

LCCS POLICY 662

Treatment of Children by Out-of-Home Caregivers

Original Issue Date:	10/10/1991
Revision Dates:	9/2/1992, 2/11/1999, 6/12/2000, 8/14/2003, 4/13/2004, 7/12/2007, 10/31/2008; 2/17/2009, 6/18/2010, 5/19/2014, 3/22/16, 5/27/16, 10/14/16
Revision Number:	18
Current Effective Date:	10/14/2016
Obsolete/Combined Date:	
Reason for Obsoleting/Combining:	
See new Policy #:	

Scope:	This policy applies to all Services Division Workers of Record / Supervisors / Managers; and, Out-of-Home Caregivers serving Children in LCCS Custody.
Responsibility:	Associate Directors of Services and Quality Improvement Division
Purpose:	To provide guidelines for the treatment of all children in out-of-home care settings that enhance CPS ability to prevent further maltreatment and positively impact child well-being.
Legal Cite:	P.L.113-183, O.R.C. 5153.16, 2151.315, 5103.162, 2151:315, 5103.162O; O.A.C. 5101: 2-1-01, 5101:2-42-18, 5101:2-42-88, 5101:2-42-90, 5101:2-5-13

POLICY STATEMENT

Every child placed with an out-of-home caregiver will be:

- Given the right to enjoy freedom of thought, conscience and religion.
- Treated with kindness, consistency and respect.
- Provided with humane, instructive discipline appropriate to their age and development level.

PROCEDURE

Religious Participation, Cultural Differences, and Sexual Orientation:

- All out-of-home caregivers shall demonstrate consideration for and sensitivity to the religious background of each child placed with them.
- Out-of-home caregivers shall not unlawfully discriminate in providing care and supervision to children on the basis of race, gender, religion, color, military status, disability, age, or national origin, or ancestry.

- Prior to placement the **worker of record** will discuss with the parent, guardian, or legal custodian any activities appropriate to the child's national origin.
- The **worker of record** will discuss with the out-of-home caregiver the child (ren)'s cultural, ethnic and religious background and hobbies or interests during the first visit to the home. The discussion will focus on identifying the cultural heritage as well as community, school and recreational activities in which the child(ren) is/are encouraged to and can regularly participate that are appropriate to his/her age and developmental level, as well as transportation to and from these activities.
- The **worker of record** (for non-foster caregivers) or the **foster care worker** (for foster caregivers) will inform the caregiver that they shall provide each child the opportunity to practice the chosen religious beliefs and faith of the child (or his/her family) unless it is determined and documented in the child's case record that practicing the child's (or family's) chosen religious beliefs and faith is not in the child's best interest; not baptize or submit the child (ren) to any religious procedures without the prior consent of the child (according to age/development level), and without prior written approval of the child's parent, guardian, or custodian; and encourage, but not coerce, them to participate in any religious activities.
- All discussions regarding religious participation and cultural differences will be documented in the case record.

Care, Supervision and Discipline:

Out-of-home caregivers shall treat each child with kindness, consideration, and respect.

Out-of-home caregivers shall use a reasonable and prudent parent standard as defined by ORC 2151.315 when considering whether to authorize a foster child who resides in the foster home to participate in extracurricular, enrichment, and social activities.

Out-of-home caregivers must agree not to utilize the following methods of punishment:

- any type of physical punishment such as spanking, paddling, punching, shaking, biting, hair pulling, pinching, or rough handling; physically strenuous work or exercises;
- requiring a child to take an uncomfortable position, such as squatting or bending, or requiring a child to perform repeated physical movements;
- denial of school;
- denial of social or recreational activities for periods of time longer than one week;
- denial of social or casework services, medical treatment, or educational services;
- deprivation of meals;
- verbal abuse, swearing, derogatory remarks about foster children, their family, their races, their gender, their sexual orientation, their religion, their color or their national origin, threats of physical violence or removal from the out-of-home care setting;
- denial of visitation or communication rights with birth family;
- denial of sleep;
- denial of shelter, clothing, bedding, or restroom facilities.

LCCS prohibits the use of restrictive behavior management interventions (i.e. isolation, physical, chemical or manual restraint, or locked seclusion).

PRONE RESTRAINTS ARE PROHIBITED IN ALL CIRCUMSTANCES.

Acceptable intervention strategies that can be individualized and utilized, dependent on the child's needs, include:

- Setting clear goals, boundaries, and expectations
- Active Listening
- Praise and recognition
- Reminders and prompts
- Proximity control
- Touch control
- Redirecting
- Structuring the environment
- Planned ignoring
- Hypodermic affection
- Hurdle help
- Physical outlets and free expression
- If-then statements
- Choices
- Humor

Behavior interventions are individualized based on special needs and/or disabilities and known histories. Physical or psychological/emotional contraindications to any behavior management technique(s) identified by licensed medical or mental health professionals are incorporated into the child's behavioral management plan. Behavior interventions include structured consistent home environment, individualized treatment teams, motivation system, daily tracking of the child's progress, a positive reinforcement motivation system, active listening, point systems and non-violent crisis intervention.

Children in Out-Of-Home Care Settings Will Have:

- Physical security, including protection from abuse, neglect, sexual exploitation, or inhumane treatment. Children shall not be threatened with confinement in a detention or mental health facility.
- A safe place to sleep, balanced meals at regular hours, adequate clothing, mental health services, visitation with family members and friends, regular contact with caseworker, and other persons providing services.
- Privacy within the limits of family living, adequate storage for personal possessions, mail without censorship, private conversations, reasonable access to the telephone congruent with the child's age. Children may share a room and will eat with other members of the family.
- Reasonable telephone access to birth family and LCCS for emergency purposes at all times.
- The ability to practice the religion of her/his birth family. A child will not be required to practice any religion.
- Allowed privileges and assigned responsibilities similar to those a family member of the caregiver has who are of similar age and functioning level.
- Skills and tasks required for life in the community taught by the caregiver.

