

Orientation for Prospective Foster and Adoptive Families

Four Oaks Family Connections

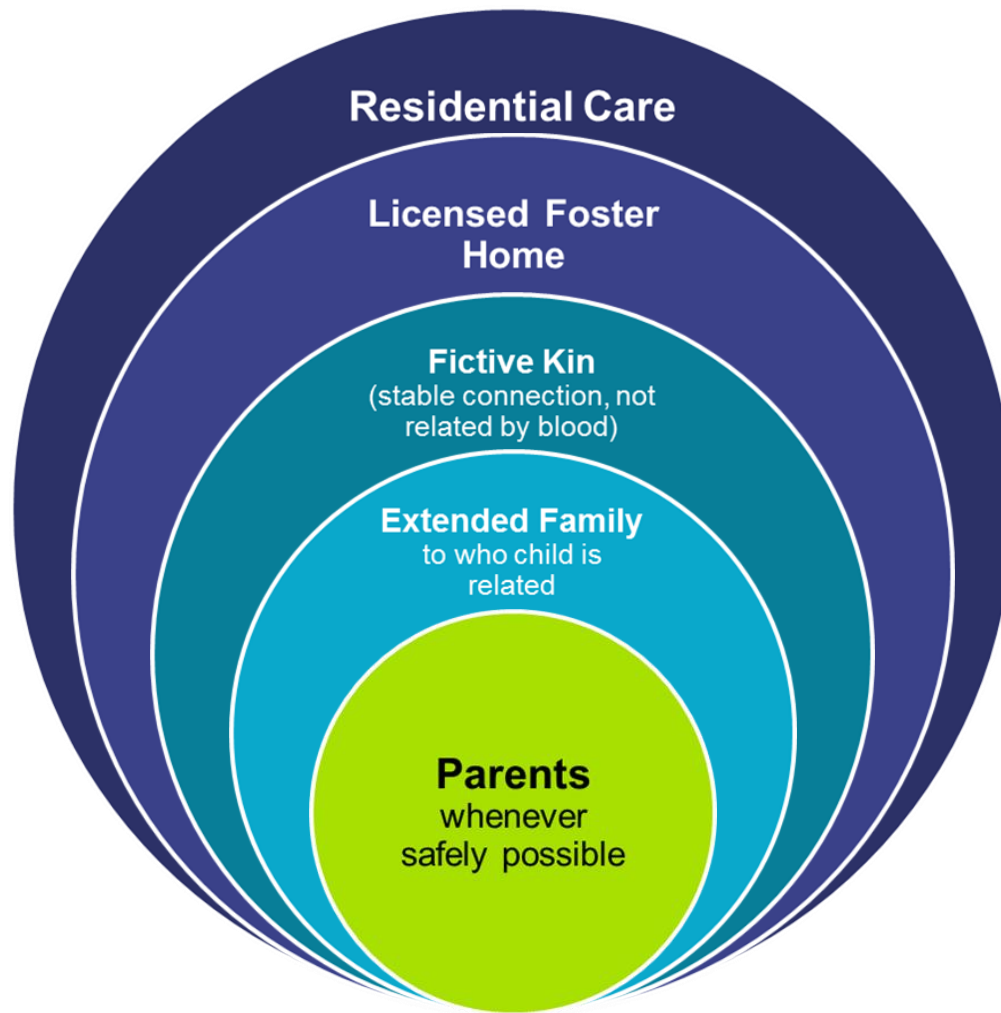
- Four Oaks Family Connections recruits, licenses, trains, and supports Foster/Adoptive Resource Families in all of Iowa's 99 counties.

What is Foster Care? How and Why Do Children/Youth Enter Foster Care?

The Iowa Department of Health and Human Services (HHS) investigates known or suspected incidences of child physical, emotional, or sexual abuse and/or neglect, or becomes involved when a family experiences a crisis so profound it impacts the family's ability to care for their children. When HHS determines the children/youth cannot remain safely in the home, they must seek alternative temporary care.

