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This collection of resources is intended to support training topics that must be covered in pre-service, as required by law, as well as important information about Safe Sleep and Adoption Assistance that are valuable reference tools. Topics such as Abusive Head Trauma can also be found at www.childwelfare.gov. Note that official forms and links are periodically updated by the Virginia Department of Social Services; these can be found at www.dss.virginia.gov.

~ CRAFFT



The Children's Services Practice Model and Implications for Practice

The Virginia Children's Services System Practice Model sets forth a vision for the services that are delivered by all child serving agencies across the Commonwealth, especially the Departments of Social Services, Juvenile Justice, Education, Behavioral Health and Developmental Services and the Office of Comprehensive Services.

The practice model is central to our decision making; present in all of our meetings; and in every interaction that we have with a child or family. Decisions that are based on the practice model will be supported and championed. Guided by this model, our process to continuously improve services for children and families will be rooted in the best of practices, the most accurate and current data available, and with the safety and well-being of children and families as the fixed center of our work.

We believe that all children and communities deserve to be safe.

1. Safety comes first. Every child has the right to live in a safe home, attend a safe school and live in a safe community. Ensuring safety requires a collaborative effort among family, agency staff, and the community.
2. We value family strengths, perspectives, goals, and plans as central to creating and maintaining child safety, and recognize that removal from home is not the only way to ensure child or community safety.
3. In our response to safety and risk concerns, we reach factually supported conclusions in a timely and thorough manner.
4. Participation of parents, children, extended family, and community stakeholders is a necessary component in assuring safety.
5. We separate caregivers who present a threat to safety from children in need of protection. When court action is necessary to make a child safe, we use our authority with respect and sensitivity.

We believe in family, child, and youth-driven practice.

1. Children and families have the right to have a say in what happens to them and will be treated with dignity and respect. The voices of children, youth and parents are heard, valued, and considered in the decision-making regarding safety, permanency, well-being as well as in service and educational planning and in placement decisions.
2. Each individual's right to self-determination will be respected within the limits of established community standards and laws.
3. We recognize that family members are the experts about their own families. It is our responsibility to understand children, youth, and families within the context of their own family rules, traditions, history, and culture.
4. Children have a right to connections with their biological family and other caring adults with whom they have developed emotional ties.
5. We engage families in a deliberate manner. Through collaboration with families, we develop and implement creative, individual solutions that build on their strengths to meet their needs. Engagement is the primary door through which we help youth and families make positive changes.

We believe that children do best when raised in families.

1. Children should be reared by their families whenever possible.
2. Keeping children and families together and preventing entry into any type of out of home placement is the best possible use of resources.
3. Children are best served when we provide their families with the supports necessary to raise them safely. Services to preserve the family unit and prevent family disruption are family-focused, child-centered, and community-based.
4. People can and do make positive changes. The past does not necessarily limit their potential.
5. When children cannot live safely with their families, the first consideration for placement will be with kinship connections capable of providing a safe and nurturing home. We value the resources within extended family networks and are committed to seeking them out.
6. When placement outside the extended family is necessary, we encourage healthy social development by supporting placements that promote family, sibling and community connections.
7. Children's needs are best served in a family that is committed to the child.
8. Placements in non-family settings should be temporary, should focus on individual children's needs, and should prepare them for return to family and community life.

We believe that all children and youth need and deserve a permanent family.

1. Lifelong family connections are crucial for children and adults. It is our responsibility to promote and preserve kinship, sibling and community connections for each child. We value past, present, and future relationships that consider the child's hopes and wishes.
2. Permanency is best achieved through a legal relationship such as parental custody, adoption, kinship care or guardianship. Placement stability is not permanency.
3. Planning for children is focused on the goal of preserving their family, reunifying their family, or achieving permanency with another family.
4. Permanency planning for children begins at the first contact with the children's services system. We proceed with a sense of urgency until permanency is achieved. We support families after permanency to ensure that family connections are stable.

We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

1. We are committed to aligning our system with what is best for children, youth, and families.
 - Our organizations, consistent with this *practice model*, are focused on providing supports to families in raising children. The *practice model* should guide all of the work that we do. In addition to practice alignment, infrastructure and resources must be aligned with the model. For example, training, policy, technical assistance and other supports must reinforce the model.

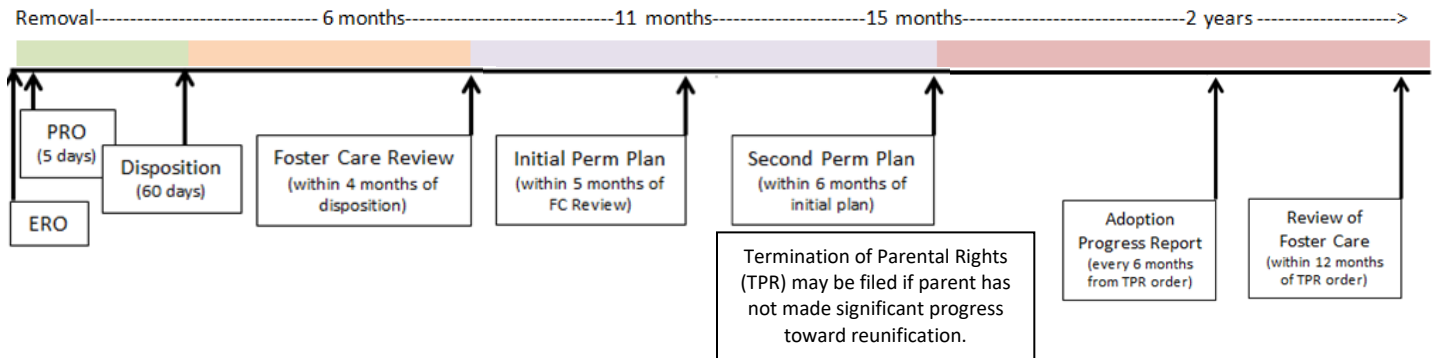
- We take responsibility for open communication, accountability, and transparency at all levels of our system and across all agencies. We share success stories and best practices to promote learning within and across communities and share challenges and lessons learned to make better decisions.
 - Community support is crucial for families in raising children.
2. We are committed to working across agencies, stakeholder groups, and communities to improve outcomes for the children, youth, and families we serve.
 - Services to families must be delivered as part of a total system with cooperation, coordination, and collaboration occurring among families, service providers and community stakeholders.
 - All stakeholders share responsibility for child safety, permanence and well-being. As a system, we will identify and engage stakeholders and community members around our *practice model* to help children and families achieve success in life; safety; life in the community; family-based placements; and life-long family connections.
 - We will communicate clearly and often with stakeholders and community members. Our communication must reinforce the belief that children and youth belong in family and community settings and that system resources must be allocated in a manner consistent with that belief.
 3. We are committed to working collaboratively to ensure that children with disabilities receive the supports necessary to enable them to receive their special education services within the public schools. We will collaboratively plan for children with disabilities who are struggling in public school settings to identify services that may prevent the need for private school placements, recognizing that the provision of such services will maximize the potential for these children to remain with their families and within their communities.

We believe that how we do our work is as important as the work we do.

1. The people who do this work are our most important asset. Children and families deserve trained, skillful professionals to engage and assist them. We strive to build a workforce that works in alignment with our *practice model*. They are supported in this effort through open dialogue, clear policy, excellent training and supervision, formal and informal performance evaluation and appropriate resource allocation.
2. As with families, we look for strengths in our organization. We are responsible for creating and maintaining a supportive working and learning environment and for open, respectful communication, collaboration, and accountability at all levels.
3. Our organizations are focused on providing high quality, timely, efficient, and effective services.
4. Relationships and communication among staff, children, families, and community providers are conducted with genuineness, empathy, and respect.
5. The practice of collecting and sharing data and information is a non-negotiable part of how we continually learn and improve. We will use data to inform management, improve practice, measure effectiveness and guide policy decisions. We must strive to align our laws so that collaboration and sharing of data can be achieved to better support our children and families.
6. As we work with children, families, and their teams, we clearly share with them our purpose, role, concerns, decisions, and responsibility.

