

NORTHEAST OHIO ADOPTION SERVICES

TREATMENT FOSTER CARE POLICY

In compliance with Child Welfare Licensing Rules in Chapters 5101:2-5 and 5101:2-7 of the Ohio Administrative Code, the following policies for treatment foster caregivers have been developed and implemented by Northeast Ohio Adoption Services (NOAS).

Agency Requirements

- A. Beginning April 1, 2005, no child who has special or exceptional needs as described in rule 5101:2-47-18 of the Administrative Code shall be placed in a foster home unless the foster caregiver has been certified to operate a treatment foster home pursuant to the requirements contained in rule 5101:2-7-16 of the Administrative Code.
- B. A treatment team shall be assigned to each child with special or exceptional needs placed in a treatment foster home.
- C. An initial service plan shall be completed by the treatment team for each child with special or exceptional needs placed in a treatment foster home no later than thirty days after placement. The service plan shall be reviewed and revised, if necessary, at least once every ninety days thereafter. Service plan development and any revisions shall be completed by the treatment team leader with approval of the treatment team leader's supervisor who shall be a member of the agency's professional treatment staff. All treatment staff members shall be notified in advance of each treatment team meeting and invited to participate. Documentation of the invitation shall be maintained in the child's record.
- D. The service plan for a child with special or exceptional needs placed in a treatment foster home shall include:
 1. Treatment goals, clinical and/or rehabilitative services and other necessary interventions for the child and his family.
 2. The method by which the goals, rehabilitative services, and other necessary interventions will be attained and progress evaluated.
 3. The projected length of the child's stay in treatment foster care.
 4. The criteria for the child to meet for the child's reunification with his parent(s)/family or guardian or the projected post-treatment setting into which the child will be placed upon attainment of the treatment goals.
 5. Services to be provided or arranged for the child after discharge from the treatment foster care program.
 6. How the child's permanency plan for family reunification, adoption, independent living or a planned permanent living arrangement, as specified in the custodial agency's case plan, will be attained.
- E. An individual plan for respite care shall be developed for each child with special or exceptional needs placed in treatment foster care. The use of respite care shall comply with the agency's respite care

policy prepared pursuant to rule 5101:2-15-03 of the Ohio Administrative Code. A copy of the individual plan for respite care for each foster child with special or exceptional needs placed in a treatment foster home shall be included in the child's case record.

- F. The agency shall ensure that a member of the agency's professional staff shall be on-call for treatment foster caregivers and children with special or exceptional needs placed in a treatment foster home on a twenty-four hour, seven-day-a-week basis.
- G. The agency shall ensure that treatment foster caregivers are provided with a manual containing all policies, procedures and other information related to the treatment foster care program no later than the date the individual becomes certified to operate a treatment foster home. NOAS shall also provide treatment foster caregivers with any revised policies and procedures, when applicable.
- H. The agency shall coordinate with the agency holding custody of a child in treatment foster care or the child's parent or guardian for the provision of all rehabilitative services and other necessary interventions contained in the child's service plan and any revisions thereto. The agency shall also implement those aspects of the child's service plan that are its responsibility.
- I. The agency shall ensure that a discharge summary is prepared pursuant to rule 5101:2-5-17 of the Ohio Administrative Code for each special or exceptional needs child discharged from a treatment foster home. When a child is placed from a foster home into a respite care setting, a discharge summary is not required provided the child is expected to return to the foster home when the period of respite care has ended.
- J. At the time of placement and whenever additional information becomes available, the agency shall disclose to the treatment foster caregiver all information available to the agency about the child and his family pursuant to rule 5101:2-41-90 of the Ohio Administrative Code. Documentation of the receipt of this information shall be maintained in the treatment foster caregiver's record and in the child's record.
- K. The agency shall assure that all professional treatment staff required to be licensed shall be appropriately licensed. Professional treatment staff shall demonstrate to the employing or contracting agency that the training required for professional licensure shall be in topics appropriate to treatment foster care.
- L. All professional treatment staff shall annually complete at least fifteen hours of training specific to treatment foster care issues and mission of the agency.
- M. The agency shall assure that all professional treatment staff are provided with a manual of all policies and procedures relevant to the treatment foster care program at the beginning of their employment with the agency. NOAS shall also provide treatment foster caregivers with any revised policies and procedures, when applicable.
- N. The agency shall not prohibit treatment foster caregivers from participation in any formal or informal support groups organized for the purpose of supporting foster caregivers.
- O. The agency shall ensure that professional treatment staff shall have weekly consultation and face-to-face contact at least every two weeks with each treatment foster home serving a child with special or exceptional needs and at least one member of each treatment foster caregiver couple or co-parents.

At least one of the face-to-face contacts each month shall take place in the treatment foster home.

- P. The agency shall ensure that professional treatment staff shall have at least weekly contact and face-to-face meetings at least every two weeks with each special or exceptional needs child placed in a treatment foster home. At least one of the face-to-face contacts each month shall take place in the treatment foster home.
- Q. The agency shall ensure that treatment foster caregivers keep a written record of the behavior and progress towards achieving treatment goals as identified in the child's service plan for each foster child placed in a treatment foster home. The written record ("Treatment Foster Care Behavior/Progress Log") shall be maintained weekly and submitted monthly with the "Day of Care Voucher".
- R. The agency shall assure that treatment foster caregivers are aware of the potential side effects of any prescribed medication for children placed in their home.

Staffing Structure

- A. Each foster child will have an assigned permanency planning specialist who will provide case management services. The assigned permanency planning specialist will serve as the treatment team leader for the treatment foster child.
- B. Each treatment team leader will have a maximum caseload of eighteen (18) foster children pending certain variables. Such variables include the intensity of service needed by the assigned children, geographical distance, the treatment team leader's experience and skill level, staff turnover, etc. The caseload may be comprised of any combination of treatment or family foster children depending on the variables stated above.
- C. Each treatment team leader shall report to a treatment team leader supervisor (director of permanency planning). The treatment team leader supervisor is responsible for supervision of the treatment team leader and of the cases that are assigned to that treatment team leader. The supervisor will supervise no more than twelve (12) treatment team leaders pending certain variables. Such variables may include the intensity of services needed by the assigned children, the geographical distance of the assigned homes, the treatment team leader's experience and skill level, the supervisor's experience and skill level, staff turnover, etc.

Treatment Foster Caregiver Requirements

- A. A treatment foster caregiver initially certified after January 1, 2003 shall have at least two years of experience as a certified foster caregiver or the equivalent child care experience, education or training as determined by NOAS. This requirement shall not apply to a foster caregiver certified prior to the effective date of this rule. NOAS does not allow the successful parenting of one's own children who do not have special, exceptional or intensive needs as the sole criteria for determining the equivalent experience required. The following criteria will be used to determine equivalent experience:
 1. Two years as a certified foster caregiver
 2. Two years college education in a related field (i.e. social work, psychology, early childhood education, education, special education, etc.)
 3. Two years work experience in a related field (i.e. teaching, teacher's aide, nursing,

counseling, social work, children services, residential, daycare/child care, juvenile justice, Scouts, youth camps, youth programs, etc.)

4. Two years volunteer/internships/job shadowing/student teaching experience in a related field (i.e. Sunday school/church service, pastoring, youth ministry, Scouts, coaching, mentoring, summer camp, daycare, childcare, etc.)
5. Two years documented professional training in a related field (separate from the required foster caregiver training)... (i.e. job/vocational training, continuing education, training conducted by professionals in a related field, related certifications) – a training year is equivalent to 15 hours of additional training.
6. Twenty-eight (28) days of providing respite care. (Fourteen (14) days are equivalent to one year of experience.)
7. Two years as a guardian for a child other than one's own.
8. Two years of parenting children with special, exceptional or intensive needs.
9. Two years combination of any of the above (1. - 8.).