- Personal hygiene needs provided daily for foster children not capable of meeting their own needs to ensure the child is clean and groomed.
- Provision of clothing and footwear that is clean, well fitting, seasonal and appropriate to the child's age and gender.
- Provision of adequate toiletry supplies appropriate to the child's age, gender, race and national origin for those children capable of meeting their own personal hygiene needs.
- Instruction on good habits of personal care, hygiene and grooming appropriate to the child's age, gender, race, national origin and need for training.
- Freedom to express his/her sexual orientation.

Every child 14 years and older who is in substitute care will be given a copy of JFS 01677 "Foster Youth Rights Handbook".

Education:

- The out-of home caregiver shall make arrangements with LCCS for each school age child to attend a school which complies with the minimum standards as prescribed by the state board of education and shall ensure that the child attends school on a regular basis, or in accordance with the child care agreement.
- The out-of home caregiver that provides home schooling for a child in substitute care shall do so only with the approval of LCCS. Any home schooling program used by an out-of home caregiver shall be approved by the public school district in which the caregiver resides.
- The out-of home caregiver shall not change the child's school without prior approval of LCCS.

Health Services:

- An out-of-home caregiver shall not require a child to receive non-emergency medical treatment that conflicts with the religious tenets or practices of the religion of the child, (or parent) without the specific written consent of the parent, guardian, or custodian.
- When a child in an out-of-home care setting requires emergency medical treatment which conflicts with the religious tenets or practices of child, parent, guardian, or custodian, the out-of-home caregiver will immediately transport or arrange for the transportation of the child to a medical facility and will contact LCCS at once or the individual who placed the child (i.e., custody holder if different from the PCSA).
- An out-of home caregiver shall not change the child's primary care physician (PCP) upon placement of the child or at any other time without prior approval of LCCS.
- When over-the-counter medicine is needed, the out-of-home caregiver will administer the medicine in accordance with the age and weight guidelines and instructions on the package, or as directed by a physician.
- Medications prescribed by a physician will be administered as directed by the prescribing physician.
- An out-of-home caregivers will ensure that children have a comprehensive physical examination no later than thirty (30) days after entering substitute care and annually no later

than thirty (30) days after the anniversary of the child's last comprehensive physical examination.

- An out-of-home caregivers will ensure that children over the age of three (3) years have a dental examination within thirty days (30) days of entering substitute care and every six (6) months thereafter. Children under 3 years of age shall have an initial dental exam before their 3rd birthday.

If a Child Becomes AWOL:

- The out-of-home caregiver will immediately notify the LCCS Intake Department when a child in LCCS custody becomes AWOL and when the child returns from AWOL.
- If the child has been gone for 24 hours or more, a communicable disease screen is required in accordance with LCCS Policy 901.

Children Placed in Planned Permanent Living Arrangement (PPLA)

- The worker-of-record or foster care caseworker (if assigned) will provide the out-of-home caregiver with a notice that addresses the caregiver's understanding of his/her responsibilities with regards to a child placed in PPLA.
- The out-of-home caregiver is expected to actively participate in the child's independent living case plan, attend agency team meetings and court hearings as appropriate, complete required training, and assist in the child's transition to adulthood.

Human Research Projects, Fundraising, or Public Relations Activities:

Children placed with out-of-home caregivers shall not be involved in human research projects. Their involvement in fundraising or public relations activities will be decided on a case by case basis. LCCS shall not involve a child in fundraising or public relation activities without taking into consideration (where developmentally appropriate) the child's fully informed, written preference/consent and (where custody is only temporary) the prior informed, written consent of the parent, guardian, or legal custodian. These consents must be documented in the case record.

Change in Marital Status for Foster Parent

When a foster parent experiences a change in marital status as a result of marriage, divorce, or separation, they must notify LCCS. The new spouse cannot be added to the certificate nor do they have the authority to co-parent until they have met all experience, education, or training requirements.

CASE PRACTICE GUIDES

Factors to consider when applying the Reasonable and Prudent Parent Standard:

- **Child's age, maturity and developmental level**

Example: Even though the child is 14, will the PG-13 movie have content that the child isn't able to handle without behavioral issues or strong emotional responses?

- **Potential risk factors**

Example: What is the risk difference in allowing a child to ride with a friend to school vs. allowing him to ride with a friend to late night concert?

- **Best interest of the child**

Example: Was the sleep away camp selected because it fits the child's interest and is what she wants to do, or is it to give the caregivers a "break"?

- **Emotional and developmental growth**

Example: Will being on the soccer team help build the child's self-esteem and develop the social skills she needs?

- **Family-like living experience**

Example: Is this something the caregiver would let her birth or adopted children do? Is the only thing preventing the activity an agency policy?

- **Child's behavioral history**

Example: Given this child's history of underage drinking, is allowing him to stay out late with friends unsupervised a prudent decision?

RELATED POLICIES and FORMS

LCCS Policy 686 (Child Abuse & Neglect Allegations made to Family Visits Staff)

LCCS Policy 735 (Assessment & Training of Foster Families)

LCCS Policy 740 (Grievance Review & Resolution Procedure)

LCCS Policy 980 (Psychotropic Medication)

LCCS Unusual Incident Reporting/Accident Form 1453