Foster Care Timeline

Effective 7/1/14



	Court Event	Timing
Stage 1	Pre-Disposition to Disposition	
	Emergency Removal Order (ERO)	Upon filing the petition
	Preliminary Removal Order (PRO)	Within 5 days of removing the child
	Disposition	Within 60 days of preliminary hearing
	<i>Entrustment Agreements, Relief of Custody, Status Offenses, Delinquency, and Petitions for a Child in Need of Services/Supervision (CHINS) may have different timelines.</i>	
Stage 2	Foster Care Review/Hearing	Within 4 months of dispositional hearing
Stage 3	Permanency Planning	
	Initial Permanency Planning	Within 5 months of foster care review
	<i>If parent has not made progress toward reunification: Termination of Parental Rights (TPR)</i>	Upon filing the petition Note – TPR can be appealed across judicial levels; this can be a long process depending on the number and complexity of the appeals
	Second Permanency Planning	Within 6 months of initial permanency planning hearing
Stage 4	Post Permanency Planning	
	Review of Foster Care <i>If goal is adoption, review of Adoption Progress Report</i>	Within 12 months of TPR order
	Adoption Progress Report	Filed every 6 months from the date of the final TPR order

SOURCE: http://www.courts.state.va.us/courtadmin/aoc/cip/resources/timeline_jdr.pdf

This is a sample Foster Care Agreement, completed each time a child joins your family:

FOSTER CARE AGREEMENT: Code of Ethics and Mutual Responsibilities
Local Departments of Social Services and Licensed Child Placing Agencies

Child's Name: _____ **Date of Birth:** _____ **Date of Placement:** _____

This Foster Care Agreement: Code of Ethics and Mutual Responsibilities (as required by Code of Virginia §§ 63.2- 900 and 63.2-902) is not inclusive of all ethical standards or responsibilities, but rather a minimum set of expectations provided to guide the partnership between the professionals and the families serving children in the Virginia foster care system. It is understood that additional expectations for the care of the child will be outlined in other documents such as the foster care service plan, child specific addenda, financial agreements and/or other contractual documents.

This agreement is entered into on behalf of (child's name) and is an agreement between [name of the local department of social services (LDSS) or licensed child placing agency (LCPA)] and [foster parent's name(s)]. This agreement shall be signed by the LDSS/LCPA worker and the foster parent(s) on or before the date the child is placed in the home and remains in effect until the child leaves this foster home. In signing this agreement all parties accept their responsibility to interact with respect and fairness and to work towards developing and maintaining a positive working relationship on behalf of (child's name).

The following principles are taken from the **Virginia Children's Services Practice Model** and are central to the service delivery partnership and relationships. We believe:

1. All children and youth deserve a safe environment.
2. In family, child, and youth-driven practice.
3. Children do best when raised in families.
4. All children and youth need and deserve a permanent family.
5. In partnering with others to support child and family success in a system that is family focused, child- centered, and community based.
6. How we do our work is as important as the work we do.

As permanency team members, we agree to abide by this Code of Ethics and Mutual Responsibilities agreement to the best of our ability.

CODE OF ETHICS

1. Provide a safe, secure and stable family environment that is nurturing and free from corporal punishment and abuse and neglect.
2. Model healthy family living.
3. Promote and support positive relationship development for the child.
4. Support progress toward achieving the permanency goal identified for the child.
5. Promote self-respect by providing positive guidance and activities that respect culture, ethnicity, and spiritual preferences and that are consistent with LDSS or LCPA policy.
6. Support the child in developing knowledge and skills to become a self-sufficient and responsible adult to the best of his capabilities.
7. Grow through skill development, role clarification, and participation in training.
8. Practice honest and respectful communication with a focus on the child's best interests and unique needs.

RESPONSIBILITIES

A. Mutual Responsibilities

1. Work together to meet the needs of the child.
2. Share pertinent information with the parties to the agreement about the child's medical, mental health, behavioral, educational, family relations, placement, and general life experience history, including diagnoses and treatments to facilitate care of the child. Information will be shared upon receipt.
3. Ensure the confidentiality of all information provided to the parties and only share information received about the child and his parents and/or extended family with the parties to this agreement or other professionals including the child's guardian ad litem.
4. Support the child's relationship with his birth family, including siblings, and other significant adults, as outlined in the applicable service plan and other case records, and treat and speak of them with consideration and respect.
5. Support the child's participation in meetings, court hearings, and other discussions when the child has the ability to participate and participation would not jeopardize his safety, well-being, or care as determined by the child's service planning team.
6. Participate actively in permanency planning meetings and offer input into the service planning process regarding the child. Reasonable, advance notice will be given to all parties involved.
7. Approach familial issues with an attitude of support, problem solving, and guidance, especially with regard to foster care placements with relatives (kinship care).
8. Consider additional support services and assessments in an effort to reduce placement disruptions.
9. Make reasonable efforts to support each other in addressing issues of loss and separation when the child leaves a home.
10. Report immediately all suspected child abuse or neglect to the LCPA, LDSS or Child Abuse and Neglect Hotline (1-800-552-7096).

B. LDSS or LCPA Responsibilities

1. Share child abuse and neglect reporting policies with the foster parent. In the event that an allegation of abuse or neglect is made regarding a foster parent or member of their household, the LDSS or LCPA will follow established protocols ensuring the safety of the child.
2. Explain contingency funding that may be available from the LDSS should the child cause damage to property.
3. Ensure that a signed financial agreement is provided to the foster family and includes the date foster care payments will be made as well as the state approved maintenance rate structure.
4. Consider respectfully the foster parents' questions, concerns, and ideas and offer reasonable explanations if the parties disagree. Agree not to threaten, discriminate or retaliate when decisions and practices are questioned.
5. Provide the foster parents with all reasonably ascertainable background, medical, and psychological records of the child, including whether the child has been the subject of an investigation as the perpetrator of sexual abuse.
6. Support the foster parent in exercising the Reasonable and Prudent Parent Standard in accordance with The Preventing Sex Trafficking and Strengthening Families Act, in decisions regarding the child's participation in age-appropriate activities as required in subsection D of § 63.2-904 of the Code of Virginia and with VDSS regulations.
7. Provide the foster parent with sufficient information about the child to enable them to make day to day decisions regarding the youth's participation in age-appropriate extracurricular, enrichment, cultural, and social activities.

8. Ensure that the child in foster care is provided with the same opportunities regarding extracurricular, enrichment, cultural and social activities as their peers who are not in foster care. The LDSS shall not hold a foster parent liable for harm caused to a child while participating in age-appropriate activities provided that the foster parent's decision to allow participation was consistent with the Reasonable and Prudent Parent standard in accordance with federal law and VDSS regulations and that the harm was directly related to the child's participation in such activities.

C. Foster Parent Responsibilities

1. Allow access at all times to the child and to the home by the authorized LDSS or LCPA representative. The head of the home will release custody of the child to the authorized representatives of the LDSS or LCPA whenever, in the opinion of the LDSS or LCPA or the DSS Commissioner, it is in the best interest of the child.
2. Support agency contact and home visits with the child with the expectation that the LDSS or LCPA will accommodate the foster parents' schedules to the degree possible.
3. Inform LDSS or LCPA of changes regarding the foster family household since the time of foster home approval (such as family membership, plans to change residence, legal issues/convictions, changes in health status, or employment).
4. Discuss openly the foster family relationships and interactions that may impact the child's safety, wellbeing, ability to progress towards permanency, and placement stability.
5. Use age appropriate behavior management techniques and **never** use corporal punishment
6. Agree to exercise the Reasonable and Prudent standards when making decisions about the child's participation in age-appropriate extracurricular, enrichment, cultural, and social activities, in accordance with federal law, subsection D of § 63.2-904 of the Code of Virginia, and VDSS regulations.