B. Training Requirements

NOAS' treatment foster homes shall receive thirty-six (36) hours of pre-placement training prior to NOAS recommending the home for certification. The pre-placement training shall be completed within the eighteen month period immediately prior to the date NOAS recommends the foster home for certification. The pre-placement training program for treatment foster homes shall consist of, but not be limited to, the following topics:

- The legal rights and responsibilities of foster caregivers;
- NOAS' policies and procedures regarding foster caregivers;
- ODJFS' requirements for certifying foster homes;
- The effects placement, separation, and attachment issues have on children, their families, and foster caregivers;
- Foster caregivers' involvement in permanency planning for children and their families;
- The effects of physical abuse, sexual abuse, emotional abuse, neglect, and substance abuse on normal human growth and development;
- Behavior management techniques;
- Effects of caregiving on children's families;
- At least three hours of cultural issues in placement training including cultural diversity training;
- Prevention, recognition, and management of communicable diseases;
- Community health and social services available to children and their families;
- The substance of section 2151.62 of the Ohio Revised Code which deals with the information required to be shared with a foster caregiver when a child who has been adjudicated a delinquent child for the commission of certain violent crimes is placed in a foster home. A course addressing section 2151.62 of the Ohio Revised Code shall be not less than one hour long;
- Preparing adolescents for independent living (for a prospective foster caregiver who will be providing care for a youth expected to remain in foster care until the youth's eighteenth birthday);
- Courses specific to the types of children to be placed in the type of specialized foster home the person seeks to operate;

- Issues concerning appropriate behavioral intervention techniques such as de-escalation, self-defense and instruction that physical, mechanical, and chemical restraint of a foster child shall not be utilized by a foster caregiver in any circumstance. (Refer to items C.4., C.5., and C.6. in the “Behavior Intervention” section of this policy.);
- Education advocacy training;
- Certification in a first aid training program and a child and adult cardiopulmonary resuscitation (CPR) training program such as those offered by the American Red Cross, the American Heart Association or the equivalent.

Training that may be considered as meeting either a requirement for pre-placement training for a specialized foster caregiver or a requirement for continuing training for a foster caregiver may be counted as meeting either requirement, even though the caregiver may be certified to operate only one type of foster home at a time.

NOAS treatment foster homes shall complete a minimum of sixty (60) hours of continuing training during the two-year certification period beginning from the effective date of the caregiver’s initial certification or the effective date of the most recent recertification as applicable. The continuing training program shall be in accordance with the caregiver’s written needs assessment and continuing training plan and may include, but not be limited to, the following topics:

- Parents and foster caregivers as part of child protection teams;
- The dynamics of child abuse and neglect and recognizing and preventing child abuse and neglect;
- The effect of child abuse and neglect on child development;
- How foster caregivers should work with children and their families regarding placement, separation, and attachment issues;
- Behavior management techniques;
- Foster caregivers working with children’s families;
- Effects of caregiving on children’s families;
- Caring for children who have been sexually abused;
- Cultural competency;
- Substance abuse and dependency;
- Symptoms of mental illness and learning disorders;
- Developmentally appropriate activities for children;
- Preparing adolescents for independent living (for a foster caregiver who will be providing care for a youth expected to remain in foster care until the youth’s eighteenth birthday);
- Issues concerning appropriate behavioral intervention techniques, such as de-escalation, self defense and instruction that physical, mechanical, and chemical restraint of a foster child shall not be utilized by a foster caregiver. (Refer to items C.4., C.5., and C.6. in the “Behavior Intervention” section of this policy.);
- Education advocacy training.

Treatment foster caregivers are required to maintain continuous certification in a first aid training program and a child and adult cardiopulmonary resuscitation (CPR) certification training programs such as those training programs offered by the American Red Cross and the American Heart Association or the equivalent.

If the foster caregiver has a “good cause” (e.g., documented illness, critical emergencies, lack of

accessible training programs, etc.) as determined by NOAS for failing to complete the continuing training, NOAS will recommend to ODJFS that the foster caregiver's foster home certificate be renewed. However, before recommending this renewal, NOAS will develop a corrective action plan, specific to the individual caregiver's situation, for prompt completion of the continuing training. If the foster caregiver fails to comply with the corrective action plan, NOAS will recommend to ODJFS that the foster caregiver's foster home certificate be revoked.

It will be considered "good cause" for failing to complete the continuing training, if the foster caregiver has served in active duty with a branch of the armed forces of the United States for more than thirty days in the preceding two-year period or if the foster caregiver has served in active duty as a member of the Ohio organized militia as defined in section 5923.01 of the Revised Code, which includes the Ohio national guard, the Ohio naval militia and the Ohio military reserve, for more than thirty days in the preceding two-year period and that active duty relates to either an emergency in or outside of Ohio or to military duty in or outside of Ohio. In the corrective action plan for failing to complete the continuing training, the additional time granted to the foster caregiver to complete the continuing training will be one month for each month the caregiver was on active duty. Any required training that is not met at the end of a foster caregiver's certification period applying the preceding sentence will be waived by NOAS. When a waiver of training is approved by NOAS regarding the situations mentioned in this paragraph, the required training for the next certification period will be the same as for any other caregiver operating a foster home of which the foster caregiver is certified. The agency will document any such extension of time in the foster caregiver's record.

- C. Each treatment foster caregiver is a member of the treatment team and shall implement the service plan for each child as prescribed by NOAS.
- D. With the exception of the provisions of (1.) below, a treatment foster caregiver may provide foster care for not more than five foster children, two of whom may have exceptional needs as described in rule 5101:2-47-18 of the Ohio Administrative Code requiring their placement in a treatment foster home. Any exceptions to the number of exceptional needs children to be served, must have specific justification in accordance with the agency's policy for matching foster children and treatment foster caregivers pursuant to rule 5101:2-5-13 of the Ohio Administrative Code. Such justification, which may include the need to place a sibling group or the abilities of a particular foster caregiver(s) in relation to the exceptional needs of a particular child, shall be documented in the child's case record and in the treatment foster home record. If more than two exceptional needs children are placed in a treatment foster home, all agencies holding custody of any other children placed in the home shall be notified by the agency recommending certification of the home within seventy-two hours of the additional exceptional needs child's placement. Following are two provisions to this requirement:
 - 1. A treatment foster caregiver who is also an appropriately trained and licensed professional such as a social worker, professional counselor, psychologist or teacher, or who has a minimum of a Bachelor's degree in a child development or social services field and five years of child care experience and training related to serving children in foster care, and whose primary means of support is from reimbursement as a treatment foster caregiver, may provide care for not more than five foster children with exceptional needs placed in the caregiver's home.
 - 2. Children placed in a foster home on January 1, 2003 (the effective date of ODJFS rule 5101:2-5-36) shall not be moved to another placement solely to meet this requirement.

