

“Together, we can give our children two lasting gifts: roots and wings.”

– Unknown

Foster Parent Handbook



Table of Contents

1. Introduction – 4

2. Contact Information – 5

3. Childcare & Substitute Care – 7

3a. General Rules Governing Childcare – 8

*3b. Background Checks for Substitute
Care Providers* – 9

3c. Researching Childcare Providers – 10

*3d. Childcare Provider & Camps
Tools/Links* – 11

4. Clothing & Personal Items – 12

4a. Clothing Allotment – 14

4b. Clothing Assistance – 14

4c. Clothing Standards Inventory – 14

5. Confidentiality – 15

6. Crisis & Emergency Situations – 17

6a. Emergency / Crisis On-Call Procedure – 18

*6b. Reasons to Immediately Contact the
Foster Care Case Manager* – 19

7. Discipline – 20

8. Emergency & Disaster Response Plan – 23

8a. What is an Emergency / Disaster? – 24

8b. Procedures – 24

9. Reasonable & Prudent Parent Standard – 25

10. Extracurricular Activities – 26

11. Training Requirements – 27

**12. Licensing Adjustments & Changes to
Household Compositions** – 30

13. Medical Exams – 32

13a. Initial & Routine Healthcare for Foster Children – 32

13b. Maintaining Health Records – 34

13c. Clinics, Physicians, Dentists, Vision – 34

13d. Medication Administration & Log – 36

14. Per Diem (Maintenance Payments) – 38

14a. Expense Coverage – 39

14b. Payment Procedure – 39

14c. Per Diem Payment Schedule – 40

14d. Taxes & Per Diem – 40

15. Respite – 41

16. Service Standards – 44

**17. Social Networking, Internet Usage, &
Media Productions** – 47

17a. Social Networking – 48

17b. Supervision Guidance – 49

17c. Photography, Publications, & Media Production – 49

18. Travel Expense & Mileage Reimbursement – 50

19. Visitation Orders / Requirements – 53

20. Foster Parent Liability Insurance – 54

21. School Enrollment & Education – 55

22. Special Occasion Allowance – 56

23. Personal Allowance – 58

24. Information About Little Critters – 60

24a. Head Lice – 61

24b. Bed Bugs – 61

24c. Scabies – 62

1. Introduction

Mission.

Preserving families and protecting the future of Indiana's children.

Vision.

To develop a healthy family for every child.

Program Goal.

For every foster child to be successful in their placement until they can reach permanency, whether through reunification, adoption, or emancipation.

Welcome to Children's Bureau, Inc.

We're so glad you have selected Children's Bureau as your Licensed Child Placing Agency. At Children's Bureau, we recognize the essential role that foster families play in contributing to successful outcomes for foster children.

As a foster parent, you are part of a child's team, along with professional staff, courts, schools, and other supports. Each member of the team contributes to helping children in foster care flourish. Your role is significant, as you will be actively providing parental care and having the most interaction with the foster child.

Treatment and case decisions are made with the child's best interest in mind, but sometimes those decisions can be hard to understand from a foster parent's vantage point. If you disagree with a decision or have concerns, please talk with us so we can help address them directly.

Please read this handbook closely and spend time discussing with your family how being a foster family will impact your lives. Every immediate family member and household member should be actively involved in the decision to foster, in order to make it a successful and rewarding experience.

2. Contact Information

Contact Information:

Daytime telephone: 855-677-5437

After-hours emergencies on-call hotline: 317-989-4057

Forms and additional information are available at
childrensbureau.org/our-services/foster-care

Have something to mail, send, drop off, or scan to our office?

Children's Bureau, Inc.

Foster Care Program

3610 N. Meridian St.

Indianapolis, IN 46208

Main Telephone: 855-677-5437

Foster Care Fax: 317-986-6648

Email: [first letter of first name+full last name]@childrensbureau.org

Licensing

Annual licensing reviews	Ghislene Legere	glegere@childrensbureau.org
Initial or licensing reapplications	Unika Donner	udonner@childrensbureau.org
General questions or documentation submission	Brandi Wallace	bwallace@childrensbureau.org

Training

Questions, registration, training credit balances	Brandi Wallace	bwallace@childrensbureau.org
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Medical Exams

Physical, dental, & vision questions; completed exam form submissions	Brandi Wallace	bwallace@childrensbureau.org
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Foster Care Client Questions, Objections, & Grievances

Contact your assigned foster care case manager (FCCM) first

Holly McFadden	hmcfadden@childrensbureau.org
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Payment Items

Per diem, mileage reimbursement, allowance claims questions & submission	Holly McFadden	hmcfadden@childrensbureau.org
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Placements

Placements, respite, & TBRI consultation	Jamila Nwokorie	jnwokorie@childrensbureau.org
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3.

Childcare & Substitute Care

Topics covered in this section:

- 3a. General Rules Governing Childcare
- 3b. Background Checks for Substitute Care Providers
- 3c. Researching Childcare Providers
- 3d. Childcare Provider and Camps Tools/Links

It is common for foster parents to need substitute caregivers or babysitters from time to time.

Even if you are a stay-at-home parent, there will be times when childcare is needed. You are required to provide a childcare plan for the safe supervision of your foster children in your absence (daycare, babysitting, before- or after-school care, etc.). This childcare plan is developed when you become a licensed foster family, and is reviewed annually with your licensing specialist. Any changes to the plan are noted during the annual visit, or any time the plan changes.

Parents should use the [Reasonable and Prudent Parent Standard \(RPPS\)](#) in Section 9 when exploring childcare or babysitters.

See [Background Checks for Substitute Care Providers](#) later in this section to determine if your childcare provider is required to complete background checks through our licensing department.

Financial assistance for childcare may be available through the Indiana Child Care Development Fund (CCDF). However, such assistance is not guaranteed, and foster parents must demonstrate need (such as employment) in order to qualify for the assistance. Please check with your FCCM for details and if funds are available. If your foster child qualifies for CCDF, they may still be on a waiting list for a period of time before receiving funds.

3a. General Rules Governing Childcare

1. Foster children should not be supervised or monitored by individuals under the age of 18.
2. Childcare providers should be mature, responsible and capable of exercising good judgment in providing care to foster children.
3. Foster children are not to be supervised or monitored by other foster children.
4. Foster children should not babysit or supervise **any** other children without a responsible adult nearby, unless authorized by DCS.
5. While it is not required, it is beneficial for childcare providers to be certified in First Aid and CPR.
6. Background checks may be required on childcare providers ([See Section 3b](#)).

7. Provide information to the childcare provider regarding the level of supervision necessary for your foster child. Inform them if the child has a history of acting out, especially against other children, or has behaviors that place others at risk for harm or injury.
8. If you are using another foster family for childcare, please communicate with the family about potential risks due to the behaviors/history of children placed in that home.

3b. Background Checks for Substitute Care Providers

CHILDCARE OUTSIDE THE FOSTER HOME:

Licensed Foster Families:

No background checks are needed if you utilize another licensed foster home. These are completed by the agency licensing the home for foster care.

Licensed/Certified Daycare:

No background checks needed. The Indiana Department of Family Resources has already completed the background check as part of their licensing process.

Non-licensed Regular Care:

Friends, family, neighbors, etc. whom foster parents utilize on a regular basis will need to complete forms for some background checks completed through Children's Bureau's licensing department.