Contact Information for Foster Parent Assistance

For questions or concerns, the foster parents may contact the following:

1. Contact (name and title) at (phone number) for general questions about foster care services, agency policy or areas of concern.
2. If additional information or clarification is needed, contact the supervisor (name) at (phone number) and ask for a meeting.
3. If more help is needed, the foster parents may contact the LDSS or LCPA Director or designee _____
4. If, in an emergency, you are unable to reach anyone because of voice mail or night and weekends, and it involves a matter that cannot wait:

The LDSS affirms that:

All reasonably ascertainable background, medical, and psychological records of the child have been shared with the foster parent.

Information regarding any investigation where the youth was the subject of an investigation as the perpetrator of sexual abuse has been shared with the foster parent.

By signature, all parties acknowledge having read, understood and accepted the expectations outlined in this agreement. The LDSS or LCPA shall provide a copy of this agreement to the foster parents at the time a child is placed, at the time all required signatures are obtained and when an additional copy is requested.

----Signed by Agency Staff and Resource Parents at time of child's placement---

Abusive Head Trauma / "Shaken Baby Syndrome"

AHT can impact children's development in long-reaching ways. This brochure and links to other resources can be found at http://www.dss.virginia.gov/family/cps/shaken_baby.cgi and http://www.dss.virginia.gov/family/safe_sleep.cgi.

■ About Shaken Baby Syndrome

No one thinks they will shake their child. Yet, research shows crying has been identified as the leading trigger for moms, dads, loved ones and caregivers to violently shake their infant or small child. This is called Shaken Baby Syndrome (SBS), also known as Abuse Head Trauma (AHT).

At times, it's not just crying or fussy children who frustrate parents and caregivers. Perceived misbehavior or activities, such as toilet training, can be especially challenging for some and at times, no trigger is identified.

Facts about Shaken Baby Syndrome (SBS) also known as Abusive Head Trauma (AHT)

People who shake babies are almost always parents or caregivers, who act rashly out of stress, anger or frustration when the baby is crying uncontrollably. Other triggering events include toilet training difficulties, feeding problems and interrupting an activity the adult caregiver is trying to complete.

Shaking a baby in a moment of frustration can cause serious harm or death. When an infant is shaken, the head jerks back and forth rapidly causing the brain to slam repeatedly against the inside of the skull. This happens due to the difference in size between an adult and an infant and the degree of force of shaking and impact. The resulting damage can cause permanent disability or even death. Because babies have weak neck muscles and heavy heads, even a few seconds of forceful shaking can cause serious damage to babies and small children. Impact to the head is believed to accompany most abusive head injuries. Abusive Head Trauma (AHT) describes abusive head injury caused by both shaking and blunt impact to the infant.

Because of infants' weak neck muscles and large head-to-body ratio, violent or sustained shaking can lead to:

- Cessation of breathing and heartbeat
- Extreme irritability
- Seizures
- Limp arms and legs
- Decreased level of consciousness and vomiting
- Learning and Physical disabilities
- Partial or total blindness
- Hearing impairments
- Speech disabilities
- Cognitive disabilities
- Cerebral palsy
- Behavior disorders
- Death

It is estimated that each year about 1,200 to 1,400 babies die or suffer injury from abusive head trauma.



My Baby's Crying Plan

People I trust and can call for help, when my baby cries:



Name:

Phone

Name:

Phone:

Doctor:

Phone:

Remember: Don't leave your baby with a boyfriend/girlfriend if caretaking will be too much for them. Because you can care for your baby doesn't mean someone you're dating can do the same.

Resources

Prevent Child Abuse Virginia
1-800-CHILDREN

Child Abuse and Neglect Hotline
1-800-552-7096

Family Violence and Sexual Assault Hotline
1-800-838-8238

National Center on Shaken Baby Syndrome
www.dontshake.org

B032-01-0007-04-eng (7/10)



WHAT HAPPENS WHEN A BABY IS SHAKEN?

You knew your baby would cry. But, did you know how frustrating that crying could be when you have tried everything to comfort your baby, and she just keeps crying? No one thinks they will shake their infant, but research shows crying as the number one trigger leading caregivers to violently shake and injure babies.

Jerking or violently shaking a baby causes more harm than dropping a baby head-first onto a hard surface from a height of several feet. The effect of the shaking can cause permanent brain damage, blindness or in up to 25% of cases, death.

Children of any age can die from being shaken. If you suspect the baby has been injured from being shaken, take the baby immediately to the doctor.



HOW TO SOOTHE YOUR BABY - AND YOU.

Parental frustration and fatigue may make you feel like you're about to lose your cool. Don't do it.

Common triggers for shaking a child include toilet training, perceived misbehavior and crying.

To soothe baby - and you - here are some things to try:

- Make sure your baby is not wet, hungry or running a fever.
- Lay your baby down in his crib and walk away to see if he will quiet down on his own.
- While sitting, hold your baby across your knees and pat her back gently.
- Take the baby for a walk in a stroller.
- A wind-up swing might work; monitor carefully to make sure the baby doesn't slump over.
- People - and toddlers - learn at different paces. When potty training, remember that your child really does want to please you.
- Give it a rest and step away. Make sure the baby is safe and step away for a few minutes. Chill out, breathe, call a friend.
- Remember: It's more important to stay calm than to stop the crying.

Never Shake Your Baby



BACK TO SLEEP FOR BABIES IN FOSTER CARE EVERY TIME, WITH EVERY CAREGIVER

About 1 in 5 sudden infant death syndrome (SIDS) deaths occur while an infant is in the care of someone other than a parent or usual caregiver.

SIDS is defined as the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history.

Unaccustomed tummy sleeping is when a baby who is used to sleeping on her back with 1 caregiver is then placed to sleep on her tummy by another caregiver. Unaccustomed tummy sleeping greatly increases the risk of SIDS.

Babies who are used to sleeping on their backs
and then placed to sleep on their tummies are
18 times more likely to die
from SIDS than compared to babies who are placed
to sleep on their backs every time, with every caregiver.

REMEMBER: Place babies to sleep on their backs *every time, with every caregiver*.

This means:

- Every night
- Every nap
- With babysitters, nannies, child care providers, relatives, birth parents, foster parents, and anyone else who may care for the baby

Sign the pledge to place the baby in your care on her back!

The pledge on the second page is to be reviewed and signed by *anyone* who is providing care for a baby, including child care providers.

For more information on...

The American Academy of Pediatrics policy statement on safe sleep:
<http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/5/1245>

Safe sleep in child care:
www.healthychildcare.org/sids.html

Health of children in foster care:
www.aap.org/fostercare

www.aap.org/fostercare

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



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I _____ pledge to place _____
name of parent (foster, birth, or adoptive) or kin name of child

the baby in my care, to sleep on her back every night, and for every nap. (Please note: When the baby can easily turn over from back to tummy and tummy to back, still place the baby to sleep on her back, but allow her to adopt whatever position she prefers for sleep.)