- E. A treatment foster caregiver or at least one member of a treatment foster caregiver couple or co-parent shall have weekly consultation and face-to-face contact at least every two weeks with the recommending agency's professional treatment staff. At least one of the face-to-face contacts each month shall be in the treatment foster home.
- F. A treatment foster caregiver shall prepare, and keep current, a written record of the behavior and progress of the child towards achieving the treatment goals as identified in the service plan of each foster child placed in the home as required by the agency.
- G. Under the direction of the treatment team leader, a treatment foster caregiver shall assume primary responsibility for implementing the in-home treatment strategies specified in the child's service plan and any revisions thereto.
- H. A treatment foster caregiver shall work cooperatively with the family of the child according to the child's service plan and case plan.
- I. A treatment foster caregiver shall perform any additional written responsibilities and duties established by NOAS for a treatment foster caregiver.
- J. A treatment foster caregiver shall attend and participate in the treatment team meetings for each child placed in his/her home. If the treatment foster home certificate is in the name of a couple or co-parents, only one caregiver is required to attend the treatment team meeting unless otherwise specified by NOAS.

Assessment Policy

In order to have a homestudy completed, a foster caregiver applicant(s) needs to complete the JFS 01691 "Application for Child Placement" form and submit the completed form to NOAS. The applicant(s) must be a permanent legal resident of the United States and a resident of the state of Ohio to be eligible.

In addition to the requirements regarding the assessment or home study process as stated in Chapter 5101:2-7, NOAS requires foster caregiver applicants to submit copies of marriage license certificates, divorce decrees, death certificates, well water tests, evacuation plan, acknowledgment of offense form, and autobiographical information. Once the applicants have received and read a copy of Chapter 5101:2-7 and the NOAS Treatment Family Foster Care Policy, NOAS requires the applicants to submit a signed statement stating that fact.

NOAS also requires the applicants to obtain a clearance report from the ODJFS Central Registry on Child Abuse and Neglect, submit Releases of Information to check local police records and a check or money order to cover the cost of fingerprinting the applicants and all adult members of the household. When the uniform statewide automated child welfare information system (SACWIS) is fully implemented, SACWIS will replace the Central Registry on Child Abuse and Neglect.

The applicants will need to submit the names and addresses of at least three unrelated persons for NOAS to use as references for the applicants. NOAS will obtain additional references if the applicant was previously certified as a foster caregiver or provided care and supervision of children. NOAS will also complete a JFS 01348 "Safety Audit of a Foster Home" to ensure compliance with all safety requirements.

The applicants must have the following information available for a NOAS worker to view: proof of Ohio residence on all adult members for the past five years, driver=s license, auto insurance policy, and verification of pets meeting local and state safety requirements.

A foster caregiver shall notify his/her permanency planning specialist or the director of permanency planning within 24 hours if any criminal offense charges or conviction is brought against the foster caregiver or a resident in the home. Failure to do so will result in ODJFS seeking an order to revoke the foster care license.

Also, a foster caregiver or prospective foster caregiver shall notify his/her permanency planning specialist or the director of permanency planning in writing within 24 hours if a person residing in the home who is at least 12 years old, but under 18 years old, has been convicted of or pleaded guilty to any criminal offense or has been adjudicated to be a delinquent child for committing an act that if committed by an adult would constitute one of the offenses listed in the appendix of this policy. If NOAS learns that a foster caregiver has failed to notify NOAS of this, NOAS will notify ODJFS who will then initiate action to revoke the foster caregiver's certificate. This notification is also required for any conviction or adjudication of delinquency resulting from a violation of an existing or former law of this state, any other state, or the United States that is substantially equivalent to any of the offenses listed in the appendix of this policy.

Foster Care and Adoption Joint Approval

All applicants to the agency shall be given the opportunity to simultaneously apply for foster care and adoption. Those wishing to do so must be at least 21 years of age at the time of initial certification. All application forms required by state regulations must be completed by those who wish to pursue both programs at once. One set of home study interviews will be completed to satisfy both foster care and adoption requirements, and the approval process will occur simultaneously.

Socialization and Education

Foster caregivers shall allow privileges and assign responsibilities to a foster child similar to those which would be assigned to a family member of the foster caregiver who is of similar age and functioning level.

NOAS will make arrangements with the placing agency for each school-age foster child to attend a school that complies with the minimum standards as prescribed by the state board of education and shall ensure that the foster child attends school in accordance with the child care agreement. A foster caregiver who provides home schooling for a foster child shall do so only with the approval of the child's custodial agency. Any home schooling program used by a foster caregiver shall be approved by the public school district in which the caregiver resides.

Foster caregivers will encourage a foster child to participate in community, school, recreational, and cultural heritage activities which are appropriate to the child's age and functioning level and shall, as is necessary and reasonable, arrange appropriate transportation for the foster child to such activities. A foster caregiver shall, as appropriate, teach a foster child tasks and skills required for life in the community.

Religious Participation

Foster caregivers will demonstrate consideration for, and sensitivity to, the religious background of a foster child and of families receiving agency services. A foster child has the right to enjoy freedom of thought, conscience and religion. Opportunity shall be provided each foster child for practicing the chosen religious beliefs and faith of the child or his or her parents/family, unless it is determined and documented in the child's case plan by the custodial agency that practicing the child's or family's chosen religious beliefs and faith is not in the child's best interest. A child may be encouraged to participate in religious activities, but shall not be coerced to do so. NOAS prohibits a foster caregiver from allowing a foster child to be baptized or submitting a foster child to any religious procedures without prior consent of the child according to

his/her age and functioning level and prior approval of the foster child=s parent, guardian, or custodian.

NOAS will not require a foster 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 foster child requires emergency medical treatment and such treatment conflicts with the religious tenets or practices of the child, parent, guardian or custodian, the foster caregiver shall immediately transport or arrange for the transportation of the child to a medical facility and contact NOAS staff who will contact the custodial agency or the individual who placed the child.

Planned and Crisis Respite Care

- A. Utilization of respite care shall be only with the approval of the administrative director of the treatment foster care program (director of permanency planning) or his or her designee. NOAS shall designate treatment team leaders as qualified designees.
- B. The process for the treatment foster care program to select and approve respite care providers is that the treatment team leader and/or the treatment team leader’s supervisor shall work in conjunction with the foster caregiver to select respite care providers.
- C. Only approved respite care providers shall be utilized. NOAS approves all of the certified foster caregivers within its network to provide respite care. The treatment team leader and/or treatment team leader’s supervisor reserves the right to approve appropriately trained respite caregivers according to (D.) below.
- D. An approved respite care provider who is not certified as a foster caregiver or treatment foster caregiver shall receive at least twelve hours of orientation and training relevant to the children served by the treatment foster care program and have a criminal record check conducted as for a foster caregiver pursuant to rule 5101:2-5-091 of the Ohio Administrative Code prior to providing respite care.
- E. A respite care provider shall not provide respite care for children for more than two consecutive weeks unless the provider is certified as a specialized foster caregiver.
- F. Prior to each occasion of respite care, the recommending agency shall provide the respite care provider with a copy of the JFS 01443, “Child’s Education and Health Information” or the form the agency uses in lieu of the JFS 01443 completed for the child pursuant to rule 5101:2-39-082 of the Ohio Administrative Code as part of his case plan and at least a written summary of the child’s service plan and any information required to be shared with a foster caregiver by rule 5101:2-42-90 of the Ohio Administrative Code. In addition, for a medically fragile child, any nursing treatment plan containing physician’s orders shall be provided. (NOAS does not serve medically fragile clients.) The information required by this paragraph shall be provided to the respite care provider by the agency that has approved the respite care provider. Documentation that this has been done shall be maintained in the child’s case record by the agency that approved the respite care provider.
- G. For each occasion of respite care, a respite care provider shall provide a written report of the child’s stay in respite care to the treatment foster caregiver.