Non-licensed Irregular Care:

Those families utilizing friends, family, and neighbors on an irregular or rare basis may not need to complete background checks. This is a vague area, so please contact the licensing department at Children's Bureau to determine the need for any background checks. The foster parent takes responsibility for the child in someone else's care when they arrange the care provider.

CHILDCARE INSIDE THE FOSTER HOME:

Regular Care:

Fingerprints, CPS, Sex and Violent Offender registry and local background checks are required for individuals providing ongoing, frequent childcare within the foster home.

Irregular Care:

See "Non-licensed Irregular Care" above.

3c. Researching Childcare Providers

Foster parents should conduct thorough research on any childcare provider. You should meet, interview, and request references for any providers you are considering in order to evaluate their ability to meet your expectations and accommodate the individual needs of your specific child.

Please be mindful of the following questions when considering the best match between your child(ren) and childcare providers:

Does the environment appear sanitary, safe, and child-friendly?

Does the home/facility promote an atmosphere of both learning and play activities? Do they offer a schedule for their daily routine?

Does the home/facility participate in [Indiana's Paths to QUALITY](#) program (a four-category quality rating system for licensed childcare providers)?

Does this provider have the knowledge, maturity, and skill to care for children who have been abused & neglected, or children with medical frailties (if applicable)?

Will your foster child's history or the severity of trauma, abuse, and/or neglect they have experienced be met with empathy and a non-judgmental approach by the provider? Do they appear patient with challenging behaviors?

Can this provider accommodate the foster child(ren)'s unique behavioral and supervision needs?

Are there any risks identified to other children as the result of your child's behavior?

Do the individual provider and staff seem reliable?

Is the provider willing to develop a safety plan, if needed, if the child has a behavioral outburst? How will you work with the provider to ensure they have access to you in the event of an emergency?

Can you and the provider work cooperatively? Are they willing to accept suggestions and information from you to educate them about your child and their behaviors and needs?

Is the provider well-known to the foster family, or does the facility have a good reputation in the community or recommendation from someone you know?

Does this home/facility provide healthy snacks & meals? Does your child have any special dietary needs and is the provider willing/able to make dietary accommodations?

3d. Childcare Provider & Camps Tools/Links

In the event that your childcare plan does not fully provide for your foster child's individual needs, you may find the resources listed below helpful in locating additional providers. These tools allow you to search for licensed childcare providers (home daycare, facilities, and ministries) by city, county, ZIP code, or business name.

FSSA Child Care Finder: in.gov/fssa/childcarefinder

Child Care Indiana: childcareindiana.org

Indiana Afterschool Network (IAN): indianaafterschool.org

Indiana Assoc. For the Education of Young Children: inaeyc.org

Summer Camps locator: mysummercamps.com/camps/indiana-summer-camps.html

Happy Hollow Camp: happyhollowcamp.net

Jameson Camp: jamesoncamp.org

4.

Clothing & Personal Items

Topics covered in this section:

- 4a. Clothing Allotment
- 4b. Clothing Assistance
- 4c. Clothing Standards Inventory

When removing a child from their home the Indiana Department of Child Services (DCS) will make every effort to allow them to take clothing and/or personal items (e.g., photographs, a blanket, a favorite toy or book, video games, game systems , CD player, etc.). DCS will not allow a child to take weapons of any kind.

Exception: *If DCS removes a child from a home or location that is the site of a meth lab, personal items and clothing will not be taken due to the toxicity of the environment.*

All items (i.e. clothing, personal items, etc.) brought with the child must be documented and maintained by the foster parent on the [Clothing Standards Inventory Form](#). This form should be completed by the foster parent for each child that enters the home.

When a child discharges from a foster home, a [Clothing Inventory Form](#) should be completed, if time permits, by the foster family to account for all of the child's clothing and personal belongings. If able, the FCCM should confirm the inventory.

All clothing and personal items a child acquires (original removal items, purchases, gifts, cash, etc.) while in the care of the foster family is considered the property of DCS and/or the child and **must** accompany the child throughout the life of the case.

Foster families licensed with Children's Bureau who discharge youth without adequate clothing will have their last per diem payment debited equal to the amount necessary to purchase the minimum required clothing as determined by DCS and Children's Bureau's standards.

4a. Clothing Allotment

DCS will provide a clothing allotment for foster children only when a child is *initially* removed from their family. DCS will ensure that a child is provided with adequate clothing if they do not have clothing at the time of initial removal. DCS will only provide the licensed foster family with a one-time Initial Clothing and Personal Items Allotment of up to \$200.00.

After the initial clothing allotment, the foster family (and all subsequent placement families) will use a portion of the monthly per diem to pay for clothing and/or personal items for the child on an ongoing basis. Personal items at the time of initial placement may include, but are not limited to, toiletries, personal hygiene items, undergarments, and hair products.

4b. Clothing Assistance

It's common for foster children who move from home to home to not have the needed items. This can place an immediate burden on foster families in addition to the extra cost of a foster child entering their home. We recommend families make preparations within their budgets to accommodate the initial expenses of a child or children who may be placed in the home. If a child is placed in your home and is in desperate need of clothing, please connect with your assigned Children's Bureau Foster Care Case Manager who may be able to access clothing or necessities from a collection of donated items.

4c. Clothing Standards Inventory

When a foster child arrives in your home, you should complete a [Clothing Standards Inventory Form](#). We suggest that all luggage, bags, and duffels be emptied outside, or in the garage or laundry room for laundering. Even if the child is coming from another foster family, textiles should be thoroughly washed before being put away. Do not blend the child's clothing items in the wash/dry with your household clothes this first time. This serves three purposes:

1. It eases the task of inventorying the child's clothing and belongings.
2. It removes any doubt of items that may not have been washed from the prior home.
3. It offers a sense of security from any risk of stowaways (fleas, bed bugs, lice, scabies, roaches, etc.). Refer to the [Clothing Standards Inventory Form](#) for instruction/details.

5.

Confidentiality

Information regarding children placed in foster care through Children’s Bureau is private, not public information. Foster parents are legally required to keep any confidential information pertaining to a child placed in their home. Any information regarding the nature of why a child was placed in your home, their family situation, medical/treatment information, or other personal information is not to be shared with any other parties. Foster parents may not disclose private information regarding a child placed in their home with any other parties, including friends, relatives, coworkers, media sources, etc. Foster parents may, and should, discuss any private information regarding a child placed in their home with the foster care therapist, agency staff, the child’s custodian (DCS or Probation), or the child’s GAL/CASA.

Foster parents are required annually to sign a [Confidentiality Agreement](#) as part of the Acknowledgement of Information Form. By signing this form, foster parents agree to the following:

I/We understand that any and all information concerning children served by Children’s Bureau, Inc., including but not limited to those children placed in my/our care is strictly confidential and shall not be released to nor disclosed to any person or organization in any form without the express written consent of the custodial agency or Children’s Bureau, Inc.

I/We understand that failure to abide by this confidentiality agreement may result in the limiting or possible termination of my/our relationship with Children’s Bureau, Inc. as foster parents.

Foster parents also annually sign the [DCS – Resource Parent Role Acknowledgement](#). Your signature on this document acknowledges the following:

I agree to maintain the confidentiality of written or verbal information that DCS has made available to me and will not share such information without the express written consent of DCS unless it is necessary for the care and treatment of a child under the supervision of DCS. I understand that Indiana Code 5-14-3-10 disallows disclosure of confidential information and that, in addition to the above, information regarding health, assessments of child abuse and neglect and juvenile court records are all subject to confidentiality laws. I agree to discuss the need to maintain confidentiality with members of my household, including minor children in an age appropriate manner.