In addition, I pledge to do the following to reduce the risk of SIDS:

(Initial)

- _____ I understand that side sleeping is not as safe as the back and is not recommended. Babies sleeping on their sides are more likely to accidentally roll onto their tummies.
- _____ I will place the baby in a safety-approved crib with a firm mattress and a well-fitting sheet. If I decide to use a cradle or bassinet, I will only choose those that are JPMA (Juvenile Products Manufacturers Association) certified for safety.
- _____ I will not place toys or other soft bedding (including fluffy blankets, comforters, pillows, stuffed animals, and wedges) into the crib with the baby.
- _____ I will avoid letting the baby get too hot and will dress her lightly for sleep. I will set the room temperature for a lightly clothed adult.
- _____ I will not cover the baby's head with a blanket or overbundle her with clothing and blankets.
- _____ I will consider using sleep clothing, such as sleepers, sleep sacks, and wearable blankets, as alternatives to blankets.
- _____ I will not use wedges or infant positioners, since there is no evidence that they reduce the risk of SIDS.
- _____ I will place the crib in an area that is always smoke free. I will not smoke around the baby.
- _____ I will not place the baby to sleep on an adult bed, chair, sofa, waterbed, or cushion.
- _____ I understand that bed sharing with the baby can be hazardous. If the baby is brought into bed for feeding or comforting, I will return the baby to her crib or bassinet when I am ready to return to sleep.
- _____ I will not let the baby share a bed with other children.
- _____ I understand that supervised "tummy time" for awake babies can help them strengthen their muscles and help them to develop normally.
- _____ I will share this important information with others (eg, foster AND birth parents) who may care for the baby. I will ask that the baby be placed to sleep on her back every night, and for every nap.

www.aap.org/fostercare

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KEY ELEMENTS OF FAMILY PARTNERSHIP MEETINGS:

Goal	To involve birth families and community members, along with resource families, service providers and agency staff, in all placement decisions, to ensure a network of support for the child and the adults who care for them.
Values	<ul style="list-style-type: none">• Every child deserves a family.• Every family needs the support of the community.• Public child welfare agencies need community partner.
Assumptions	<ul style="list-style-type: none">• A group can be more effective in decision making than an individual.• Families are the experts on themselves.• When families are respectfully included in the decision-making process, they are capable of identifying and participating in addressing their needs.• Members of the family's own community add value to the process by serving as natural allies to the family and experts on the community's resources.
Key Elements	<ol style="list-style-type: none">1. A family partnership meeting, including birth parents and youth, is held for ALL decisions involving child removal, change of placement, and reunification/other permanency plan.2. The family partnership meeting is held BEFORE the child's move occurs, or in cases of imminent risk, by the next working day, and always before the initial court hearing in cases of removal.3. Neighborhood-based community representatives are invited by the public agency to participate in all family partnership meetings, especially those regarding possible child removal.4. The meeting is led by a skilled, immediately accessible, internal facilitator, who is not a case-carrying social worker or line supervisor.5. Information about each meeting, including participants, location, and recommendations, is collected and ultimately linked to data on child & family outcomes, in order to ensure continuing self-evaluation of the family partnership process and its effectiveness.6. Each family partnership meeting resulting in a child's removal serves as a springboard for the planning of an "icebreaker" family team meeting, ideally to be held in conjunction with the first family visit, so that the birth-foster parent relationship can be initiated.

Adapted from the Annie E. Casey Foundation Family to Family Initiative

Foster Parent Bill of Rights

All foster parents, including kinship foster parents, have the following rights regarding collaboration, communication, access, and transparency:

1. To be regarded as the primary caregiver of a child placed in foster care and to be treated with dignity, respect, trust, value, and consideration, including the local department giving due consideration to the foster parent's family values, traditions, and beliefs;
2. To receive copies of all documents related to the foster parent, the foster parent's family, and ongoing services provided to the foster home;
3. To be considered part of the foster care team and to be able to contribute input regarding the child's permanency plan and receive copies of the plan;
4. To be provided all reasonably ascertainable background, medical, and psychological records of the child prior to placement, at the initial placement, or at any time during the placement of a child in foster care;
5. To be provided all information relevant to the child's foster care services as allowed by federal and state law;
6. To be notified of court hearings and scheduled meetings;
7. To be informed of decisions made by the court, local board, or licensed child-placing agency concerning the child's foster care services;
8. To be able to communicate, to the extent permitted under federal and state law, with professionals who work directly with the child in foster care, including therapists, physicians, and teachers;
9. To be informed in a timely manner of changes to the child's case plan or the termination of the child's placement;
10. To be afforded the same rights as outlined in the Foster Care Placement Agreement and the Code of Ethics and Mutual Responsibilities;
11. To be provided with approved or eligible reimbursements for costs associated with foster care services in a timely manner;
12. To be provided with a method to contact the local board or licensed child-placing agency for assistance 24 hours a day and seven days a week; and
13. To receive a timely response from the local department of social services regarding whether or not information may be provided to requests for information regarding the child's progress after leaving foster care.

Foster Parent Signature

Date

Foster Parent Signature

Date

Foster Parent Bill of Rights

Foster parents have a right to file a complaint regarding alleged violations of the regulations governing collaboration, communication, access, and transparency between the local boards, the licensed child-placing agencies, and the foster parents. (From Foster Care Guidance 17.11.1) When filing such a complaint, foster parents must follow the following steps:

1. The foster parent shall contact the service worker assigned to the foster home within 10 business days and provide a detailed description of the conduct constituting the alleged violation of the regulations governing collaboration, communication, access, and transparency between the local boards, the licensed child placing agencies, and the foster parents and attempt to resolve the dispute.
2. The service worker shall respond within five business days and explain any corrective action to be taken in response to the foster parent's complaint.
3. If the foster parent and service worker are unable to resolve the complaint informally, the foster parent may file a written complaint through the dispute resolution process with the local board's foster care supervisor or assigned designee.
 - The written complaint shall include a detailed description of the conduct constituting the alleged violation of the regulations governing collaboration, communication, access, and transparency between the local boards, the licensed child-placing agencies, and the foster parents and a copy of the service worker's response.
 - The written complaint shall be sent to the supervisor and must be received by the supervisor within 10 business days of the foster parent receiving the service worker's response.
4. The foster care supervisor or assigned designee shall respond to the complaint in writing within five business days setting forth all findings regarding the alleged violation and any corrective action taken.
5. If the foster parent disagrees with the findings or corrective actions proposed by the foster care supervisor or assigned designee, the foster parent may appeal the decision to the local director by filing a written notice of appeal.
 - The notice of appeal shall include a detailed description of the conduct constituting the alleged violation of the regulations governing collaboration, communication, access, and transparency between the local boards, the licensed child-placing agencies, and the foster parents and a copy of the foster care supervisor or assigned designee's findings or recommendations.
 - The notice of appeal shall be sent to the local director and must be received by the local director within 10 business days of the foster parent receiving the supervisor's response.
6. The local director shall hold a meeting between all parties within seven business days to gather any information necessary to determine (i) the validity of the alleged violation of the regulations governing collaboration, communication, access, and transparency between the local boards, the licensed child-placing agencies, and the foster parents and (ii) the appropriateness of any recommendations for corrective action made by the family services specialist and foster care supervisor or assigned designee.
7. A summary of the meeting shall be documented in writing by the service worker after approval by the foster care supervisor or assigned designee.
8. Following such meeting and documentation, the local director shall issue to all parties written findings and, when applicable, recommendations for corrective actions.

This dispute resolution process does not apply to a complaint related to the denial or failure of a local board to act upon an individual's claim for benefits. Complaints related to a claim for benefits shall be appealable pursuant to 42 USC § 671(a)(12) and 22VAC40-201-115.



OFFICE of the CHILDREN'S OMBUDSMAN

If you have concerns with the way your local department of social services is handling a child protective services or foster care case, the OCO may be able to help. Contact us if you don't understand why an agency took a certain action or made a certain decision. In some cases, we may be able to investigate if you think the agency's action or decision violated laws or policies.