- H. A respite care provider for a medically fragile child shall be certified as a foster caregiver for medically fragile children or be a licensed medical professional. (NOAS does not serve medically fragile clients.)
- I. An individual plan for respite care shall be developed for each child with special or exceptional needs placed in treatment foster care. The use of respite care shall comply with the agency's respite care policy prepared pursuant to rule 5101:2-5-13 of the Ohio Administrative Code. A copy of the individual plan for respite care for each foster child with special or exceptional needs placed in a treatment foster home shall be included in the child's case record. (NOAS recognizes the importance of respite for all children and therefore requires an individual plan for respite care for all of its clients.)

Matching Children with Treatment Foster Caregivers

NOAS matches children with treatment foster caregivers based upon consideration of their needs, the capabilities of the treatment foster caregiver and family-centered, neighborhood-based practices. Matches are made after careful consideration of the compatibility between the child's needs (e.g., sibling groups, behavioral/emotional challenges, geographic location from where the child was initially removed, etc.) and the characteristics and capabilities of the treatment foster caregiver. NOAS attempts to match each child referred for services with a family capable of meeting the child's needs.

If a home is not available in our program, the referral source will be informed of such in a timely manner. The referral source is then responsible for contacting other providers to find a home for the child. The final decision for placement rests with the custodial agency.

Annual Evaluation of the Treatment Foster Care Program

NOAS conducts annual satisfaction surveys of the Treatment Foster Care Program. These surveys are completed by treatment foster caregivers, children in care (as appropriate to their age and understanding), the families of children in care (if applicable), and other agencies/professionals involved with the child. Evaluation of services enables NOAS to determine program strengths and areas in need of improvement. Action plans are then developed by NOAS to address systemic issues and training needs identified through information obtained from a review of these surveys.

Once data is individually collected and then compiled in aggregate form, there is open access to evaluation results. The confidentiality of all participants is protected. The evaluation results are made available to Northeast Ohio Adoption Services' staff members and any survey participants who request them.

Crisis Counseling

NOAS assures that all children in treatment foster care and all treatment foster caregivers and their families affiliated with the program shall have access to crisis counseling. NOAS will arrange for crisis counseling for issues or problems caused by a specific incident related to a child receiving treatment within the caregiver's home including death or hospitalization of a child. It is a goal of NOAS to provide/arrange early intervention to prevent a crisis situation. However, if a crisis cannot be prevented, NOAS is accessible twenty-four hours per day to the child in crisis, the treatment foster caregiver and/or family. After normal working hours and on weekends, crisis calls to NOAS are routed to Help Hotline Crisis Center, Inc. who will arrange for NOAS' assistance if needed.

Disciplinary Policy

- A. Disciplinary methods shall stress praise and encouragement for desired behavior rather than punishment. It is expected that each foster child will be treated with kindness, consistency and respect.
- B. Foster caregivers shall provide humane, instructive discipline appropriate to a foster child's age and functioning level. All rules and expectations made by a foster caregiver shall be explained to a foster child in a manner appropriate to the child's age and understanding during the child's pre-placement visitation or initial orientation and prior to any disciplinary action for violation of these rules.
- C. Foster caregivers shall not punish a child for actions over which the child has no control, or for bed wetting, or in the course of toilet training activities.
- D. Foster caregivers shall not subject a foster child to verbal abuse or swearing, to derogatory remarks about foster children, their families, their races, their sex, their religion, their color, their national origin, or to threats of physical violence or removal from the foster home. A foster caregiver shall not discriminate in providing care and supervision to foster children on the basis of race, sex, religion, color or national origin.
- E. Foster caregivers are prohibited from the use of any of the following punishments for a foster child:
 - 1. Physical hitting or any type of physical punishment inflicted in any manner upon the body - i.e., spanking, paddling, punching, shaking, biting, hair pulling, pinching or rough handling;
 - 2. Physically strenuous work or exercise, when used as a means of punishment;
 - 3. Requiring or forcing a foster child to take an uncomfortable position, such as squatting or bending, or requiring a foster child to repeat physical movements when used as a means of punishment;
 - 4. Denial of social or recreational activities for excessive or prolonged periods of time, defined by this agency as being five (5) successive days of duration;
 - 5. Denial of social or casework services, medical treatment, or educational services;
 - 6. Deprivation of meals;
 - 7. Denial of visitation or communication rights with the foster child's family as a means of punishment;
 - 8. Denial of sleep;
 - 9. Denial of shelter, clothing, bedding, or restroom facilities.
- F. Physical, mechanical, and chemical restraint of a foster child shall not be utilized by a foster caregiver in any circumstance. Chemical restraint does not include prescription drugs as prescribed by a

physician. A foster caregiver shall not use any device to prevent or restrict movement as punishment or for staff convenience. If the foster caregiver believes physical restraint of a foster child is warranted for self-protection, when a child cannot control himself/herself, or for the protection of another person from a foster child, the foster caregiver shall contact local law enforcement officials to request police intervention in managing the situation.

NOAS shall be notified by the caregiver immediately following a police intervention. Any act of omission or commission by a foster caregiver or other member of the household which results in the death, injury, illness, abuse, neglect, or exploitation of a foster child shall be grounds for the denial or revocation of a foster home certificate.

- G. NOAS supports the discipline regulations contained in the Ohio Department of Job and Family Services= rules for foster homes.
- H. A foster caregiver shall ensure that each foster child placed in the foster home that is not capable of meeting their own personal hygiene needs is clean and groomed daily. A foster child=s clothing and footwear shall be clean, well-fitting, seasonal, and appropriate to the child=s age and sex. Foster children capable of meeting their own personal hygiene needs shall be provided with adequate personal toiletry supplies appropriate to the child=s age, sex, race, and national origin. A foster caregiver shall provide each foster child instruction on good habits of personal care, hygiene, and grooming appropriate to the child=s age, sex, race, national origin, and need for training.

Behavior Intervention

When behavior supports are necessary in assisting children and adolescents in learning to self-manage behaviors, these supports should focus on positive teaching and support strategies. These support strategies should be used in the least restrictive setting possible with the least intrusive forms of intervention necessary to achieve the targeted behavioral change and completed in a manner that is least disruptive to the child.

A. Preventative Intervention Strategies

General intervention strategies are positive teaching techniques that do not require any aversive type procedures. Interventions of this nature may be preventative and used proactively to help prevent problem behaviors from occurring. The following list provides some examples of preventive and behavior support strategies:

1. Giving the child or adolescent choices; allowing the child or adolescent to choose when to do a required activity or task.
2. Providing the child or adolescent with basic needs; providing interesting activities or tasks, giving breaks between these activities and tasks.
3. Providing age and developmentally appropriate activities that will interest the child or adolescent.
4. Providing a caring attitude on the part of the foster caregiver.
5. Providing an effective communication system or style that promotes the child or adolescent's ability to express wants and needs.
6. Providing a positive and supportive environment for the child or adolescent.
7. Providing a comfortable environment, appropriate lighting, heating, monitoring of noise levels, eliminating distractions, etc.

8. Adjusting the environment to avoid provoking maladaptive behaviors (i.e., providing access to a quiet area as needed and requested by the child or adolescent).
9. Providing verbal praise to the child or adolescent for appropriate behaviors.
10. Being aware of medical conditions that might account for inappropriate behaviors.
11. Monitoring sibling and peer interactions to ensure that they are not causing the behavior.
12. Providing consistent routines so children and adolescents know what to expect throughout the day but allowing flexibility as needed.
13. Providing consistent and calm interventions.
14. Providing helpful corrections with clear, concise and reasonable limits.
15. Providing age-appropriate supervision.