6. Crisis & Emergency Situations

Topics covered in this section:

- 6a. Emergency/Crisis On-Call Procedure
 - 1. Immediate Emergency
 - 2. Emergency During Business Hours
 - 3. Emergency After Business Hours

- 6b. Reasons to Immediately Contact Foster Care Case Manager

All foster families will experience times of difficulty with their foster children. In most cases, you will have the skills and training to resolve the situation without assistance.

We realize, though, that there will also be times when you will need guidance or help from a supportive professional -- and that sometimes emergencies and emotional or behavioral crises can happen outside of regular business hours.

6a. Emergency / Crisis On-Call Procedure

Foster Care Case Managers carry their cell phones during all working hours, in order to be accessible to foster families. FCCMs can provide support and instruction in crisis or emergency situations that occur during business hours.

1. Immediate Emergency:

- a. If there is an immediate and definite threat of significant harm, injury, or illness, please call 911 first and they will help determine the necessity of police, fire, or ambulatory responses.
- b. If you have an urgent need or crisis, but it does not require immediate response from Rescue or Police authorities, you should proceed to steps 2 or 3 below.
- c. If you do call 911 for emergency response, at your first opportunity please make sure to follow steps 2 or 3 below to report the emergency, for Children's Bureau staff to provide any additional assistance, if needed.

2. In Case of an Emergency *During Business Hours*:

Please attempt to contact your FCCM at the office number they have provided to you. If your FCCM is not available, you may ask for their supervisor or have them contacted by the receptionist.

3. If an Emergency Occurs *After Business Hours*:

- a. Contact the **after-hours emergency support and crisis management line at 317-989-4057**. This is a direct cell phone line.
- b. A program FCCM will answer the line to collect information from you. **You should identify yourself as a foster parent**. Then proceed to explain your emergency in a calm manner.

Foster parents should only utilize the after-hours crisis line in cases of TRUE EMERGENCIES.

6b. Reasons to immediately contact the Foster Care Case Manager include, but are not limited to, the following:

- A serious injury or illness involving medical treatment of the child.
- A serious emotional or behavioral crisis that may endanger the child or others.

When a child discloses they have been the victim or witness of any type of abuse, neglect, or assault.

- The fatality of a biological or foster child.
- Unauthorized absence of the child from the home (runaway).
- Removal of the child from the home by any person or agency other than the placing agency or persons authorized by the placing agency or any attempts at such removal.
- Any fire or other emergency requiring overnight evacuation of the foster home.
- Any involvement of the child with police authorities regarding disciplinary action.
- Any medical operation or abortion for a foster child. The court must approve these situations.
- Any serious physical threat or attempted suicide.

7. Discipline

When disciplining children from hard places, remember that discipline should be **taught** and not **given** to children. It is done in an effort to correct, change or modify the behavior, not to punish the child. When enlisting discipline techniques, you need to work from a place of healing and utilize techniques that will curb the behavior, but not harm the relationship.

The following disciplinary methods are prohibited in all Children's Bureau's foster homes:

- Mechanical or chemical restraints
- Therapeutic holds and restraints without written permission from legal guardian or presiding Court
- All forms of corporal punishment, including but not limited to hitting, spanking, slapping, kicking, pushing, shaking, and pinching
- Threatening removal from home, threatening respite, or threat to deny reunification
- Denial of essential requirements (such as meals, sleep, clothing, healthcare, mail, etc.)
- Verbal remarks that ridicule the child and/or his or her family, including shouting, swearing, and name-calling
- Use of a child's peers, siblings, or other children to implement a discipline, or delegating the responsibility of disciplining a child to another child
- Denial of counseling or medical/health services
- Denial of home visits (without consent of the agency consulting with DCS)
- Denial of all recreational opportunities
- Use of forced physical exercise
- Use of painful aversive stimuli and humiliating and/or demeaning tasks
- Extended solitary isolation or placement in a locked room

Appropriate discipline methods include, but are not limited to, the following:

- Loss of special activity participation (with permission of DCS)
- Set number of minutes of quiet time in an open area designated for such a purpose (length of time shall never exceed 60 minutes)
- Restricting amount of allowance
- Adjusted bedtime
- Removal of privileges (phone, video games, TV, spectator activities, etc.)
- Remuneration for property damages within reasonable perimeters of the child's income (allowance)

All Children's Bureau licensed foster families are required to abide by these guidelines, and indicate so by signing the [Acknowledgment of Information](#) and [Resource Parent Role Acknowledgment](#) forms annually. Parents are offered multiple opportunities for training on TBRI and other parenting techniques to learn to manage behaviors.

8.

Emergency & Disaster Response Plan

Topics covered in this section:

8a. What is an Emergency / Disaster?

8b. Procedures

Organizational emergencies, such as fire, tornado, flood, pandemics, large-scale power failures, etc., have the potential to disrupt services. Children's Bureau is committed to maintaining continuity of services at all times, including in the aftermath of such emergencies.

In the event of an identified emergency or disaster that disrupts the normal, ongoing function of the foster care program, or the foster home, or could potentially interrupt the delivery of child welfare / foster care services, Children's Bureau will initiate the Emergency / Disaster Management & Response Plan, outlined in this section.

8a. What is an Emergency / Disaster?

The following is a list of organizational emergencies which would necessitate the implementation of this plan (Note: This list is not intended to be comprehensive):

- H1N1 influenza outbreak
- Other pandemics
- Natural disasters that damage Center facilities or foster homes beyond utilization
- Fire (at Center location of services)
- Extended power failures (widespread or at Center location of services)
- Terrorist actions (i.e. bomb, anthrax letter/package, etc.)

8b. Procedures

1. At licensure, all foster families will receive an Emergency Plan Guidelines for Foster Care brochure that includes checklists for Shelter-In-Place and Foster Home Evacuation. Foster families will complete and return the [Foster Family Emergency Disaster Plan](#) form, which outlines two (2) relocation plans in the event the foster family must evacuate their residence. This information will be recorded in the foster family file. The foster family will update the [Foster Family Emergency Disaster Plan](#) during their annual evaluation. A copy of this form will be provided to the foster parent for their reference in case of an emergency relocation of the foster family.
2. In the event of an emergency / disaster, the foster parent will account for all children placed in their home and find appropriate, safe shelter.
3. The foster parents will contact their Children's Bureau FCCM or the Center's main line at 317-545-5281 to report the status, location, and safety of each child. Contact information should also be provided.

9.

Reasonable & Prudent Parent Standard

In the past, lengthy and complex approval processes were required before children and youth in foster care could participate in activities such as sleeping over at a friend's house, enrolling in extracurricular activities or clubs, or going on field trips. The approval processes made otherwise “normal” childhood and adolescent experiences atypical for children and youth in out-of-home care.

To address this issue, President Obama signed the Preventing Sex Trafficking and Strengthening Families Act (P. L. 113–183) into federal law, which includes the Reasonable and Prudent Parent Standard (RPPS). The RPPS allows foster parents and caregivers greater discretion in making decisions regarding the typical daily activities of the children and youth in their care. The RPPS directs well-informed and appropriately trained foster parents and kinship caregivers to make reasonable and prudent parenting decisions by considering the potential risks and benefits associated with each decision.