- First Placement priority is a relative: an individual related to the child within the fourth degree of blood relation.
- Second placement priority is fictive kin: An adult person who is not a relative of a child but who has an emotionally positive significant relationship with the child or child's family.
- Third placement priority is foster care: Parental nurturing on a full-time basis by a person, including relative or fictive kin, and the child is under the placement, care or supervision of the department pursuant to a court order or voluntary placement agreement.

Placement Priorities



Who are the Children/Youth in Foster Care?

In Iowa, approximately 4,000 children/youth per year will be in need of a temporary foster home.

These Children

- Range in age from newborn to 18 years old, and are often part of a sibling group of 3 or more. There are cases of 18-20 year olds in care in special circumstances.
- Are likely to have significant emotional, mental, or physical health needs requiring on-going care.
- May have varying degrees of educational challenges requiring patience, caregiver advocacy, and on-going intervention.
- Will have experienced trauma which may present through unique behaviors.
- Are racially, ethnically, religiously, and culturally diverse.
- May identify in some manner other than heterosexual and/or gender conforming.
- May be sexually active or have been exposed to sexual situations inappropriate for their age.
- Will likely have a visitation plan designed to support timely and safe reunification with the family of origin. The younger the child, the more frequent the visits will be.
- Would likely fit the definition of “special needs,” a category that describes children/youth who are considered “difficult to place.”

Special Needs Defined as Related to Foster Care and Adoption

****Please note that Four Oaks Family Connections accepts applications from prospective resource families who are willing to care for children who fit one or more of the special needs criteria. If your goal is adoption and you are unable or unwilling to consider the adoption of a child or children who qualify as special needs, we recommend you contact the Iowa Association of Adoption Agencies at www.iowaadoption.org*

Special Needs

- Child is age 5 or older.
- The child has a medically diagnosed disability, as determined by a physician, an advanced registered nurse practitioner or a physician assistant, which substantially limits one or more major life skills, and is expected to last 12 months or longer.
- The child is a member of a sibling group of 3 or more to be placed in the same home.
- The child has been determined by a qualified intellectual disability professional to be intellectually disabled.
- The child has been determined by a qualified professional to be at high risk of developing a qualifying medical, mental, or emotional condition as defined in this subrule. A child in this group is eligible for subsidy of nonrecurring expenses only.
- The child has been diagnosed by a qualified mental health professional to have a psychiatric condition which impairs the child's mental, intellectual, or social functioning, and for which the child requires ongoing professional services.
- The child has been diagnosed by a qualified mental health professional to have a behavioral or emotional disorder characterized by situationally inappropriate behavior that deviates substantially from behavior appropriate to the child's age or significantly interferes with the child's intellectual, social and personal adjustment and which requires ongoing treatment.

Who are Iowa's Foster Parents?

- At least 21 years of age, able to provide a safe and stable home environment in accordance with Iowa code (laws and rules governing foster care). More information regarding rules and laws available at <https://www.legis.iowa.gov/docs/iac/chapter/04-07-2010.441.113.pdf>
- Culturally, ethnically, and racially reflective of and/or supportive of the cultural, ethnic, and racial identities of children/youth entering care.
- Possessing a strong desire to protect, support, encourage, and advocate for children.
- Ability, experience, and skills to effectively raise and care for children, including ensuring that a child or youth's first placement in a foster home is the only foster home placement for them.
- Enthusiastic to work with children's birth families including supporting frequent family visits, maintaining phone/email/ text communication, and otherwise being supportive of birth parents, even when this will lead to reunification or placement with a member of the child's birth family.

14 Characteristics and Traits for Successful Parents Who Foster or Adopt

- **Tolerance for Rejection**
- **Adaptability/Flexibility**
- **Having a Sense of Humor**
- **Belief in Self Efficacy**
- **Realistic**
- **Trustworthiness**
- **Attunement**
- **Resilient and Patient**
- **Emotionally Support/Nurturing**
- **Appreciation for Diversity/Other World Views**
- **Committed**
- **Empathy and Compassion**
- **Self-Awareness/Self-Reflection**
- **Relationally Oriented**

How Do I Become a Foster Parent?