B. Positive Behavioral Intervention Strategies/Behavior Management Techniques

1. Positive Reinforcement: a method of using positive consequences to increase the frequency of a behavior. Positive reinforcements (reinforcers) come in many forms. The following are examples of types of positive reinforcement:
 - a. Social – reinforcers that come from another person such as gestures of approval, a pat on the back, verbal comments, high-fives, handshakes, etc.
 - b. Material – objects that a child or adolescent may enjoy such as books, radio, tapes, movies, food, games, etc.
 - c. Activity – putting material reinforcers to use; reading a book; going swimming; going to a baseball game; etc. It may also be something that the child or adolescent likes to do; talking with peers; playing a game; or having unsupervised time as is age and developmentally appropriate.
 - d. Token – poker chips, check markers, stickers, etc. These items have no value themselves but can be used to purchase or trade in for something important to the individual.
 - e. Modeling Appropriate Behavior – foster caregivers show the child or adolescent the appropriate behavior.
 - f. Forward/backward chaining – procedure that involves teaching a complete sentence of behaviors that must be performed in a particular order especially useful with very young children or children and adolescents with cognitive delays, impulse control and/or attention deficits.
 - g. Shaping/Fading – immediate reinforcement of successive approximations of the desired behavior until the desired behavior is established/gradual removal of reinforcements until the individual is able to respond independently.
 - h. Contracts with Positive Consequences – a written or verbal agreement between the child or adolescent and other that specifies the negotiated and agreed upon relationship between behaviors and consequences. (A written, ongoing contract should, in most cases, be part of the person's case record.)
2. Redirection: the child or adolescent is verbally engaged by the foster caregiver who will motivate the child to pursue some other more appropriate task or interaction that is productive in meeting the child or adolescent's needs.
3. Rule Reminders: reminding the child or adolescent of presenting reinforcers that they would

earn for desired behaviors or reminding the child or adolescent of the negative consequences of the behavior being displayed.

4. **Time Away:** a self-management technique where the child or adolescent interrupts an activity by moving away so that the child or adolescent can regain composure by decreasing agitation, anxiety, and frustration.
5. **Planned Ignoring:** avoiding responding (no eye contact, no verbal intervention) to an undesirable behavior by not drawing any attention to it.
6. **Natural Consequences:** unpleasant outcome to a behavior which would occur independently of any foster caregiver involvement.
7. **Simple Reprimands:** non-abusive verbal or gestural cues which indicate that a behavior which has just occurred is undesirable and should not occur again (i.e., no, frown, head nod, etc.)
8. **Blocking Inappropriate Behavior:** requesting a child or adolescent to move away from an item that they may be about to throw, or removing the item before it is thrown.
9. **Proximity Control:** moving closer to a child or adolescent whose behavior is disturbing or as increased energy, hyperactivity, anxiety, etc. is apparent to prevent inappropriate actions.
10. **Prompted Relaxation:** a verbal or gestural prompt that cues a child or adolescent to display a relaxed behavior that will replace the agitated, disruptive, or destructive behavior.
11. **Self-Monitoring:** a child or adolescent may be encouraged to track his/her behavior and evaluate if their behavior is getting them what they want and/or need. A child or adolescent may be encouraged to keep a personal journal in order to track behaviors throughout the day. The child or adolescent will be encouraged to explore his/her feelings during these specific behaviors.
12. **Critical Problem-Solving:** a child or adolescent may be encouraged to objectively evaluate the problem while exploring possible solutions as well as outcomes. The child or adolescent will be encouraged to evaluate the impact of his/her behaviors on others.
13. **Conflict Resolution:** the child or adolescent will be encouraged to explore appropriate methods of resolving conflict. The foster caregiver will role model and provide alternative scenarios that are more likely to assist the child in meeting his/her needs.
14. **De-escalation strategies:** engaging the child or adolescent in alternative behavior techniques designed toward diverting the child's attention from the immediate problem in order to help calm the child or adolescent down. The foster caregiver may use thought-stopping techniques, prompted relaxation, redirection, and Para verbal communication skills (monitoring tone, volume and cadence (pace) of speech). The child or adolescent may be encouraged to verbally express his/her feelings while exploring a resolution to the conflict.

C. Restrictive Behavior Interventions, Aversive Procedures and Prohibited Interventions

Proactive behavioral intervention strategies and positive intervention strategies should always be attempted before restrictive behavior intervention procedures are implemented to reduce inappropriate or undesirable behaviors. **Northeast Ohio Adoption Services strictly prohibits major aversive behavioral interventions (i.e., physical, mechanical or chemical restraint and isolation/seclusion) and stresses the importance of adhering to ODJFS discipline standards and ODJFS children's rights.**

1. Restrictions - a child or adolescent may be restricted from extra curricular activities or positive reinforcers when positive management techniques have not had a positive impact upon the child's behavior, however, not for prolonged or excessive periods as defined by the agency to be no longer than five (5) days unless approved by the treatment team leader. Restrictions are not to interfere with child or adolescent's right to visit or communicate with the foster child's family, legal guardian or be used as a means to deny physical and/or therapeutic outlets as contained in the child or adolescent's service plan and/or contribute to stabilization of the child or adolescent's behavior. The length of the restriction should be taken into consideration such factors as the child's age, developmental level, cognitive functioning, the frequency of the inappropriate behavior (i.e., a first offense versus a serious pattern of behaviors), and the intensity of the individual episode (i.e., a five minute outburst versus an entire day of disruption).
2. Time Out - a child or adolescent may be asked by the foster caregiver to remove him/herself from a situation to spend a designated amount of time in a designated space until the situation has returned to a calm state. When time-out is used by the foster caregiver the child or adolescent will usually be asked to leave the room, although other occupants, if applicable, could vacate the room thereby creating space for the child or adolescent. The child or adolescent may be asked to take a seat in another room or retire to his/her bedroom for a designated period of time. The amount of time that a child spends in time-out varies and depends upon the ability of the child to calm down and check his/her own behavior as well as age, developmental abilities, cognitive limitations or disabilities. A time-out generally can last up to fifteen minutes (industry standard is one minute per year of age) and under no circumstances will the child or adolescent be physically forced into time-out or physically prevented from leaving time-out. The child or adolescent will be monitored during this time-out period by the foster caregiver.
3. Blocking – defined as preventing a strike by removing the target (moving out of the way) or deflecting the weapon by placing an object between the weapon and the target.
4. Physical Restraints – defined as “hands-on” method that is used to control an identified behavior by restricting the movement or function of a child or adolescent's head, neck, torso, one or more limbs, or entire body, using sufficient force to cause the possibility of injury. **Northeast Ohio Adoption Services strictly prohibits the use of physical restraints by foster caregivers.**
5. Mechanical Restraints – defined as a device that restricts a child or adolescent's movement or

function applied for purposed of behavior support, including a device used in any vehicle, except a seat belt of a type found in ordinary passenger vehicles or an age appropriate child safety seat or developmentally and/or medically required device such as a wheel chair.

Northeast Ohio Adoption Services strictly prohibits the use of mechanical restraint by foster caregivers with the exception of the above.