Reasonable and prudent parenting decisions should normalize a child or youth's experiences as much as possible while maintaining their health, safety, and best interests. Helping children and youth in foster care have normal routine experiences is critically important for their healthy social, emotional, and cognitive development, overall well-being, and successful transition into adulthood.

Source: [*Children's Bureau Child Welfare Capacity Building Collaborative*](#)

10. Extracurricular Activities

Children should be encouraged to participate in extracurricular, school and educational activities where appropriate. Many children in foster care need to build self-esteem and courage, and develop a positive impression of themselves as a valuable member of a team. Foster parents should identify adequate extracurricular activities to engage their foster children through local schools and/or community. Athletics, self-defense classes, hobbies, camps, clubs, youth groups, instrument/music lessons, band, employment for teens, etc. are all examples of extracurricular activities. Children should participate in group-related activities when there is a need for the child to build social skills.

Please use the [Reasonable and Prudent Parent Standard](#) when considering the most appropriate extracurricular activities for children in care. ([See Section 9.](#))

11.

Training Requirements

Each foster parent is required to complete a minimum of 20 hours of ongoing training every year. Children's Bureau provides a variety of training topics throughout the year to allow foster parents the opportunity to complete their hours at their convenience. Foster parent training must be completed by the annual date (each year after the initial date of the foster family license).

Foster parents will receive a quarterly newsletter (either email or in the mail, if you don't have an email address) from Children's Bureau, with announcements, important news, articles, training schedules/descriptions, and a training calendar. In order to receive training credit, foster parents are asked to pre-register for any training events they wish to attend. Unless otherwise noted in the newsletter, you will need to register for your trainings by contacting Brandi Wallace at bwallace@childrensbureau.org.

The following are ways foster families may complete their annual training requirement:

1. Agency Sponsored Training

These are training opportunities provided or hosted by Children's Bureau. Training will be valued hour for hour of in-class attendance.

2. Alternative Training

Foster parents may earn up to eight (8) hours of training credit from reviewing books, videos, or audio tapes, or from web-based courses (see below). An [Alternative Training Verification Form](#) must be completed by each foster parent (not combined on one form) in order to obtain credit for the media source. The alternative training must meet specific standards and be approved at the discretion of Children's Bureau based on [DCS standards](#).

3. Web-Based Courses

These are considered a form of alternative training. Hours will be awarded as noted in #2 above. Any fees charged for approved web-based training are the responsibility of the foster parent. Some websites provide testing and a certificate for completion of the online course. These will be required for course credit.

4. College Courses

Foster parents who attend college may be able to obtain credit for successfully passing the class. The course **must** be directly related to children, the care of children, meeting the special needs of children, child welfare, or social services related to foster care or children. (Examples are Child Development, Childcare, Psychology, Sociology, and Social Work.) To receive credit for a college course, the foster parent must:

- a. Provide a transcript with a passing grade
- b. Provide a syllabus, course description, and/or course schedule

Credit will be calculated at **no more** than double the college credit hours (example: 4-hour college credit x 2 = 8 in-service hours).

5. Community Training Opportunities

Trainings are sometimes offered through local sources such as schools, social service agencies, medical or mental health facilities, court systems, conferences, etc. To receive credit for training offered outside of Children's Bureau, the foster parent must either:

- c. Provide proof of attendance by certificate and a class agenda if available; or, if a certificate is not provided,
- d. Complete a [Record of Training Form](#), and have the presenter or sponsor of the training sign & date the form verifying attendance.

6. Individual Instruction Opportunities

Credit can be applied if a mental health or medical professional, or other professional associated with the child's case, provides one-on-one education or instruction. This is considered classroom training and is calculated by actual time spent in session.

To receive training credit for individual instruction, the foster parent must provide a written statement from the professional on letterhead (or prescription pad) indicating the date, length of time spent, topic covered, and the reason for the training.

A provider working with your foster child either in-home or office does not qualify as Individual Instruction.

All questions regarding in-service training should be directed to the Children's Bureau licensing department.

12.

Licensing Adjustments & Changes to Household Compositions

To comply with licensing statutes and rules, foster families must notify the Children's Bureau licensing department of any changes within the household that occur between your annual review dates. The following are some examples of when a foster home must notify the licensing department of changes:

- A single foster parent develops a relationship and that person is frequently around the foster children
- The marital status of foster parents (engaged, separated, or divorce filing) – must report prior to a marriage
- Any changes in a household member's physical or mental health status
- The physical location or mailing address of the foster home
- The telephone number(s) for contacting the foster family
- Failure of heating or ventilation units, plumbing, or any basic utilities (power, water, gas, phone) lasting more than 24 hours
- Arrest, convictions, or CPS investigations of the foster parents or any household member

- Changes in household composition (household members added to or leaving the home)
- Added pets to the family
- Home modifications, remodeling, or build-on (including the addition of pools & hot tubs)
- All changes in employment, income, or finances
- Temporary relocation of the foster family in the event of a disaster or fire
- If the home files application for a license or certificate to operate an in-home daycare. Indiana Administrative Code requires prior authorization of DCS and FSSA to dually license a home.
- All commercial activities or businesses operated on the premises of the foster home (i.e. in-home office, self-employment, farming, bed & breakfast, construction, hair/nail salon, etc.)
- Any other compromise, temporary or long-term, in the ability of the family to provide daily care for a foster child
- Changes in the types of children the family is interested in caring for

Please contact the licensing department in these situations so we may offer guidance, monitoring, and/or assist with problem solving. Some of the items listed above will require an adjustment to your home study, license, and file information.

13.

Medical Exams

Topics covered in this section:

13a. Initial & Routine Healthcare for Foster Children

13b. Maintaining Health Records

13c. Clinics, Physicians, Dentists, Vision

13d. Medication

13a. Initial & Routine Healthcare for Foster Children

Current rules regarding healthcare services to be provided to children in out-of-home care are described below:

1. The foster family is responsible to schedule, provide transportation, and participate in the child's health care appointments.
2. Provide documentation of all medical appointments to FCCM to be included in the child's record.
3. Immediately inform Children's Bureau staff of any serious injuries or illnesses experienced by the child.
4. Obtain from DCS (with the assistance of Children's Bureau) prior authorization for any non-routine, non-emergency care and mental health treatment (surgery, specialized medical labs/testing, psychiatric medications, etc.).

5. Obtain payment authorization (with the assistance of Children’s Bureau) prior to any treatment not covered by the child’s Medicaid or private health insurance.
6. Seek emergency care for the child for the following:
 - a. Serious injury or illness
 - b. Serious dental issues (broken teeth, toothache, etc.)
 - c. Mental health issues that place the child at risk for harming themselves, or others
 - d. Serious vision issues (eye abrasions, sudden loss of vision, eye pain, etc.)

Initial Requirements for Screens & Exams

1. A **general health exam (physical)** must be scheduled within 10 days of placement and should be completed within 30 days of placement. This exam **must** consist of an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) exam (also known in Indiana as “HealthWatch” exam).
2. A **dental exam & cleaning** is required within 6 months of the last documented exam/cleaning or 90 days of placement (for children older than two).
3. A **vision exam** (can be part of general health exam with their primary care physician’s office, unless child requires corrective lenses or has an eye condition that requires a specialist).