Complete an Orientation (In-Person or Video/Phone) and submit an application packet including background checks:

- A “hit” on a criminal record will require the applicant to explain in writing the circumstances of the charge and why the applicant believes the charge should not prevent them from obtaining foster parent licensure or adoption approval. The Iowa Department of Health and Human Services will evaluate this statement and determine whether the applicant will be permitted to move forward. The Iowa Department of Health and Human Services has final decision making authority in all matters regarding foster parent licensing and adoption approvals.

Training Needed To Become a Foster Parent

- Attend a 33 hour pre-service training class. This class meets for 3 hours, one time per week, typically on a weeknight from 6-9 p.m. HHS requires 33 hours of group training for all applicants. Applicants cannot miss the first class session & absences are permitted only for emergencies or with pre-approval for significant, unavoidable conflicts. If it is a two parent household both parents need to attend and children cannot attend with parents. Applicants who miss more than two classes may be required to re-start the process with the next available class.
- Become certified in CPR/First Aid and Mandatory Reporting of Child Abuse Training.
- Applicants and all household members will participate in a home study evaluation conducted by a Four Oaks Family Connections Caseworker during the pre-service training sessions.
- Meet all foster parent licensing standards
<https://www.legis.iowa.gov/docs/iac/chapter/04-07-2010.441.113.pdf>
- Approval is given by HHS of the complete and submitted home study.
- Your foster care license will require renewal either annually or bi-annually, and renewal will require at least 6 hours of in-service training and face to face visits with your Four Oaks Family Connections Caseworker.

Expectations of the Home

- ***There are specific standards for your home in order to qualify as a foster parent.*** Determining whether your home meets the licensing standards is part of the home study evaluation. Some of those specific standards include:
- Working smoke and carbon monoxide detectors on each level of the home, particularly the sleeping levels
- Bedrooms must consist of:
 - 40 square feet of space per child, contain one unshared bed per child, a door that latches to permit privacy, a closet, dresser, or method of storing personal items, a window able to open from the inside and the outside, and be large enough to permit entry by a firefighter in full gear.
- Children under the age of 5 may share a bedroom with the opposite gender. Children age 5 and older must share a bedroom with the same gender. Children/youth placed in the home are able to share a room with biological children under the age of 18.
- All weapons in the home must be locked in a manner making them inaccessible to children/youth; ammunition must also be locked and stored separately. This includes firearms and all forms of projectile weapons.
- Prescription medications must be locked and out of the reach of children. Dangerous chemicals must also be stored safely out of the reach of children
- Infants must be placed on their backs to sleep and must use a crib for sleeping (no collapsible cribs such as Pack N' Plays, etc.)
- All children in the home (including birth or adopted children) must be current on vaccinations, and all adults who may be in a caretaking role must have the whooping cough vaccine
- There are specific rules around pools requiring fences or covers.

Common Questions About Foster Care

- ***Am I responsible for the medical bills for a child placed in my care?*** No. All children in foster care are fully covered through the Medicaid insurance program; foster parents should not sign medical consent or insurance payment documentation.
- ***Can a child placed in my care attend daycare?*** Yes. The state of Iowa will pay daycare expenses at the state child care assistance rate. The HHS worker for the child and/or your Four Oaks caseworker will explain the process in further detail and will be available to answer your questions. All children in foster care must attend a state licensed or registered daycare-(www.iowaccrr.org)
- ***Can I choose which children/youth are placed in my home?*** Yes. You will have the opportunity to say yes or no to placement based on age, gender, and the needs or behaviors of the child/youth being considered for placement. Four Oaks will share all known information. Declining to accept placement of a child or youth does not result in consequences; you will continue to be considered for potential placement of other children/youth.
- ***Am I able to travel out of state with a child/youth placed with me?*** Yes, you need to involve HHS and birth family in those decisions to take the child(ren) out of state when going longer than one overnight.