Your contact with us is confidential and it's against the law for an agency to penalize you for contacting us. We are part of the Office of the Governor and are independent from all other state and local agencies so our reviews of cases can be impartial and thorough.

Visit our website at www.oco.virginia.gov.

For general questions about the OCO, email us at info@oco.virginia.gov.

If you have a concern with a local department of social services, you can email us at complaints@oco.virginia.gov, or call us at (804) 225-4801.

INVESTIGATE

ADVOCATE

EDUCATE

This Adoptive Placement Agreement (APA) is completed if you make a lifetime decision to adopt:

PLACEMENT AGREEMENT
ADOPTIVE HOME

We/I _____ and _____ after careful consideration receive into our/my home _____, a child in the custody of _____.

It is our/my intent to accept this child as a permanent member of our/my family through adoption.

1. We/I have an approved Mutual Family Assessment and We/I have a Certificate of Approval. Our/my Mutual Family Assessment/home study was approved/reapproved on _____.
2. We/I will share our/my home with this child, (check appropriate box)
 - ☐ Assuming responsibility for daily living expenses until the entry of the final order of adoption. It is our/my understanding that the agency retains responsibility for necessary medical coverage and will continue Medicaid until entry of the final order of adoption. After entry of the final order of adoption, we/I assume complete responsibility for daily expenses and medical care.
 - ☐ Providing for this child's expenses and needs with adoption assistance.
3. We/I will not, however, commence court proceedings for the adoption without the consent of the agency and understand that the agency cannot consent to adoption until the child has lived with us/me for at least six months; and that the consent of the agency may be withheld if, in the opinion of the agency, the best interest of the child will be benefited.
4. We/I understand that placement of this child in our/my home will require adjustment and that the agency will be available for consultation and support. We/I understand that seeking consultation and assistance from the agency is acceptable and will not affect the agency's decision to consent to our/my adoption of this child.
5. It is understood that we/I may request removal of the child from our/my home prior to finalization of the adoption. If we/I determine that this child cannot become a permanent member of our/my family, before doing so, we/I agree to:
 - A. Consult with the agency;
 - B. Seek additional counseling if recommended by the agency;
 - C. Prepare the child for his return to the agency; and
 - D. Give the agency at least two weeks' notice of our/my decision to allow for other arrangements to be made for the child.
6. We/I understand that a representative of the agency will visit us/me and the child at least three times prior to adoption.
7. It is further understood that the agency will not remove this child from our/my home except with our/my consent or upon order of the Commissioner of Social Services, or upon order of the Juvenile and Domestic Relations Court or Circuit Court, or after an agency determination that the child is subject to abuse or neglect. We/I understand that such removal shall be subject to review by the Juvenile Court upon our/my petition to the court.

Adoptive Parent Date

Adoptive Parent Date

Agency Director or Designee Date

Rate Structuring and the Provider's Role in the Process

Not all local DSS agencies use the Virginia Enhanced Maintenance Assessment Tool (VEMAT) for regular foster care cases. For the full policy manual regarding rate structuring, go to:

https://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/section_14.pdf

Key aspects to help families understanding the parent's role in the VEMAT process (if used) include:

14.2.1 Rationale and purpose of enhanced maintenance

Maintenance payments are provided to assist in meeting the basic needs of a child. Enhanced maintenance payments are available when a child has a clearly-defined need that requires the parent to provide increased support and supervision due to the child's behavioral, emotional, or physical/personal care requirements. Virginia's practice of providing basic and, when applicable, enhanced maintenance payments to foster or adoptive parents is consistent with federal law and regulation...

14.2.5.1 Responsibilities of foster parents

Foster parents receiving enhanced maintenance payments have accepted children into their family whose needs will require a greater level of adult supervision and support than other children, either initially or long-term. Foster parents accept these children into their homes with the expectation that they will provide the type of environment and support necessary for the child to:

- Remain in the home until permanency for the child is achieved.
- Reunify with their family.
- Progress in their overall development including academic achievement.
- Have their medical, dental, and mental health care needs met.

As a partner in helping meet these needs for the child, foster parents are expected to provide a great deal of the support and supervision required for a child to remain safe and have the opportunity to build on their strengths and progress in their development. Other partners such as the school, therapists, mentors, in-home providers, service workers, and others will help support the child in addressing areas of need. As a result, it is necessary for the LDSS to identify the specific requirements for support and supervision expected from the foster parent, which may include but are not limited to:

- Participate in and cooperate with the LDSS in developing the service plan, attend Family Partnership Meetings as requested, and attend any meetings the private agency, local education association, or other providers may hold.
- Discuss with the agency and follow through on all services provided to them or expected of them in order to ensure the child's well-being and progress, maintain the child's safe placement, and support reunification when appropriate for the child.
- Assume responsibility for managing the daily supervision and supportive tasks a child may need including but not limited to:
 - Transporting the child to appointments.
 - Visitation with family and siblings.
 - Attending and participating in court hearings, therapy, or other appointments with the child.
- The LDSS should take into consideration time and distance when requiring foster parents to transport and participate in appointments and therapy with the child. LDSS and LCPA staff may assist in these parental activities but should do so as an occasional support to the family and not as a matter of rule.
 - Following up on any services for the child such as in-home physical therapy exercises, additional educational assistance, implementing in-home strategies designed to remediate problems or promote progress in a child's development, and documenting progress on such strategies and their goals.

- Communicate to the agency any and all difficulties in understanding or managing the needs of the child and any training needs that would be helpful in improving their ability to parent the child and effectively meet the child's needs.
- Contact the agency and request assistance when they experience difficulty managing the child and need support in order to safely maintain the child in their home. Foster parents should always contact the agency prior to a situation reaching a critical level and avoid requesting the removal of the child from their home.
- Accurately and consistently monitor and document the child's behavior(s) and the parent's involvement and support in a manner that has been decided on with direction from the agency. (See Section 14.2.4.4 for the agency worker's role in assisting in documentation.)
- Participate in all VEMAT meetings or, when unable to attend a scheduled meeting, work with the LDSS to promptly reschedule the meeting.
- Consistently meet all foster home approval requirements.

14.2.5.2 Responsibilities of adoptive parents prior to finalization of the adoption

Adoptive parents (who have negotiated and signed an adoption assistance agreement but where the adoption is not yet finalized) receiving enhanced maintenance payments have made the commitment to adopt a child into their family whose needs may require a greater level of adult supervision and support than other children either short or long-term. Adoptive parents make this commitment with the expectation that they will provide the type of environment and support necessary for the child to:

- Explore and adjust to his or her new family in ways that are safe and comfortable for the child and meet the child's needs.
- Continue progressing in their overall development including academic achievement.
- Become a member of the family through a final order of adoption.

As a partner in helping meet these needs for the child, adoptive parents are expected to provide a great deal of the support and supervision required for a child to remain safe and have the opportunity to build on their strengths and progress in their development. Other partners such as the school, therapists, mentors, in-home providers, service workers, and others will help support the child in addressing areas of need. As a result, it is necessary for the LDSS to identify the specific requirements for support and supervision expected from the adoptive parent which may include but are not limited to:

- Participate in and cooperate with the LDSS and/or LCPA in meetings or visits to achieve the child's goal of adoption.
- Discuss with the agency(ies) and follow through on services necessary for them or the child in order to maintain the child's safety, well-being, and preparation for adoption.
- Assume responsibility for managing the daily supervision and supportive tasks a child may need, including but not limited to:
 - Transporting the child to appointments.
 - Visitation with family and siblings when appropriate.
 - Attending and participating in court hearings, therapy, or other appointments with the child.
 - Following through on any services the child may need.
- Discuss with the agency any difficulties in understanding or managing the needs of the child and any training needs or other supports that would be helpful in improving their ability to parent the child and effectively meet the child's needs.
- Accurately and consistently monitor and document the child's behavior(s) and the parent's involvement and support in a manner that has been decided on with direction from the agency. (See Section 14.2.4.4 for the agency worker's role in assisting in documentation.)
- Participate in all VEMAT meetings or, when unable to attend a scheduled meeting, work with the LDSS to promptly reschedule the meeting.
- Actively participate in furthering the adoption finalization process.