Routine & Annual Requirements For Exams

1. A **general health exam (physical)** is required annually from the initial exam date.
2. A **dental cleaning** is due semi-annually (every 6 months) and a **dental exam** at least annually from the date of the initial exam/cleaning.
3. A **vision exam** is due annually for children requiring corrective lenses or with vision impairments.
4. A **hearing exam** is required annually for children with corrected hearing (hearing aids or tubes).

13b. Maintaining Health Records

1. [Child Physical Exam Health Record \(SF49964\)](#)
 - a. This form is completed at all medical exam or well child checkup appointments, such as a child's initial physical exam or their annual physical exam.
 - b. Indiana Law (IC 31-28-2) requires healthcare providers to file a copy of this form when a child is seen for an appointment.
 - c. This form must be returned by the foster parent to Children's Bureau to place in the child's case file. Foster parents should keep a copy of the Child Physical Exam Health Record and submit the original to the agency.
 - d. Please submit this form by mail or in person to your FCCM. This may also be faxed to 317-986-6648 or scanned to a licensing department representative, but the foster parent must keep the original if it is faxed in case it is needed later.

2. [Record of Medical Treatment \(SF45092\)](#)
 - a. This form is completed at all medical appointments related to an illness/injury.
 - b. Indiana Law (IC 31-28-2) requires healthcare providers to file a copy of this form when a child is seen for an appointment.
 - c. This form must be returned by the foster parent to Children's Bureau to place in the child's case file. Foster parents should keep a copy of the Record of Medical Treatment form and submit the original to the Agency.
 - d. Please submit this form by mail or in person to your FCCM. This may also be faxed to 317-986-6648 or scanned to a licensing department representative, but the foster parent must keep the original if it is faxed in case it is needed later.

13c. Clinics, Physicians, Dentists, Vision

Clinics

Clinics offer physical exams, vision screenings/exams, and dental exams. They are typically scheduled the same day as they do not schedule things in advance. The vision exam is completed by the physician, but if a more detailed exam is required, an optician is available on certain days of the month. Each clinic's schedule is different, so refer to the facility for details.

Take a wardship letter (provided at placement by your FCCM or a Supervisor) indicating your role as the child’s foster parent, your proof of ID (driver’s license), and proof of Medicaid. (You are typically only provided with a number, not a card, when we receive the Medicaid number. The clinic or doctor’s office will verify eligibility via computer.) The Medicaid number may also be printed within your wardship letter. **Please make sure you have this information prior to your visit.**

If the child placed in your care is “Medicaid Pending,” Children’s Bureau staff will ensure you have the appropriate documentation stating the status of Medicaid, which should then allow you to receive the available services without submitting any payment.

If the child is not eligible for Medicaid, the following clinics will see the children on a sliding scale fee. You will be reimbursed from DCS/Children’s Bureau, Inc. for any payment you make in regard to the client’s medical exams.

Please note: in order to be eligible for the reimbursement, the clients need to be seen at one of the following clinics, as private practices charge a much higher fee for the same services.

Clinic Name	Address	Phone
Countyline Family Health Center	8921 Southpointe Dr., Suite 1-A Indianapolis, IN 46227	(317) 884-7820
HealthNet People’s Health & Dental Center	2340 E. 10th St. Indianapolis, IN 46201	(317) 957-2200
HealthNet Martindale Brightwood	2855 N. Keystone Ave., Suite 100 Indianapolis, IN 46218	(317) 957-2300
HealthNet Barrington Health & Dental Center	3401 E. Raymond St. Indianapolis, IN 46203	(317) 957-2100
HealthNet Southwest Health & Dental Center	1522 W. Morris St. Indianapolis, IN 46221	(317) 957-2500
HealthNet Southeast Health & Dental Center	901 Shelby St. Indianapolis, IN 46203	(317) 957-2400

Physicians

You have a variety of physician choices for your foster child's healthcare. If your child is already on Medicaid, you may need to check to see if they are assigned a primary provider. It can sometimes be a very confusing and frustrating process. Please ask for assistance from your Children's Bureau FCCM if you need it.

- At the time a child is placed into your home, they may already have a healthcare provider. When possible, we recommend you make best efforts to continue to work with the previous medical provider. This provider can offer a wealth of information about the child's medical history, and therefore it is beneficial for continuity of care.
- For a list of doctors who accept Medicaid, please go to [in.gov/medicaid](https://www.in.gov/medicaid), click on "Members," and then select "Find a Provider."

Dentists

Dental appointments can be arranged at any dental office that accepts Medicaid. For a list of dentists that accept Medicaid, please see the instructions noted above for Physicians. This feature will also allow you to search dentists who accept Medicaid. If you need assistance, our staff can direct you to a provider/location that is convenient.

Vision/Eye Doctors

Your foster child may be seen by any optometrist or ophthalmologist who accepts Indiana Medicaid.

13d. Medication Administration & Log

Foster families will ensure secure storage of all medications within the foster home. Dispensing of medication will be accurate and recorded on a [medication log](#).

Storage

1. All prescription medications and over the counter medications must be kept in a locked compartment (drawer, cabinet, or box) that is inaccessible to any minor youth in the home.
2. Prescription medication must be kept in the original container labeled with the child's name, date, instructions, and the physician's name.

Administration

1. No prescription medication shall be administered to a child without orders from a licensed medical professional. Medication for the child shall be dispensed in accordance with the medical practitioner's instructions.
2. Children who are prescribed psychotropic medication must have received:
 - a. Any consents required by DCS prior to giving the medication, and
 - b. Instructions regarding the administering of the medication and its possible side effects, in writing, from either the prescribing physician or the pharmacist.
3. Over-the-counter medication may be given as determined by the foster parents or as recommended by a licensed medical professional.
4. The foster parent should notify the primary care physician or other healthcare professional of all medications the child is taking in order to prevent any potentially harmful drug interactions. The foster parent should consult with a pharmacist regarding drug interactions when considering over-the-counter medications or homeopathic treatments.
5. A mature youth may self-administer medication only under close supervision and observation of the foster parent with DCS written approval.
6. If a caretaker other than the foster parent (i.e. school/daycare/respice provider) will administer medication, it is the responsibility of the foster parent to ensure safe delivery and proper instructions to those persons regarding medication being taken by the youth.
7. Any refusal of youth to take prescribed medication should be reported immediately to the Foster Care Case Manager and to the appropriate healthcare professional. The child will not be forced to take the medication, but should be informed the consequences of not taking the prescribed medication.

Accounting

1. The foster family will log all medication (including over-the-counter) dispensed to the child on a [medication log](#). Log entries will be recorded daily, for a period of one month. Foster parents will submit monthly logs to Children's Bureau at the end of each month to be included the client's file.
2. When a youth self-administers medication under the supervision and observation of the foster parent, the foster parent is responsible for recording the youth's administration of the medication on the medication log.
3. Refused or missed doses of medication must be marked on the Medication Log with an "O" to indicate a missed dose.

14. Per Diem (Maintenance Payments)

Topics covered in this section:

- 14a. Expense Coverage
- 14b. Payment Procedure
- 14c. Per Diem Payment Schedule
- 14d. Taxes & Per Diem

A reimbursement payment in the form of per diem is provided to foster parents following the month of service provided. For example, foster parents providing care during the month of June will be reimbursed for each day the child was in their home. The payment is received in July. The rate paid for each child is based on various factors, including age, behaviors, and special needs.