6. Chemical Restraints – defined as a medication for the purpose of modifying, diminishing, controlling, or altering a specific behavior. **Northeast Ohio Adoption Services strictly prohibits the use of chemical restraints by a foster caregiver.** However, chemical restraint does not include medications prescribed and supervised by a licensed physician for the treatment of a diagnosed disorder as found in the current version of the American Psychiatric Association’s “Diagnostic and Statistical Manual” or medications prescribed for the treatment of a seizure disorder.
7. Isolation – defined as the involuntarily confinement of a child or adolescent alone in a room where the person is physically prevented from leaving. **Northeast Ohio Adoption Services strictly prohibits the use of isolation by foster caregivers.**

D. Contraindicators

When caring for a child or adolescent who has been identified as having disabilities, the individual behavior management plan will address both the cognitive and/or physical limitations unique to the child or adolescent and list any contraindicators to the use of specific behavioral interventions as applicable. Examples of contraindicators consistent with the needs of children with disabilities may include the following:

1. History of physical or sexual abuse – age/gender/ethnicity/race of perpetrator.
2. History of types of abuse which could be triggered by a time-out request – i.e., having been locked in a closet or room.
3. Developmental or cognitive delays which would impair the child or adolescent’s ability to comply with a behavioral contract.
4. Medical conditions which are present, but not imminently life threatening (obesity, asthma, pregnancy, cardiac conditions, medication side effects, etc.).
5. The previous placement history of the child (AWOLS, disciplinary problems, etc.).
6. History of psychological issues, diagnosis, and associated behaviors.
7. The nature, patterns, and number of complaints or adjudicated felonies against the child.

E. Personnel Credentials

The NOAS Behavior Intervention Policy was developed/designed by the agency’s Associate Director, LISW; Director of Permanency Planning (Treatment Team Leader Supervisor), LISW; Director of Quality Assurance, LISW; and a Permanency Planning Specialist (Treatment Team Leader), LSW. The NOAS Behavior Intervention Policy was approved by the agency’s Executive Director and by the Northeast Ohio Adoption Services Board of Trustees. The NOAS Behavior Intervention Policy will be implemented by the agency’s certified treatment foster caregivers and will be monitored/supervised by the agency’s treatment team leaders and the treatment team leader supervisor.

Grievance Procedure

Grievances arising between foster caregivers and the agency will be resolved in the following manner:

- A. The foster caregivers must first discuss the grievance with the agency permanency planning specialist assigned to work with them.
- B. If the grievance is not resolved to the satisfaction of the involved parties, the foster caregiver may submit the grievance to the next higher level within the organization (director of permanency planning). A meeting to discuss the grievance will be scheduled within five (5) working days.
- C. If the grievance is not resolved at this level, it may be submitted, in writing, to the executive director for resolution. The grievance will be heard in a meeting within five (5) working days, and a response given in writing to the foster caregivers. The decision of the executive director shall be final.

Sharing and Transfer of a Foster Home

A. Sharing of a Foster Home:

Prior to an agency sharing the use of a foster home that has been recommended for certification by another agency, the agency wishing to use the home shall obtain a written agreement signed by the recommending agency stating how the home is to be used and that all parties affected by the agreement approve of it. The recommending agency shall also provide written notification to any other agencies currently using the home.

B. Transfer of a Foster Home:

An agency shall consider a transfer request from a currently certified foster home to a private child placing agency (PCPA) or private noncustodial agency (PNA) certified by the Ohio Department of Job and Family Services (ODJFS) to recommend foster homes of the same type or to a public children services agency (PCSA). A foster caregiver certified to operate a specialized foster home may transfer to an agency that does not operate a specialized foster home program if the caregiver agrees that upon execution of the transfer, the foster home designation will be identified as a family foster home.

An agency shall accept a transfer of a foster home from another agency only if the foster caregiver has been certified with the sending agency for a minimum of one year. An exception shall be made in the case of a foster caregiver who has relocated to another county not served by the foster caregiver's recommending agency or if the foster caregiver's recommending agency ceases to recommend foster homes for certification to ODJFS.

Upon receipt of a the written request from a foster caregiver (who has been certified with the sending agency for a minimum of one year or meets the exception requirements) expressing the desire to transfer from the caregiver's current recommending agency, the receiving agency shall consider the request and make a decision whether it wishes to proceed further with an assessment to determine whether to accept the transfer. A foster caregiver shall not initiate more than one transfer request during a certification period and only to one agency at a time.

Before accepting the transfer of a foster home, the receiving agency shall contact the sending agency in writing to notify the sending agency that such a request has been received and to request a complete copy of the caregiver's foster home records (excluding personal references and criminal records checks).

Upon receipt of the transfer request from the receiving agency, the sending agency shall inform the receiving agency of any decision to not place any more children in the foster caregiver's home, including the reasons why this decision was made. If the receiving agency still wishes to proceed with exploring the transfer request, the receiving agency shall notify the sending agency in writing. Prior to sending the records to the receiving agency, the sending agency shall obtain a signed release of information authorization from the foster caregiver authorizing the release of information to the receiving agency. The release of information may be obtained by either agency or the foster caregiver. While the transfer request is pending, the sending agency shall continue to work with the foster caregiver as it does with all other foster caregivers associated with the agency and shall continue to provide the caregiver with notification of training events needed according to the foster caregiver's written needs assessment and continuing training plan. The sending agency shall allow the foster caregiver to attend any such events and shall continue to meet with the caregiver regarding the care of any child placed in the home. The agency shall not remove a child(ren) from a foster caregiver's home solely because the caregiver has requested a transfer.

Within fifteen working days of receipt of the signed release of information and any applicable copying fee, the sending agency shall send a complete copy of the foster home records (excluding references and criminal records checks) to the receiving agency. The records shall be sent by certified mail, return receipt requested or hand delivered by agency staff. If the records are hand delivered, the sending agency shall be provided with a receipt showing the date the records were delivered to the receiving agency. The receiving agency shall document the date of receipt of the records. The record information to be transferred includes the most recent homestudy, homestudy updates, training records, fire inspection reports, safety audits and medical reports, all complaint or rule noncompliance investigations, and any applicable corrective action plans. The sending agency shall notify the receiving agency of the nature of any outstanding complaint or rule noncompliance investigations and any corrective action plans that have not been fully implemented. The sending agency may charge the receiving agency a reasonable fee for copying the records, not to exceed twenty-five cents per page. No additional fee may be charged to any party. If a fee is charged for copying the records, the records shall not be sent until the fee is paid.

The receiving agency shall accept the copy of the foster caregiver's records only from the sending agency. The receiving agency shall not accept a copy of the records from the foster caregiver.

Upon receipt of the foster caregiver's records, the receiving agency shall assign an assessor to review the information received and conduct an assessment of the transfer request.

The assessor shall review the foster caregiver's foster home records and any other information received from the sending agency to make an informed decision whether the agency wishes to

proceed with the transfer request. The assessor shall complete the review and make a recommendation to the receiving agency regarding the transfer within sixty days after the receipt of the records. If the transfer review cannot be completed within sixty days, the assessor shall document in the foster home records the reasons why the review cannot be completed within sixty days. The assessor shall contact staff from the sending agency and the foster caregiver(s) to ascertain the reasons why the request is being made, to determine if there are foster children in the home and to identify the agency with custody of the child(ren). The assessor shall make at least one visit to the

foster home and conduct a face-to-face meeting with each foster caregiver and all household members. The assessor shall not recommend acceptance of the transfer unless the assessor is satisfied that any outstanding complaints or rule noncompliance investigations are not material to the request to transfer the home and the safety of any children who are or may be placed in the home. All transfer review activities shall be documented in the receiving agency's foster home records.

The receiving agency shall not approve the transfer request until the following information has been received and approved by the agency:

1. Three new personal references for the foster caregivers from three persons who are unrelated to the caregiver and who do not live with the caregiver;
2. A new criminal records check has been obtained, reviewed and approved by the assessor for all persons subject to a criminal records check residing in the home;
3. A new safety audit of the foster home has been conducted to verify that the home meets all current safety requirements for foster homes;
4. Documentation of the assessor's decision to recommend the approval of the transfer request, and the reasons for the decision. The agency shall send written notification to the sending agency and foster caregiver of the receiving agency's decision within five working days of the decision.