INFORMATION SHEET ON THE VIRGINIA ADOPTION ASSISTANCE PROGRAM

Adoption provides children with loving families who are committed to helping them succeed in life. Stable families give children a place to call home, a daily life with a caring family, and lifelong relationships to share family traditions, special holidays, and important life events in childhood and adulthood.

While this document provides you with general information about Virginia's Adoption Assistance Program, you will probably have many questions about how this program applies to the specific child you want to adopt and your family's specific circumstances. We want you to have the information you need to make such important decisions. The service worker is happy to respond to all questions you may have.

The worker will share with you all known and relevant information about the child and about the child's birth family, without revealing the identity of the family. You will receive the Full Disclosure of Child Information Form for the child. The service worker will also help you plan how to integrate the child with special needs into your home and family.

Purpose of adoption assistance. Adoption assistance provides adoptive parents with the assistance they need to adopt and care for the child who has special needs and who meets eligibility criteria for adoption assistance. While adoptive parents assume primary financial responsibility for raising their adopted child, adoption assistance supplements the resources of the adoptive parents. It is not intended to cover the cost of raising the child.

Child's eligibility for adoption assistance. The child must meet specific criteria to be eligible for adoption assistance. The eligibility criteria is different depending on whether the application for adoption assistance is submitted before or after the adoption is finalized, and whether federal or state adoption assistance is appropriate. Adoptive parents will receive a copy of the Virginia Adoption Assistance Screening Tool that documents the child's special needs and eligibility for adoption assistance.

Types of adoption assistance. Adoptive parents may receive the following types of adoption assistance on behalf of the child who has special needs and who meets the eligibility criteria. At no time shall the amount of the enhanced maintenance payment exceed what would have been paid if the child was in foster care.

- 1) Basic maintenance payments** may be available to help the adoptive parents meet the child's needs.
- 2) Enhanced maintenance payments** may be available when the child requires additional supervision and support from the adoptive parents to ensure the safety and well-being of the child.
- 3) Health insurance through the Medicaid program for an eligible child.** The local department shall inform the adoptive parents whether the child they are adopting is eligible for Medicaid in relation to the adoption assistance agreement.
- 4) Non-recurring adoption expenses** may be covered, to help the adoptive parents pay expenses directly related to the legal adoption of the child.
- 5) Special service payments, if applicable,** help the adoptive parents provide special services and/or supports that are required to meet the documented special need(s) of the child.

Any updates as well as the complete information sheet that includes details about appeals & fair hearings and filing a complaint of discrimination can be found in Adoptions/Forms at <http://www.dss.virginia.gov/> .

Rate Structuring and the Provider's Role in the Process

Not all local DSS agencies use the Virginia Enhanced Maintenance Assessment Tool (VEMAT) for regular foster care cases. For the full policy manual regarding rate structuring, go to https://www.dss.virginia.gov/files/division/dfs/fc/intro_page/guidance_manuals/fc/section_14.pdf.

Key aspects to help families understanding the parent's role in the VEMAT process (if used) include:

14.2.1 Rationale and purpose of enhanced maintenance

Maintenance payments are provided to assist in meeting the basic needs of a child. Enhanced maintenance payments are available when a child has a clearly-defined need that requires the parent to provide increased support and supervision due to the child's behavioral, emotional, or physical/personal care requirements. Virginia's practice of providing basic and, when applicable, enhanced maintenance payments to foster or adoptive parents is consistent with federal law and regulation...

14.2.5.1 Responsibilities of foster parents

Foster parents receiving enhanced maintenance payments have accepted children into their family whose needs will require a greater level of adult supervision and support than other children, either initially or long-term. Foster parents accept these children into their homes with the expectation that they will provide the type of environment and support necessary for the child to:

- Remain in the home until permanency for the child is achieved.
- Reunify with their family.
- Progress in their overall development including academic achievement.
- Have their medical, dental, and mental health care needs met.

As a partner in helping meet these needs for the child, foster parents are expected to provide a great deal of the support and supervision required for a child to remain safe and have the opportunity to build on their strengths and progress in their development. Other partners such as the school, therapists, mentors, in-home providers, service workers, and others will help support the child in addressing areas of need. As a result, it is necessary for the LDSS to identify the specific requirements for support and supervision expected from the foster parent, which may include but are not limited to:

- Participate in and cooperate with the LDSS in developing the service plan, attend Family Partnership Meetings as requested, and attend any meetings the private agency, local education association, or other providers may hold.
- Discuss with the agency and follow through on all services provided to them or expected of them in order to ensure the child's well-being and progress, maintain the child's safe placement, and support reunification when appropriate for the child.
- Assume responsibility for managing the daily supervision and supportive tasks a child may need including but not limited to:
 - Transporting the child to appointments.
 - Visitation with family and siblings.
 - Attending and participating in court hearings, therapy, or other appointments with the child.
- The LDSS should take into consideration time and distance when requiring foster parents to transport and participate in appointments and therapy with the child. LDSS and LCPS staff may assist in these parental activities but should do so as an occasional support to the family and not as a matter of rule.
 - Following up on any services for the child such as in-home physical therapy exercises, additional educational assistance, implementing in-home strategies designed to remediate problems or promote progress in a child's development, and documenting progress on such strategies and their goals.

- Communicate to the agency any and all difficulties in understanding or managing the needs of the child and any training needs that would be helpful in improving their ability to parent the child and effectively meet the child's needs.
- Contact the agency and request assistance when they experience difficulty managing the child and need support in order to safely maintain the child in their home. Foster parents should always contact the agency prior to a situation reaching a critical level and avoid requesting the removal of the child from their home.
- Accurately and consistently monitor and document the child's behavior(s) and the parent's involvement and support in a manner that has been decided on with direction from the agency. (See Section 14.2.4.4 for the agency worker's role in assisting in documentation.)
- Participate in all VEMAT meetings or, when unable to attend a scheduled meeting, work with the LDSS to promptly reschedule the meeting.
- Consistently meet all foster home approval requirements.

14.2.5.2 Responsibilities of adoptive parents prior to finalization of the adoption

Adoptive parents (who have negotiated and signed an adoption assistance agreement but where the adoption is not yet finalized) receiving enhanced maintenance payments have made the commitment to adopt a child into their family whose needs may require a greater level of adult supervision and support than other children either short or long-term. Adoptive parents make this commitment with the expectation that they will provide the type of environment and support necessary for the child to:

- Explore and adjust to his or her new family in ways that are safe and comfortable for the child and meet the child's needs.
- Continue progressing in their overall development including academic achievement.
- Become a member of the family through a final order of adoption.