14a. Expense Coverage

Indiana Administrative Code states that “foster care payments received on behalf of the child are intended for the sole benefit and care of the child while in foster care.” Payment covers the reasonable costs of:

- Food
- Clothing, shoes, and uniforms
- Shelter
- Daily supervision and daycare expenses
- Transportation and travel expenses *
- Personal incidentals for the child, personal hygiene products/services, toiletries, and sundries
- School supplies and lab fees *
- Social and extracurricular activities *
- Spending money, allowances, and entertainment
- Gifts *
- Over-the-counter medications (not covered by insurance)

* *These items may also be eligible for coverage under other funding resources. See [Travel Expense & Mileage Reimbursement](#), [Special Occasion Allowance](#), and [Personal Allowance](#) sections of this handbook.*

14b. Payment Procedure

Children’s Bureau will act as the billing vendor for foster families licensed through our program. At the end of each month, Children’s Bureau will file a billing claim to DCS for that month. Because of the delay in receiving maintenance payment claims back from the State, Children’s Bureau will provide a “good faith” payment to foster homes by direct deposit, no later than the 8th of the following month.

14c. Per Diem Payment Schedule

The foster care per diem is calculated the last business day of the current month. Each family is required to provide an account number for Direct Deposit payment. Payments will occur by the 8th of the month unless the 8th falls on a weekend or holiday, whereby the deposit will occur the following business day.

Please note that foster parent per diem checks (also known as “maintenance payments”) are provided on a monthly basis. Consequently, it is not unusual for the first per diem payment a foster parent receives to be delivered after the child has been in the foster home for up to 5 weeks. For example, if a child is placed in the foster home anytime in January, the foster parent would receive the per diem payment for January by February 8th (unless there is a delay through the banking system out of the control of Children’s Bureau, Inc.).

If foster parents have concerns about being able to meet a child’s needs and expenses within the first weeks of placement, please discuss this with the supervisor **before** accepting the placement.

14d. Taxes & Per Diem

Visit www.irs.gov/publications/p501/ar02.html#d0e3180

Visit www.nfpaonline.org/taxinfo

15.

Respite

There will be times when foster families need to request respite, in order to prevent fatigue or burn-out that can occur when caring for traumatized children.

DCS policy encourages the use of respite between foster homes, and does not provide payment to respite providers. DCS expects that foster families will pay the respite provider from their per diem, or will do respite “in exchange” with other foster families.

However, because Children’s Bureau recognizes the importance of respite as a supportive service to our foster parents, we will absorb the cost of providing this relief to our foster families.

All respite must be authorized by DCS. DCS may deny respite requests based on various factors, especially if respite does not support the physical or emotional well-being of the child.

While respite is a convenient and valuable benefit for foster families who need a break, its availability depends on a number of factors, including:

1. Availability of appropriate respite families to accommodate any special needs of your placement(s).
2. The dates requested. You should avoid sending placements to respite during holiday weekends, especially those when families spend time together.
3. The length of time requested (longer durations, especially during the school year, are more challenging to find willing respite homes).

It may be necessary to delay a requested respite depending on availability of respite homes or locating an appropriate setting for your foster child.

Be mindful of these points:

1. Respite providers must be licensed as a foster family. It is preferred that respite occurs within Children's Bureau's foster family network. Any respite occurring outside of the center's own network must be pre-approved by both Children's Bureau and the supervising agency of the respite provider.
2. For payment, tracking, and DCS notification, all respite must be reported to or arranged through Children's Bureau. Emergency respite must be reported to your Foster Care Case Manager during the day, or on-call if after-hours or agency holidays.
3. Paid respite allows the foster family to be paid the ongoing per diem rate for a child, while the agency also pays a "respite rate" to the respite provider. Respite providers are paid a flat rate of \$25/day.
4. Respite for children will be accrued at 1 day/month, and a maximum of 12 days. (Rare exceptions do apply to certain children.)
5. Children's Bureau will pay for accrued days only. No "deficit usage" will be allowed. Any days requested and used over and above the accrued days will be paid by the foster family from their per diem.
6. The respite days accrued during a child's placement are connected to the child. Any days in account when a child moves from home to home within Children's Bureau's network will remain attached to that child and reassigned to the new home.

Please read and follow these procedures:

- You must **always** complete a [Respite Information Sheet form](#) for each child you are sending to respite and provide the form to the respite provider.
- If you coordinate your own respite with another foster home, you **must** notify your Foster Care Case Manager **prior** to the respite occurring. Please make every attempt to inform your FCCM at least **5 business days prior** to the planned respite, even if you leave it on their voicemail.
- If you arrange your own "emergency" respite after business hours or on weekends, you **must** contact the on-call line at (317) 989-4057 in order for DCS to be notified of the temporary move.
- Sleeping space should be considered when placing children into respite.
- However, requests for respite are never guaranteed, and depend on the volume of respites occurring at that time. Requests received less than 14 days (including weekends) prior to the desired date are more difficult to arrange and less likely to be accommodated.

Respite Rules, Guidelines & Expectations:

For the ongoing Foster Parent:

1. Completed [respite information sheet](#) should be accurate, detailed and provided to the respite provider.
2. Clearly define drop-off and pick-up times, locations, and transportation.
3. Send appropriate clean clothing and other provisions (diapers, wipes, baby food, etc.) to last the child's entire respite stay. Respite families should not be expected to do the child's laundry and should not run out of needed infant items.
4. All medications (including any specialized food that is ordered by a physician), and dietary instructions/allergies should be included, medication instructions, and medication log.
5. All necessary toiletries.
6. Medicaid number and physician information for each child.
7. Phone number of where the respite home can reach you at all times.
8. Any appointments (medical, therapy, supervised family visitation, or other) that will occur during the child's respite stay. Supervised visits are expected to continue to occur even if the child is in respite.
9. Avoid sending children to respite that are ill, or have been identified with a contagious communicable illness/condition (lice, chicken pox, MRSA, etc.) to prevent contagion or spread to others.

Responsibilities of the Respite Foster Parent:

1. Provide a safe and nurturing temporary setting and enjoyable respite stay.
2. Ensure all nutritional, emotional, medical, hygienic, and education needs to the child as appropriate for their time spent in your home.
3. Give all routine medications to the child and complete the child's medication log.
4. Ensure that any supervised visits, appointments, or therapy sessions are followed through with.

The Respite Family is Not Expected To:

1. Enforce any restriction/punishments/discipline that the child may be on from their placement home.
2. Follow any dietary regime unless medically necessary or encouraged.

16.

Service Standards

Required Contact

Children’s Bureau, Inc. is required to have minimum home visits and contact based on services standards set by DCS. Foster families are required by law to cooperate with both Children’s Bureau, Inc. and DCS in complying with these standards.

DCS will complete an assessment to determine what level of service the child needs. This service level is **directly related** to the child per diem rate. The chart below will help prepare foster parents for the contact type and location required for each child.

Category of Supervision (Level of Service)	Minimum Contact for Foster Child/Foster Home
Foster Care	Monthly visits in foster home and weekly phone contact with foster parent.
Foster Care with Services	Visits every other week with child and with foster parents, with at least one being in the foster home.
Therapeutic	Visits weekly with child and with foster parents, with at least every other one being in the foster home.
Therapeutic Plus	Visits twice a week with child and with foster parents, with at least every other one being in the foster home.