The receiving agency, who approves the transfer request shall maintain all information sent by the original recommending agency as well as any information gathered in the transfer review process and the assessor's written recommendation as a part of the receiving agency's foster caregiver records. The receiving agency, who does not approve the transfer request, shall maintain a copy of the records received from the sending agency and the assessor's written recommendation to reject the transfer request shall be maintained by the agency for at least two years.

The approval or rejection of a transfer request rests solely with the receiving agency subject to the approval of ODJFS and creates no right of appeal pursuant to Chapter 119 of the Revised Code for any party to the transfer request.

Prior to accepting a transfer, the receiving agency shall ensure that the custodial agency of any child currently placed in the home agrees to the transfer. If the custodial agency does not agree to the transfer while a child is in its custody is placed the home, the transfer shall not take place until the child is no longer placed in the home. A child shall not be removed from a caregiver's home solely because the caregiver seeks to transfer his/her foster home certificate to another agency.

An agency is not required to accept a transfer of a foster home from another agency.

The receiving agency shall provide an orientation to the foster caregiver of the agency's policies and procedures for foster caregivers prior to or not later than thirty calendar days after a transfer request has been processed by ODJFS.

The receiving agency who decides to accept the transfer shall make a recommendation to ODJFS to transfer the foster home to the agency by submitting a JFS 01334 "Notification of Transfer of a Foster Home".

The agency may seek an agreement to determine which agency (sending or receiving) will conduct the recertification review, if a transfer of a foster home is pending within the ninety days immediately prior to the expiration of the certificate. The foster home's recommending agency shall be responsible for conducting the recertification review and recommendation, if there is no agreement between the sending and receiving agencies.

Upon receipt of a signed release of information form, the agency shall release a copy of a foster care homestudy to an adoption agency when the foster caregiver is being considered as an adoptive parent.

Foster Caregiver Liability and Responsibility

- A. Liability insurance and compensation for damages done by foster children are the responsibility of the agency or parent who has legal custody of the foster child.
- B. Legal representation, legal fees, counseling or legal advocacy for foster caregivers for matters directly related to the proper performance of their roles shall be the responsibility of the foster caregiver.
- C. Allegations of abuse or neglect involving a child living in a foster home will be reported to and investigated by the public children services agency in the county in which the foster family resides. NOAS will notify the custodial agency or parent of the alleged incident of abuse or neglect

Reimbursement Policy

A. Rates

1. Day of Care Rate:	<u>Length of Service</u>	<u>Board Rate</u>
	0-48 Months	\$26/Day
	49+ Months	\$31/Day
2. Respite:	Same as Day of Care Rate	
3. Pre-Service Training:	\$10.00 per hour for the first 36 hours of pre-service training. This payment will be made after the foster caregiver has received his/her foster care license.	
4. Ongoing Training:	\$10.00 per hour for the first 60 hours of ongoing classroom training in the two-year certification period. Foster caregivers will not be paid for training received from books, videos, etc.	

B. Requirements

Requirements which are covered in the treatment foster caregiver's per diem:

1. Attend cluster meetings: provide expertise and share with all other treatment foster caregivers.

2. Attend routine school conferences; liaison with the school and develop relationships. (Up to four school conferences per child per year are considered routine.)
3. Attend routine medical appointments; coordinate medical care. (Up to two medical appointments per child per month are considered routine.)
4. Attend school events; support the child's academic and social development.
5. Attend and participate in counseling sessions as needed. (Up to one session per child or sibling group per week is considered routine.)
6. Attend treatment team meetings and implement the child's service plan.
7. Maintain a written record of the behavior and progress towards achieving treatment goals as identified in the child's service plan.
8. Attend "Individualized Education Plan" meetings at school.
9. Attend psychological evaluations/assessments where treatment foster caregiver input is required.
10. Attend conferences with county agencies as required.
11. Attend an initial meeting with the child at the county agency or other meeting place.
12. Have contact with birth parents and adoptive parents as needed.

C. Treatment Foster Caregiver Pays For (Out of Per Diem)

1. Haircuts
2. School supplies (e.g., paper, pencils, scissors, erasers, etc.)
3. Routine mileage
4. Personal supplies (e.g., shampoo, deodorant, etc.)
5. Laundry, dry cleaning
6. Entertainment
7. School field trips up to \$10
8. Preparation of own home for placement (e.g., beds, well test, fire extinguishers, etc.) unless special items/equipment are needed for a child.

D. County Agency Might Pay for (Depending on Their Policy)

The following is a listing of the types of items that county agencies sometimes pay for (each county differs in what they pay for and in the amount they will pay):

1. School fees (e.g., lab fees, home economics fees, shop fees, etc.)
2. Senior expenses (e.g., pictures, cap & gown, class ring, prom attire, etc.)
3. Field trips over \$10 (perhaps negotiated with the child paying part)
4. Camps
5. Clothing
6. Accidental damages (county agency is liable); Purposeful damages (child earns restitution)
7. School pictures (other than Seniors) up to \$10 per year.
8. Mileage beyond routine.

E. Reimbursement for Expenses Due to Extraordinary Circumstances

Reimbursement for expenses due to extraordinary circumstances will be determined on a case-by-case basis by NOAS administration in conjunction with the county agency.

F. Respite Care

The treatment foster family is eligible for one paid respite day per foster child every 60 days. (The first respite day is earned after the child has been in your care for 60 days, the second respite day is earned after 120 days, etc.) You will be paid your current day of care rate for this respite. You may not accumulate more than two (2) days of respite per foster child. Any respite time accumulated over two (2) days will be lost.

G. Vacation

The treatment foster family earns one hour of paid vacation for every day they have a foster child(ren) in their home. The treatment foster family may begin using vacation time after they have accrued 180 hours of vacation time. The family may take their accumulated vacation time either in a cash payment at their current day of care rate or in time without the foster child(ren). Each request for vacation time may not be for less than 24 hours. The family may request vacation pay for accumulated vacation time regardless of whether or not they have a foster child(ren) in their home at the time of the request. When the vacation time balance reaches 365 hours, new vacation time will not continue to accrue. Instead, the family will automatically receive a payment each month for any vacation time accrued that is in excess of 365 hours. If the treatment foster family transfers their foster care license to another agency or voluntarily withdraws from the NOAS treatment foster care program in good standing, they will get paid for any unused vacation time up to 365 hours.

H. Birth Family Visits or Preplacement Visits for Adoption by Foster Child

Treatment foster families will receive full payment of their days of care rate for all birth family visits or preplacement visits for adoption by the foster child lasting three days or less.

I. Runaways

When a foster child runs away, the treatment foster family will continue to receive their current day of care rate for the first 7-14 days that the child has run away if the plan is for the child to return to the treatment foster family.

J. Detention

When a foster child is held in a detention facility, the treatment foster family will continue to receive their current day of care rate for the first 7-14 days that the child is being held in the facility if the plan is for the child to return to the treatment foster family upon discharge.

K. Hospitalization

When a foster child is hospitalized, the treatment foster family will continue to receive their current day of care rate for the first 7-14 days that the child is hospitalized if the plan is for the child to return to the treatment foster family upon discharge and if the treatment foster caregiver visits the child regularly. It is expected that a treatment foster caregiver will visit the child in the hospital daily if the child is in a local hospital for medical reasons and as often as possible if the child is not in a local hospital. If the child is hospitalized for other reasons (e.g. emotional/psychological), a treatment foster caregiver shall visit the child per the recommendations set forth in the service plan.