As a partner in helping meet these needs for the child, adoptive parents are expected to provide a great deal of the support and supervision required for a child to remain safe and have the opportunity to build on their strengths and progress in their development. Other partners such as the school, therapists, mentors, in-home providers, service workers, and others will help support the child in addressing areas of need. As a result, it is necessary for the LDSS to identify the specific requirements for support and supervision expected from the adoptive parent which may include but are not limited to:

- Participate in and cooperate with the LDSS and/or LCPA in meetings or visits to achieve the child's goal of adoption.
- Discuss with the agency(ies) and follow through on services necessary for them or the child in order to maintain the child's safety, well-being, and preparation for adoption.
- Assume responsibility for managing the daily supervision and supportive tasks a child may need, including but not limited to:
 - Transporting the child to appointments.
 - Visitation with family and siblings when appropriate.
 - Attending and participating in court hearings, therapy, or other appointments with the child.
 - Following through on any services the child may need.
- Discuss with the agency any difficulties in understanding or managing the needs of the child and any training needs or other supports that would be helpful in improving their ability to parent the child and effectively meet the child's needs.
- Accurately and consistently monitor and document the child's behavior(s) and the parent's involvement and support in a manner that has been decided on with direction from the agency. (See Section 14.2.4.4 for the agency worker's role in assisting in documentation.)
- Participate in all VEMAT meetings or, when unable to attend a scheduled meeting, work with the LDSS to promptly reschedule the meeting.
- Actively participate in furthering the adoption finalization process.

This PACCA is completed when a child is adopted from foster care:

Post-Adoption Contact and Communication Agreement

This agreement is made between _____, & _____ the birth mother/father of <child's name and DOB> and _____, & _____, the prospective adoptive parent(s).

Birth Parent(s):

I/We understand that at any time before the transfer of legal custody of above-named child for adoption and/or a pre-adoptive placement, I/We may enter into a written post-adoption contact and communication agreement in accordance with the provisions of Sections 16.1-283.1 and 63.2-1228.1 of the *Code of Virginia*.

I/We understand that the termination of my/our parental rights and adoption of the above name child is irrevocable even if the adoptive parent(s) do not abide by the post adoption contact and communication agreement.

I/We understand that I am not required to enter into a post-adoption contact and communication agreement.

I/We understand that the agency giving consent to the adoption and the child's guardian ad litem must recommend that the post-adoption contact and communication agreement be approved as being in the best interests of the child. If there is no agency giving consent to the adoption then the agency that prepared the adoption report has been informed of the post-adoption contact and communication agreement and has recommended in the agency's report to the circuit court that the post-adoption and contact and communication agreement be approved.

I/We, as the birth parent(s), consent to this post-adoption contact and communication agreement.

Prospective Adoptive Parent(s):

I/We acknowledge that a post-adoption contact and communication agreement is not required to be entered into for the finalization of the adoption of the above child.

I/We acknowledge that the post-adoption contact and communication agreement grants the birth parent(s) the right to seek the enforcement of the post-adoption contact and communication agreement provisions set forth in this agreement by the court of jurisdiction.

I/We acknowledge as petitioner(s) for adoption, if this agreement is agreed upon, it is required to be submitted with the other documents presented to the circuit court where the adoption petition is filed.

I/We as adoptive parent(s) consent to this post-adoption contact and communication agreement.

I/We acknowledge that the agency giving consent to the adoption and the child's guardian ad litem must recommend that the post-adoption contact and communication agreement be approved as being in the best interests of the child. If there is no agency giving consent to the adoption, then the agency that prepared the adoption report has been informed of the postadoption contact and communication agreement and has recommended in the agency's report to the circuit court that the post-adoption and contact and communication agreement be approved.

Contact Type:

Frequency

<specifics listed here>

Communication Type:

<specifics listed here>

Modification:

The post-adoption contact and communication agreement may be modified by either the birth parent(s) or adoptive parent(s) by filing a petition with the circuit court of the jurisdiction in which the final order of adoption was entered.

In order to have the agreement modified, either the birth parent(s) or adoptive parent(s) who is filing for the modification must establish that there has been a change of circumstances and the current agreement is no longer in the child's best interest.

No modification will affect the irrevocability of the adoption. The circuit court, when requested to modify the agreement, may appoint a guardian ad litem to represent the child's best interests.

Enforcement:

The agreement is enforced by the designated circuit court. A petition must be filed with the circuit court of jurisdiction to enforce the compliance of the agreement. Either the birth parent(s) or adoptive parent(s) may file a petition with the circuit court of jurisdiction. The circuit court may appoint a guardian ad litem when the court receives a petition for compliance with the agreement. The circuit court may not award monetary damages. The circuit court may use other measure such as being in contempt of court to enforce the agreement.

Provisions:

Failure to enter into a post-adoption contact and communication agreement with the identified adoptive parents after authority to consent to the child's adoption is granted to a local board of social services or child-placing agency, or failure to comply with a post-adoption contact and communication agreement, will not affect 1) the consent adoption, 2) the voluntary relinquishment of parental rights, 3) the voluntary or involuntary termination of parental rights, or 4) the finality of the adoption.

The _____ <child placing agency> is not a party to this post-adoption contact and communication agreement and has no responsibility for enforcement of it.

<Birth Parents> and <Adoptive Parents> agree to honor the spirit, intent, and terms of this agreement. By signing this agreement, I/We agree to the terms of the agreement by affirmation of my/our signature and the date:

<PARENTS' SIGNATURES>

Child:

I _____, being 14 years of age or older, consent to this post-adoption contact and communication agreement.



<CHILD'S SIGNATURE>

The following have seen and approved the agreement as being in the best interest of the child and recommend its approval:

<SIGNATURES OF DSS DESIGNEE AND GAL>

Standards of Care for Continued Foster Family Approval

The standards of care for continued approval below have been excerpted from the VDSS Resource Family Approval Guidance dated February 2013. For the full text, go to <http://www.dss.virginia.gov/> :

- Click on “Adoption and Foster Care” then select “foster care”
- On the Foster Care page, scroll down to “Resources for Foster Care” and click  **Guidance Manuals**
- Select  **Other Foster Care Guidance Manuals**
- Choose [Local Department Resource, Foster & Adoptive Family Home Approval Guidance](#) (pdf)

Standards of care for continued approval

LDSS are required to engage in ongoing discussion with and supervision of providers. The “Standards of Care for Continued Approval” as described below are first discussed during the assessment in order to ensure providers are knowledgeable of what is expected of them once a child is placed in their home. The “Standards” should be part of the ongoing dialogue with providers. Local workers should discuss and monitor how the provider meets these standards.

- The provider shall provide care that does not discriminate on the basis of race, color, sex, national origin, age, religion, political beliefs, sexual orientation, disability, or family status.
- The provider shall ensure the child receives meals and snacks appropriate to his daily nutritional needs. The child shall receive a special diet if prescribed by a licensed health care provider, or designee, or in accordance with religious or ethnic requirements or other special needs.
- The provider shall ensure that he can be responsive to the special mental health or medical needs of the child.
- The provider shall establish rules that encourage desired behavior and discourage undesired behavior. The provider shall not use corporal punishment or give permission to others to do so and shall sign an agreement...
- The provider shall provide clean and seasonal clothing appropriate for the age and size of the child.
- If a provider transports the child, the provider shall have a valid driver's license and automobile liability insurance. These will be checked at approval and re-approval but verification may be required at any time deemed necessary.
- The vehicle used to transport the child shall have a valid registration and inspection sticker.
- Providers and any other adults who transport children shall use functioning child-restraint devices in accordance with requirements of Virginia law. See Section 10.6.1.2 of the Foster Care Manual and the following link for additional information: <http://www.vdh.virginia.gov/ofhs/prevention/CPS/laws.htm>.

Change in household composition or circumstances

You also agree to report changes when you sign the Foster Care Agreement!

Providers should inform the LDSS as soon as possible but no later than 45 days **before** a significant change occurs in the household composition or circumstances, including but not limited to:

- A child turning 18 years of age (see 1.9.2.1);
- A new adult entering the household;
- A household member leaving the household;
- A change in marital status of a provider;
- A significant change in health status of a provider;
- A change of address (a move);
- A substantial change to the residence (such as adding a swimming pool).