Common Questions About Foster Care (Continued)

- ***Can a child or youth placed in my care go to a babysitter for a few hours, overnight, or for the weekend?*** It is possible to use a babysitter for a few hours; however, if the foster parent will be absent overnight or for longer, a child or youth placed with that foster parent will only be able to go to the home of another licensed foster parent. This is called respite. As a licensed foster parent, you may also provide respite for other foster parents.
- ***Will I get paid to be a foster parent?*** HHS provides a monthly stipend to foster families for each day of the previous month in which the family provided care for a placed child or youth. The reimbursement rate is a set rate based on the age of the child being cared for, & is estimated to cover approximately 65% of the cost of caring for a child or youth.
- ***Will the birth parent know who the foster parents are and where they live?*** Yes, the birth parent retains all rights to their children while they are in care including the right to know where their children are residing and who is caring for them, unless HHS determines there is a safety concern.
- ***What are the expectations surrounding discipline for a child placed with my family?*** It is forbidden by state law to use physical discipline in any form with a HHS placed child/youth. Additionally, foster parents who use physical discipline with their own children may not do so in the presence of a HHS placed child. In the preservice training, you will learn new ways to approach challenging behaviors that will promote healing and attachment.

Common Questions About Foster Care (continued)

- ***What happens when a child/youth is placed with my family and a situation arises which makes it impossible to continue to care for them?*** While we hope you will work closely with your Four Oaks Family Connections caseworker to prevent this from occurring, we understand that this occasionally happens. You will notify your Four Oaks Family Connections caseworker and the child/youth's HHS worker, and are required to allow HHS 10 days to find an alternative placement.
- ***Who takes the child/children to visits?*** Family Centered Services are put in place for youth entering foster care as soon as the removal occurs. The FCS worker transports the children to visits and supervises the visits. We do ask foster families to work in partnership with FCS services to provide support from occasional transportation to visits up to supervising birth parent/child interactions at a doctor's visit or school event. All partnership is at the Foster Parents comfort level, however it is expected that foster parents are willing to cooperate with and support reunification efforts, including but not limited to visitation.
- ***Where does the child/youth go to school?*** While all efforts are made to find homes within the child/youth's current school district sometimes it is not possible and they have to switch to the foster home's district. Some districts have helped with busing children to their home district and some foster families have been able to transport to a nearby district to keep a child from switching schools but that is not a widespread practice. The child/youth may have to switch schools when they enter foster care to the foster home district simply due to the lack of foster homes in the child's community.

Foster Parent Rights and Responsibilities.

From the Foster Parent Handbook

Foster parents are responsible for:

- Supporting the involvement of the child's parents (mentor them) and other relatives unless their involvement is evaluated and documented by the Department to be detrimental to the child's well-being.
- Participating in Comfort Calls and Bridge Meetings.
- Knowing and adhering to foster home licensing requirements. Comm. 033, Foster Parent Handbook Page 3 Comm. 033 (Rev. 12/23)
- Notifying HHS licensing worker and the RRTS caseworker within seven calendar days regarding any changes in residence or when a person moves into the home.
- Completing at least 6 credit hours of approved training every licensing year (even if it is a 2-year license) that has been approved at least 30 days before the training starts. This training is intended to increase the skills of the foster parents in providing care for children placed in the home. At least three credit hours must be done in an interactive group setting (this can include online or face-to-face). Foster parents will work with their RRTS caseworker to complete a training plan to ensure that all training is scheduled and completed timely. Foster parents must also complete at least two hours of mandatory child abuse reporter training every three years as approved by HHS. This training is available on the Iowa HHS Learning Management System and is free to complete. Maintaining CPR and First Aid certification from an accredited training resource.

Rights and Responsibilities Continued

Foster parents are responsible for:

- ▪ Staying current on foster home immunizations and vaccinations (whooping cough) and providing up-to-date immunization verification when required. The whooping cough vaccine is required unless there is a religious or medical exemption. If a foster parent has an exemption for licensure they will not be able to take infants under the age of one into their care for placement due to the high mortality rate associated with this illness.
- ▪ Accepting children for placement only within the licensed capacity, unless a variance is granted by the Department including when providing respite.
- ▪ Calling the Child Abuse Hotline and reporting to the HHS SWCM or CPW any suspicion that a child in the foster home has been abused.
- ▪ Exercising reasonable and prudent decision making for children placed in the home to ensure children are able to participate in socially, developmentally, and culturally appropriate activities. Foster parents' decision making includes, but not is not limited to, use of the Internet, social media, cell phones, power equipment, trampolines and swimming pools without obtaining HHS or parental consent. Special safety considerations must be given to swimming pools, trampolines, ATV use and railroad tracks that are close to the foster home residence. An approved fence for uncovered swimming pools that is nonclimbable and at least 4' high is required as well as rescue equipment and constant and active supervision while the children use the pool.