Non-Discrimination Requirements for Foster Care Placements

NOAS abides by the JFS 01611 "Non-discrimination Requirements for Foster Care and Adoptive Placements". A copy of the JFS 01611 is attached to this policy. Also, NOAS staff and contractors agree to abide by the Multiethnic Placement Act (MEPA) standards of conduct pursuant to rule 5101:2-33-11(D)(E) of the Ohio Administrative Code.

Procedure for Complaints of Alleged Discriminatory Acts, Policies or Practices in the Foster Care Process that Involve Race, Color or National Origin (RCNO)

NOAS will provide a written notice of the procedure for any complaints of discrimination in the foster care process that involve race, color or national origin (RCNO) to all individuals inquiring about or applying to be a foster caregiver. Such notice will be provided within seven days of the individual's first contact with the agency. Any individual may file a complaint alleging a discriminatory act, policy or practice involving RCNO in the foster care process of NOAS or the Ohio Department of Job and Family Services (ODJFS). Any person, including but not limited to, an employee or former employee of NOAS or a member of a family which has sought to become a foster caregiver, may also file a complaint alleging that he or she was intimidated, threatened, coerced, discriminated against or otherwise retaliated against in some way by NOAS or by ODJFS because he or she has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing in connection with an allegation that NOAS or ODJFS engaged in discriminatory acts, policies, or practices as it applies in the foster care process.

The complaint procedure is as follows:

- The individual filing a complaint shall use the JFS 02333 "Discrimination Complaint Form". A copy of the JFS 02333 is attached to this policy.
- The complaint shall be filed within two years of the date of occurrence of the alleged discriminatory act or two years from the date upon which the complainant learned or should have known of a discriminatory act, policy or practice.
- The complaint may be filed with any private noncustodial agency (PNA) including NOAS, public children services agency (PCSA), private child placing agency (PCPA) or ODJFS.
- When a complaint alleging discrimination involving RCNO in the foster care process is received by a PNA, PCSA or PCPA, the agency shall forward the complaint to ODJFS within three working days of the receipt of the complaint.
- ODJFS shall notify the PNA, PCSA or PCPA that is the subject of the complaint within three days of their receipt of the complaint.

If NOAS is the subject of the complaint, it will not initiate, conduct, or run concurrent investigations surrounding the complaint or take any further action regarding the complainant or the subject of the complaint until the issuance of the final investigation report by ODJFS, unless approved by ODJFS. If NOAS is the subject of the complaint, it will cooperate fully with ODJFS during the course of the investigation and will submit any information requested by ODJFS not later than fourteen days from the date of the request, unless otherwise agreed upon. No person who has filed a complaint alleging a discriminatory act, policy or practice involving RCNO in the foster care process of NOAS or who has testified, assisted or participated in any manner in the investigation of a complaint will be intimidated, threatened, coerced, or retaliated against by any employee or contractor of NOAS or ODJFS.

NOAS will provide a written notice of the procedures for any of the complaints of discrimination in the foster care process that involve RCNO within thirty days of the effective date to all foster caregivers certified or in the process of certification on the effective date of this rule.

Forms

NOAS uses the most current version of all ODJFS forms that are mentioned in this policy.

JH/cb/3/18/03,

Approved: Board of Trustees Meeting, 3/20/03

Revised: 6/10/04; Approved: Board of Trustees Meeting, 6/10/04

Revised: 7/1/04; Approved: Board of Trustees Meeting, 7/8/04

Revised: 2/8/05; Approved: Board of Trustees Meeting, 2/10/05

Revised: 3/1/05; Approved: Board of Trustees Meeting, 4/14/05

Revised: 5/11/06; Approved: Board of Trustees Meeting, 5/11/06

Revised: 7/13/06; Approved: Board of Trustees Meeting, 7/13/06

Revised: 1/8/07; Approved: Board of Trustees Meeting, 1/11/07

APPENDIX TO "TREATMENT FOSTER CARE POLICY"
Offenses Prohibited by Paragraphs (J) & (P) of Rule 5101:2-7-02
of the Ohio Administrative Code

Homicide

1. R.C. 2903.01 – Aggravated murder
2. R.C. 2903.02 – Murder
3. R.C. 2903.03 – Voluntary manslaughter
4. R.C. 2903.04 – Involuntary manslaughter

Assault

5. R.C. 2903.11 – Felonious assault
6. R.C. 2903.12 – Aggravated assault
7. R.C. 2903.13 – Assault
8. R.C. 2903.16 – Failing to provide for a functionally impaired person

Menacing

9. R.C. 2903.21 – Aggravated menacing

Patient Abuse and Neglect

10. R.C. 2903.34 – Patient abuse; Neglect

Kidnapping and Related Offenses

11. R.C. 2905.01 – Kidnapping
12. R.C. 2905.02 – Abduction
13. R.C. 2905.04 – Child stealing (as this law existed prior to July 1, 1996)
14. R.C. 2905.05 – Criminal child enticement

Sex Offenses

15. R.C. 2907.02 – Rape
16. R.C. 2907.03 – Sexual battery
17. R.C. 2907.04 – Corruption of a minor
18. R.C. 2907.05 – Gross sexual imposition
19. R.C. 2907.06 – Sexual imposition
20. R.C. 2907.07 – Importuning
21. R.C. 2907.08 – Voyeurism
22. R.C. 2907.09 – Public indecency
23. R.C. 2907.12 – Felonious sexual penetration (as this former section of law existed)
24. R.C. 2907.21 – Compelling prostitution
25. R.C. 2907.22 – Promoting prostitution
26. R.C. 2907.23 – Procuring
27. R.C. 2907.25 – Prostitution
28. R.C. 2907.31 – Disseminating matter harmful to juveniles
29. R.C. 2907.32 – Pandering obscenity
30. R.C. 2907.321 – Pandering obscenity involving a minor
31. R.C. 2907.322 – Pandering sexually oriented matter involving a minor
32. R.C. 2907.323 – Illegal use of a minor in nudity-oriented material or performance

Arson

33. R.C. 2909.02 – Aggravated arson
34. R.C. 2909.03 – Arson

Robbery and Burglary

- 35. R.C. 2911.01 – Aggravated robbery
- 36. R.C. 2911.02 – Robbery
- 37. R.C. 2911.11 – Aggravated burglary
- 38. R.C. 2911.12 – Burglary

Offenses Against the Family

- 39. R.C. 2919.12 - Unlawful abortion
- 40. R.C. 2919.22 – Endangering children
- 41. R.C. 2919.23 – Interference with custody (that would have been a violation of R.C. 2905.04 as it existed prior to July 1, 1996 if the violation had been committed prior to that date)
- 42. R.C. 2919.24 – Contributing to unruliness of delinquency of a child
- 43. R.C. 2919.25 – Domestic violence

Weapons Control

- 44. R.C. 2923.12 – Carrying a concealed weapon
- 45. R.C. 2923.13 - Having a weapon while under disability
- 46. R.C. 2923.161 – Improperly discharging a firearm at or into a habitation or school

Drug Offenses

- 47. R.C. 2925.02 – Corrupting another with drugs
- 48. R.C. 2925.03 – Trafficking in drugs
- 49. R.C. 2925.04 – Illegal manufacture of drugs or cultivation of marihuana
- 50. R.C. 2925.05 – Funding of drug or marihuana trafficking
- 51. R.C. 2925.06 – Illegal administration or distribution of anabolic steroids
- 52. R.C. 2925.11 – Possession of drugs or marihuana that is not a minor drug possession offense

Other

- 53. R.C. 3716.11 – Placing harmful objects in food or confection