Background checks for new adults entering the household

Within 30 days of a person in the home becoming 18 years old, background checks shall be conducted... A written statement of affirmation disclosing any criminal and child abuse and neglect history in Virginia and any other state of residence within the past five (5) years must be completed when the individual becomes 18. If the 18 year old will be transporting the child, a DMV check is required.

For any new adult entering the home, background checks shall be conducted ... The new household member must present himself for fingerprinting and the LDSS must submit the fingerprints and required documentation to the State Office of Background Investigations for processing **within 3 days**.

Required monitoring efforts

LDSS are required to monitor providers as follows:

Required family visits

The local worker shall visit the home of the approved provider as often as necessary, but at least quarterly, to provide support to and monitor the performance of the provider and shall document these visits in the provider record.

- When a child is placed in the home, these visits may coincide with the monthly visits to the child and be completed by the same LDSS worker.
- If there is no child placed in the home, the quarterly visit may be replaced by telephone contact.

Monitoring activities

If monitoring efforts indicate that significant changes in the household composition or circumstances of the provider have occurred and would impact the conditions of approval, an addendum [is used to document changes and if any action is required]. Such action may include a plan to correct any deficits noted, suspension of the provider's approval, or revocation of the provider's approval.

Re-approval requirements

The approval period for a provider is 36 months. Re-approvals are due by the end of the month in which the previous approval expired.

In-service training

Training requirements

The LDSS shall ensure and document that each provider receives annual in-service training. Such training allows the provider the opportunity to review and learn additional information relevant to the care of children placed in foster care or an adoptive home ... The provider is required to complete annual in-service trainings.

Training needs

Training shall be relevant to the needs of children and families [and may include online training, books, videos, group training, etc.].

FOR PARENT USE – ASK YOUR APPROVING AGENCY:

How many hours of in-service training is each parent required to have each year? _____

When does the training year begin? (January? June? My approval date?) _____

Normalcy in Foster Care

The Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) is a federal policy that was created to assist in the provision of normalcy in foster care by empowering caregivers to make everyday decisions regarding the activities of foster children and youth in their care so that these children can have as normal a childhood as possible. Normalcy can be further explained through the Reasonable and Prudent Parent Standard which is defined as: **"Careful and sensible parental decisions which ensure the child's health, safety, and best interest while at the same time encouraging the child's emotional and developmental growth, that a caregiver shall use when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities."**

What is the law?

The law states that caregivers must utilize the Reasonable and Prudent Parent standards when making decisions regarding the activities of the foster youth in their care, which includes considering the following:

- The child's age, maturity, and developmental level to maintain the overall health and safety of the child;
- Potential risk factors and the appropriateness of the activity;
- The best interest of the child based on the caregiver's knowledge of the child;
- The importance of encouraging the child's emotional and developmental growth;
- The importance of providing the child with the most family-like living experience possible;
- The behavioral history of the child and the child's ability to safely participate in the proposed activity;
- The wishes of birth parents whose rights have not been terminated; and
- The child's foster care plan.

Go to dss.virginia.gov for the [Providing Normalcy for Youth in Foster Care resource guide](#).

VDSS Training Course – CWSE3030: Normalcy for Youth in Foster Care

This training enables learners to differentiate between decisions that can be made by foster parents and those which must be authorized by the local department of social services and to make child-specific decisions about participation in activities by applying the Reasonable and Prudent Parent Standard. **Download the decision tree for normalcy decisions!**

To take the course, go to <http://www.dss.virginia.gov/family/fc/CWSE3030/story.html>

Frequent Issues

Social Media

- Children are permitted to participate in social media as long as permission has been given by caregiver.

Caregiver and Case Worker should:

- Assist the child in enrolling in a driver's education program;
- Support the child's efforts to learn to drive a car, obtain learner's permit & driver's license (age, maturity, insurance); and
- Assist the child in obtaining automobile insurance.

Overnight / Planned Outings

- The caregiver shall determine that it is safe & appropriate.
- Background screenings are not necessary for a child to participate in normal school or community activities and outings such as school field trips, dating, Scout camp outs, sleepovers and activities with friends, families, school and church groups.

Bank Accounts

- Whenever it is appropriate, children should be encouraged to open and maintain bank accounts.

Babysitting

- Youth are allowed to babysit consistent with their foster care plan.
- A babysitting course is recommended.

TIP: Check out <https://www.redcross.org/take-a-class/babysitting-child-care>!

Caregivers can have a babysitter in their home to provide short-term babysitting. When arranging for a babysitter the caregiver shall ensure:

- Babysitter is suitable for the age, developmental level and behaviors of child;
- Babysitter understands how to handle emergencies and have appropriate contact information; and
- Discipline and confidentiality policies for the child have been explained.

(continued)

Vacations

- Caregivers are encouraged to take children on vacation as they would their own children.

Special Considerations:

- Foster youth with disabilities shall be provided with an equal opportunity to participate in activities.
- Confidentiality requirements for department records shall not restrict the child's participation in customary activities appropriate for the child's age and developmental level.

Consistent with the child's foster care plan, s/he shall be given permission/encouragement to:

- Have opportunities to spend his or her own money
- Have access to a phone
- Have reasonable curfews
- Travel with other youth or adults
- Have his or her picture taken for publication in a newspaper or yearbook
- Receive public recognition for accomplishments
- Participate in school or after-school

Children should be provided with information when it is appropriate regarding:

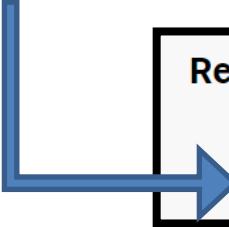
- Teen sexuality issues
- Drug and alcohol use and abuse
- Runaway prevention
- Health services
- Community involvement
- Locating available resources
- Identifying legal issues
- Understanding his or her legal rights
- Accessing specific legal advice

Required VDSS Mandated Reporter Training

Families approved by LDSS to provide foster care or respite care are “mandated reporters” of suspected child abuse or neglect. Each individual applicant (parent) must complete a course on mandated reporting during pre-service training. This training is available online from VDSS and takes approximately 45 minutes.

To access the online training:

- Go to: <https://www.dss.virginia.gov/abuse/cps.cgi>
- Scroll down to “Required Training/Courses”
- Click on the SECOND course: [CWS 5692 - Recognizing & Reporting Child Abuse & Neglect](#)



Required Training/Courses

- CWSE 5691 - Recognizing & Reporting Child Abuse & Neglect (For Educators)
- CWSE 5692 - Recognizing & Reporting Child Abuse & Neglect

PLEASE NOTE:

- The quiz at the end is **graded**; you have two attempts to pass it. (We have a workaround if you need more opportunities to fail – you won’t be the first or last to need it!)
- You can take the quiz “open book” with this guide, which has all of the answers:
https://www.dss.virginia.gov/files/division/dfs/mandated_reporters/cps/resources_guidance/032-02-0280-04-eng_1121.pdf
- **PLEASE SAVE YOUR CERTIFICATE!!!** Send a copy to the agency.
- For two-parent families who take the course together, please make sure **both** names are on the certificate (you can put both together without a space).

If the above link does not work, go to <https://www.dss.virginia.gov>, slide your mouse to **Abuse & Neglect** and select **Mandated Reporters – Training and Resources**. Click on the image for **Child Protective Services** (the one in the middle) and then follow the instructions above.

FOR YOUR REFERENCE – Reports can be made to your local Department of Social Services during operating hours or calling Virginia’s hotline 24/7 at:

1-800-552-7096
Child Abuse and Neglect Hotline
Seven days a week, 24 hours a day

For additional information, prevention materials and/or in-service training, contact your local department of social services or the Virginia Department of Social Services at:
www.dss.virginia.gov

Mandated Reporters may also use the VDSS Portal: <https://www.dss.virginia.gov/abuse/mrportal.cgi>

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