Service Standards for Teens

Foster parents play a major role in preparing our youth for adulthood. Whether teaching them to cook, do laundry, open a savings account and budget their allowance -- these are all things we do with our children to prepare them to be self-sufficient, independent young adults.

DCS requires that all youth age 14 and older receive Independent Living (IL) services, although many of the services will be those already being provided by foster parents. DCS has included IL services as part of the per diem (teens receive a higher per diem rate to accommodate this requirement).

Guidelines:

- Youth should receive minimum of 3 hours of varied IL instruction per week by the foster parents
 - Cannot include activities of daily living (ADLs) like grooming, hygiene, etc.
- Needs to include community-oriented activities and volunteerism
- Foster parents must [document IL](#) activities completed with the youth and turn in to the child's FCCM

IL topics and areas of instruction should include:

- Education (secondary & trade research, preparation, and attainment)
- Employment (search, preparation, and job)
- Financial and asset management (budgeting, comparison shopping, savings/checking, value/quality purchasing, taxes, financing & loans, etc.)
- Physical and mental health
- Housing
- Youth engagement (volunteering, community investment, philanthropy, service to others, etc.)
- Internet/social media safety

17.

Social Networking, Internet Usage, & Media Productions

Topics covered in this section:

17a. Social Networking

17b. Supervision Guidance

17c. Photography, Publications, and Media Production

There are certain rules regarding media specific to foster children who are under the care and supervision of the Department of Child Services. Mainly, there are two areas regarding technology and foster children.

17a. Social Networking

Social networking has become an intricate part of social life. Some of the most popular social networking sites are Snapchat, Facebook, Twitter, TikTok, and Instagram. Many teenagers have a need for a continual connection to their peers in the virtual world.

Because of the invasive manner by which people are exposed, and the risk of detriment to a person's identity, it is more important than ever that parents act as a protective force for the sake of our children by employing proactive measures of defense. The confidential and private nature of our foster children's information, history, and background must be maintained and uncompromised. Their safety and privacy is first and foremost.

The following information will provide you with guidance for protecting the privacy and confidentiality of foster children, and give you direction for allowing foster children to utilize the internet safely.

Children age 13 or older who are in foster care may be permitted to use the internet for social networking purposes. They must be appropriately supervised by the foster parent(s) when using the internet on any form of technology that has internet capabilities (e.g. desktop computers, laptops, cell or smartphones, iPods, tablets, hand-held gaming devices, etc.).

DCS Definition of Social Networking

Refers to online communities of individuals who share interests and/or activities, or who are interested in exploring the interests and activities of others. This may include but is not limited to Instagram, Facebook, Twitter, and LinkedIn.

On Their Social Networking Page Or Yours

Children under the care and supervision of DCS who have been removed from their parent, guardian, or custodian may not be pictured, described and/or identified in public/mass media for any purpose without the consent of DCS. DCS will consent only if all of the following apply:

1. DCS has determined that such exposure will not be harmful to the child and will not result in exploitation of the child;
2. The child's parent(s), guardian, or custodian(s) have signed a release;
3. If age 13 or older, the child has given written permission; and
4. The resource parents agree to utilize privacy settings to restrict the general public from viewing their profiles or internet sites.

17b. Supervision Guidance

Supervisory techniques to use when children will be using the internet include but are not limited to:

1. Utilizing the Child Family Team Meeting (CFTM) process to address social networking and internet usage with the team;
2. Checking the history of the websites viewed;
3. Using parental control tools (individual internet service providers can provide guidance in this area);
4. Keeping the computer in a common or public area of the home;
5. Educating children and caregivers about not posting or sharing personal information about themselves online, as well as the consequences of doing so;
6. Prohibiting the posting of pictures with identifying information of children online (i.e. names on jerseys, school information, letterman's jackets, location);
7. Informing children to advise his or her FCM or resource parent if someone makes any kind of contact with them that is sexual, unsolicited or threatening; and
8. Emphasizing no tolerance for any type of cyberbullying. Refers to the use of information and communication technologies to support deliberate, repeated, and hostile behavior by an individual or group that is intended to harm others.

17c. Photography, Publications, and Media Production

Children who are under the care and custody of the State are never allowed to be photographed, video or audio recorded for public viewing/review without the explicit and specific approval of DCS. Family photographs and video are acceptable. However, digital media should be placed online with caution and restriction to public access.

- On the occasion where this happens incidentally, please notify your Foster Care Case Manager immediately (i.e., your child/youth is in a public area where the news media is photographing or videoing a news event, sports event, etc. and the child/youth is recorded.)
- If your child is presenting in a play or presentation that is being recorded for replay outside of the event (like school or church plays), DCS will need to be contacted for approval.

DCS Definition of Public Mass Media

Refers collectively to all media technologies, including the internet, television, newspapers, YouTube, and the radio which are used for mass communications.

18.

Travel Expense & Mileage Reimbursement

Your foster care per diem includes pre-payment for travel up to 5.3 miles a day or approximately 162 miles per month.

Foster parents may receive an additional amount for properly claimed travel expenses incurred on behalf of a child placed in the foster home if the foster parent travels more than the collective monthly total of pre-paid miles (calculated at 5.3 miles per day x number of days of a particular month).

Travel must be for the below purposes:

1. Travel between the home and school in which the child was enrolled in prior to placement and continues to be enrolled in while residing in the foster home, when the school does not and is not legally required to provide transportation under applicable Indiana law.
2. Travel to and from the following types of health related appointments:
 - a. Doctor (primary care physician and any specialists)
 - b. Dentist (including orthodontist)
 - c. Health clinic
 - d. Hospital/emergency room (including foster parent visits during child inpatient episodes)
 - e. Occupational and physical therapists
 - f. Behavioral health counselor and therapist
3. Travel to and from the following types of case activities:
 - a. Administrative case reviews
 - b. Judicial reviews (court appearances)
 - c. Case conferences
 - d. Child and family team meetings
 - e. Foster parent training sessions
 - f. Parent and/or sibling visits (including visits to other relatives that are authorized by the department and are a part the child's case plan) and visits to facilitate the transition to another placement
4. Travel to and from Head Start (if transportation is not provided by the school, summer school (if transportation is not provided by the school), pre-school (this does not include use as daycare), summer camps (if not for daycare), and required school extracurricular activities.
5. For youth 16 years and older, travel to and from employment for the youth or job searching for the youth.
6. Other travel that is extraordinary and has been approved by the local office director in writing prior to the travel taking place (e.g. out of state travel for an educational enrichment program for the child).

Travel must be consistent with the child's individual case plan or a court order to be claimable. The foster parent will claim excessive mileage reimbursement by submitting their invoice through Children's Bureau.

To claim excessive mileage benefit, please complete the following steps:

Submitting Your Claim:

1. Complete [State Form 54836 Foster Parent Travel Invoice](#) either by hand, or online. Make sure to keep a copy for your records.
2. Submit the form to Children's Bureau no later than the 15th of the following month claimed. The form will be submitted to DCS with Children's Bureau's monthly invoice. Once the reimbursement payment is received by Children's Bureau, the funds will be released with the foster family per diem payment.
 - a. Forms should be submitted directly to Holly McFadden by mail, fax, or scanned/ attached to an [email](#).