Rights and Responsibilities Continued

- **Foster parents are responsible for:**
 - ▪ Maintaining records on every child placed in the home and giving those records to the child's HHS SWCM when a child leaves the home. This would include medical, therapeutic or educational appointments, incidents/accidents in the home, school or community and interventions that have been successful with the child.
 - ▪ Cooperate with the unannounced visit during the initial home study evaluation and again annually once licensed.
 - ▪ Complying with all laws, rules and policies regarding foster family care, and working with the Department in correcting identified deficiencies.
 - ▪ Cooperating with visits and contacts by professionals involved in the child's case, or related to licensing and oversight of foster families.

Rights and Responsibilities Continued

Foster parents have the right to:

- Receive form 470-0716, Foster Family Placement Contract that includes the placement worker and supervisor's office phone numbers and emergency phone numbers.
- ▪ Receive the Family Case Plan (case permanency plan). Comm. 033, Foster Parent Handbook Page 4 Comm. 033 (Rev. 12/23)
- ▪ Be provided pertinent information on a child who may be placed in the home, including otherwise confidential information about a child as they consider the child for potential placement. This may also include HHS sharing contact information of a previous foster home contact information to support continuity of care for a child.
- ▪ Be notified about a law or regulation that would impact their obligations as a foster parent. (Notification would be through an email from HHS or a posting on the RRTS or HHS website)
- ▪ Have the right to say "No" to the placement of a child in their home.
- ▪ Have safety concerns evaluated prior to the release of the foster parents address and contact information.

Rights and Responsibilities Continued

- - Receive support and supervision from the RRTS caseworker and the child's HHS SWCM. HHS or a representative will visit a child within two weeks of a child placement and monthly thereafter.
- - Be treated as a member of the team.
- - Receive notice of all formal foster care reviews and court actions.
- - Be notified of any Solution Focused Meeting, Youth Transition Decision-Making Meeting, Individual Education Plan (IEP) meeting or medical meetings pertaining to the care of the child(ren) in the foster home. Attendance at these meetings will be determined by the child's parent(s).
- - Be notified of any training HHS/RRTS believes would benefit them in the provision of foster care.
- - Be provided written notice by HHS a minimum of 10-days prior to removal of and include the reasons for the child's removal from the home unless there is a health or safety issue in the home, the court orders removal from the home, or the child is being moved to the home of a parent/guardian.
- - Be provided by HHS a written report detailing the conclusion of an investigation that may affect a foster parents' ability to provide foster care in the future.
- - Provide foster care according to their individual foster parents' culture and beliefs so long as the parent/guardian of the child does not object.
- - Have their needs and scheduling demands be considered when any type of visitation is scheduled for a child

What is Adoption?

When all reasonable efforts to reunify a child/youth with his or her first family have been exhausted, the child(ren) may have their parental rights legally and permanently terminated (TPR). When this is the case, the child/youth will be in need of another permanent lifetime connection. This is often accomplished through adoption.

- While foster care is temporary, adoption is permanent. Adoption is a court process that legally gives the child new parents, there is a new birth certificate issued by the state.
- Adoption is a family permanently becoming the child/children's family.
- *In Iowa, reunification rates tend to range from approximately 67%-72%, meaning that percentage of children are successfully reunified with the families they were removed from.*
- When a child is in need of a “forever” family, the preferred option for an adoptive placement is typically an ancillary family member or kinship connection, even when they weren't the child's foster care providers.
 - When family members aren't available or permanent placement with them is not considered to be in the child's best interests, DHHS may consider or choose the foster family caring for the child as the adoptive placement
 - If there is not an appropriate family member, and the foster family has chosen not to adopt a child in their care, the Iowa Department of Health and Human Services will seek an adoptive family, and may choose to place the child in an “adoption approved only” home, meaning the family has not been licensed to provide foster care.

