative Care Acknowledgement letter, and a completed W-9 to HSA-RespiteRequests@washoecounty.gov to receive payment. Upon WCHSA confirming that alternative care was provided and the aforementioned documents are on file, all alternative care providers will be paid at a rate of \$40 per day per child. This payment is considered a taxable event by the IRS and providers will be issued a 1099 form if paid \$600 or more in a calendar year.
9. Paid alternative care days not taken are not carried over and will be forfeited.
 10. For all alternative care outside of this program that is arranged by the Foster Parent, the Foster Parent seeking alternate care for the children in his or her home is responsible for paying for the cost of care.
 11. Unless approved by WCHSA, the caregiver receiving respite may be responsible for any financial obligations incurred that is arranged by the caregiver outside of this program.
 12. Licensed foster parents are welcome to provide an exchange of respite services in lieu of monetary payment as agreed upon by the parties and approved by the child's assigned Caseworker. Coordination of services as described above is required.

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13. **Tax Information.** Regarding Foster Parents claiming foster children as dependents on tax returns and/or claiming the Child Tax Credit, WCHSA cannot make any determinations, provide guidance, or intervene in any matters related to the application of the IRS Code. WCHSA is also unable to guarantee any reimbursements, reductions, or credits related to IRS transactions and cannot intervene on behalf of any party on matters related to the child in care and the IRS. WCHSA encourages you to consult your tax advisor of the IRS on these issues.