Important Information About Adoption

Dispelling the myth: there is no “foster to adopt” program in Iowa

- There is only “foster to reunify.” When proceeding through the licensing process, Four Oaks Family Connections will give priority consideration to those families seeking to serve children through providing foster care.
- Most children/youth who were not able to reunify or find permanency with a family member or kinship connection are adopted by the families who provided foster care for them. Therefore, there is not a significant pool of infant or very young children seeking adoptive families. The vast majority children/youth waiting for a forever family tend to be 8 years old and older. If your primary goal is adoption, you are most likely to be considered as an adoptive placement if you are willing to adopt children/youth ages 8 and older.
- HHS and the court may determine that sibling contact is required after adoption even when placed in separate homes.

Important Information About Adoption (Continued)

- If you are willing to consider adopting older children and youth, including those with significant needs, we encourage you to learn more about Wendy's Wonderful Kids, a program designed to identify adoptive families for specific children. More information is available at www.davethomasfoundation.org
- Children who meet the definition of special needs may qualify for an adoption subsidy, a monthly stipend provided on an on-going basis to families with finalized adoptions.
- In some cases, children with subsidized adoptions can continue to receive state funded medical care (Medicaid) as either a primary or secondary insurance source

How Will Four Oaks Family Connections Support You?

- Four Oaks Family Connections will provide you with a caseworker early on in the process who will be your primary contact.
- After you are licensed, your Four Oaks Family Connection caseworker will provide you with on-going support. They will be available to answer any questions you might have, provide suggestions for dealing with challenging behaviors, and assist you with staying in compliance with licensing regulations and standards, including accomplishing the tasks needed for re-licensure.

How Will Four Oaks Family Connections Support You? (Continued)

- Four Oaks Family Connections has adoption specialists available to provide free on-going support to those families who have placement of a child or youth who is in pre-adoptive status, or who have completed a subsidized adoption. The support available to you as a subsidized adoptive family is voluntary and family driven.
- All in-service trainings (those offered post-licensure) are free (with the exception of CPR/First Aid) to all foster and adoptive families in Iowa.
- Your caseworker will be knowledgeable regarding the availability of local support groups, which are open to all foster and adoptive families. Some of the support groups are specific to relative/kinship caregivers.
- We have a monthly newsletter and will keep you updated on changes to rules, laws or policy.

What Guides Our Work at Family Connections?

Our work in recruiting, licensing, training, and supporting foster and adoptive families in Iowa is governed by several principles.

Guiding Principles

The Guiding Principles of Iowa's Child Welfare System state that safety for Children emerges and is enhanced when stakeholders do all of the following:

- Families, Children, youth and caregivers will be treated with dignity and respect while having a voice in the decisions that affect them.
- The ideal place for Children is with their families; therefore we will ensure Children remain in their own homes whenever safely possible.
- When services away from the family are necessary, Children will receive them in the most family-like setting and together with siblings whenever possible.
- Permanency and connections with siblings and caring and supportive adults will be preserved and encouraged.
- Children will be reunited with their families and siblings as soon as safely possible.
- Community stakeholders and tribes will be actively engaged to protect Children and support families.
- Services will be tailored to families and Children to meet their unique needs.
- Child welfare professionals will be supported through ongoing development and monitoring to promote success and retention.
- Leadership will be demonstrated within all levels of the child welfare system.
- Decision making will be outcome based, resource-driven, and continuously evaluated for improvement.

What Guides Our Work at Family Connections? (Continued)

Family-Centered Model of Practice

- A way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children. It focuses on children's safety and needs within the context of their families and communities and builds on families strengths to achieve optimal outcomes. Families are defined broadly to include birth, blended, kinship, and Foster and Adoptive Families.

Next Steps

- Visit www.iowafosterandadoption.org and complete an inquiry if you have not done so already OR Call or email your local service area for an Inquiry packet.
- Complete and return your original inquiry packet by physical mail as directed on your inquiry packet or drop it off at the address given on your inquiry packet.
- We will review your Inquiry packet and you will be contacted by mail, email, or phone.

Four Oaks Contact Information

www.iowafosterandadoption.org

Call: (877) 364-1113

Email: foster-adopt@fouroaks.org