Important Points:

- All travel must be completed on the form (even the pre-paid miles up to +/- 162 miles prior to reimbursable mileage).
- Mileage must be invoiced for **only one month at a time**, and must be submitted **by the 15th of the following month in order for DCS to accept the expense**. DCS will not accept claims older than 60 days. In order to submit your invoices in a timely manner, Children's Bureau will need to receive your forms by the 15th of the following month. Example: Mileage claim for the Month of June must be turned in by July 15th.
- The online version of the form will auto-calculate the pre-paid miles, exceeding miles, and payment amount.
- Auto-calculation of the travel invoice only works correctly if you can fit all mileage on no more than 6 forms. Otherwise, you will need to handwrite the form (if you need 7 or more forms to calculate all your miles).
- You must list all children you are claiming travel payment for on the same document. **Do not use separate forms for each child.**
- Reimbursement will be included with per diem payment, once it is received by Children's Bureau from DCS.

19.

Visitation Orders / Requirements

Children's Bureau believes that contact with biological family members should be encouraged whenever possible. It is the foster parents' and Foster Care Case Manager's responsibility to ensure that family contact occurs according to the guidelines set forth in the child's case plan (this plan becomes part of the Juvenile Court Order).

Foster parents are expected to transport the child to and from visitation. The FCCM or Visit Coordinator will facilitate visits between the child and family members. Best efforts will be made to arrange the visitations during a time and location that will accommodate the schedules and convenience of FCCM, visitation coordinator, foster parents, kids, school, biological family, extracurricular activities, and perhaps even other foster families if siblings are separated. Coordination of visits is challenging and all factors may not be able to be fully accommodated.

Please be patient and cooperative with your team when scheduling the visitation appointment.

Foster parents are not required to have visitation in their own home or to be placed in any situation that could be perceived as unsafe for either the foster family or child, but any appropriate interaction between the child's family and the foster family is strongly encouraged.

20.

Foster Parent Liability Insurance

Foster parent liability insurance is provided by DCS to all licensed foster parents and is administered through Arthur Gallagher/Foster Parent Professionals. DCS will seek to auto-enroll foster parents into the policy coverage when an initial placement occurs into a foster home. When this occurs, foster parents should receive a letter from DCS confirming their enrollment. If you would like to enroll prior to your first placement, you may do so at any time by emailing DCSInsurance@dcs.in.gov.

The policy potentially covers personal property damage caused by a foster child during their time in a foster home. The policy may also cover injuries or property damage to others' property that are accidental. Finally, the program also potentially covers legal defense costs for foster parents who face legal action by third parties resulting from their role as foster parents or the conduct of their foster children. Reimbursement under the policy would occur only after denial or partial coverage occurs under a personal insurance claim (i.e. homeowner's or auto policy coverage) and after a \$250 deductible is met by the foster parent.

In the event of a potential claim, foster parents must first have submitted a claim to their personal insurance and received a denial or only partial reimbursement prior to utilizing this insurance. To report a potential claim, foster parents will need to have as much information about the claim as possible. Using the designated claim form, which can be found on the DCS [foster care website](#), foster parents will need to [provide information](#) including when the event happened, what happened, who caused the damage, and the estimated replacement/repair costs. These items and any other information believed to be relevant can be faxed to 1-814-269-4334 or emailed to fpp@floodcity.net. You may also call 1-800-841-5161 to speak to a representative to provide this information and to start your claim.

Further questions about this program, including how to enroll or to receive verification of enrollment, can be directed to the DCS Insurance Program at DCSInsurance@dcs.in.gov.

21.

School Enrollment & Education

When a child is placed in a foster home through Children's Bureau, it is the responsibility of the foster parent to enroll the child in school. The parent is expected to act as they would if the child were their own. Foster parents should attend all school conferences or meetings regarding the child's progress. Foster parents are also responsible for making sure the child's grade cards are signed and returned to the appropriate location. **Copies of grade cards are to be provided to the Foster Care Case Manager**, who will place the information in the child's file.

Many foster children receive special education services. If a child has been designated as needing special education services, the child will be provided with an IEP (Individualized Education Plan). This IEP determines what type of program will best serve the child. The IEP can also determine which school a child can attend by assessing what programs are available. If a school does not have an appropriate program for the child, the child must be enrolled in a school where the program is available. Your FCCM and the enrolling school will help you determine if the child has an IEP during the enrollment process. This information may already be available at placement and prior to enrollment.

If foster parents have difficulties with enrolling a child, or have problems with a school after a child is enrolled, Children's Bureau's clinical staff will assist the family and facilitate a resolution with the school.

22.

Special Occasion Allowance

Special Occasion Allowance is provided to assist with reimbursing the cost of a foster child's birthday and holiday gifts, service or item associated with the special occasion.

Examples of items eligible for reimbursement include, but are not limited to: Party supplies or food, educational classes or materials, sports or team fees, beauty salon or spa services, amusement or theme park admissions, memberships or subscriptions, concert or program tickets, toys, video games or other electronics, clothing, jewelry, sporting equipment.

The allowance provides up to \$50 reimbursement for birthdays, and a second \$50 reimbursement for December holidays.

The child must be in the foster parent's care on the day of their birthday for the foster parent to seek reimbursement. The child must be in the foster parent's care on December 25th for the foster parent to seek reimbursement for the holiday.

Submitting Your Claim for Special Occasion Allowance:

1. The allowance may be claimed after the day of the occasion (birthday and/or December 25th).
2. Receipts must be submitted to Children's Bureau for reimbursement. The Foster Care Director will complete the claim and attach your receipts. **Make sure to keep copies for your records!** The form will then be submitted to DCS with Children's Bureau's monthly invoice.
3. Submit the receipts to Children's Bureau **no later than 14 calendar days** from the purchase. Once the reimbursement payment is received by Children's Bureau, the funds will be released to the foster family.
4. Receipts must be itemized and include date of purchase and method of payment (receipts that only show ordered or invoiced will not be allowed). If the receipt includes gifts for more than one child they must be labeled to identify which gift belongs to which child.
5. Receipts should be submitted directly to Holly McFadden by scanning/ attaching to an email to hmcfadden@childrensbureau.org.

IMPORTANT INFORMATION:

Do not submit your claims forms and/or any receipts to your FCCM or other in-home worker, licensing worker, or therapist. You must provide them to Holly McFadden by mail, hand delivery to the office, or email attachment.

All claims and receipts should be provided to Children's Bureau within 14 calendar days following the purchase or service. Receipts provided after 14 days may be rejected or denied.

Holly McFadden
Children's Bureau, Inc.
Family Connection Center
3610 N. Meridian Street
Indianapolis, IN 46208
TEL: (855) 677-5437
FAX: (317) 986-6648
EMAIL: hmcfadden@childrensbureau.org

23.

Personal Allowance

Once a child/youth has been placed for a minimum of eight (8) days, reimbursement is available for personal items for the child. The total annual reimbursement allotment for each child/youth is \$300 and may be broken into increments as needed for separate items. Whatever items are purchased with this allowance belong to the child and will remain in the child's possession when the child departs placement from the foster home.

Examples of items that fall within the personal allowance include but are not limited to: Prom dress or other special occasion clothing, class rings, school pictures, other school-related events/fees, equipment and fees associated with extracurricular activities (including activities for young children), tutoring, summer school, and electronic devices.

Submitting the Claim for Personal Allowance:

Before purchasing items to be reimbursed with the personal allowance, you must follow these procedures:

1. **Prior authorization is required.** You must provide information regarding the item to be purchased and estimated cost (with tax) to your assigned Foster Care Case Manager (through Children's Bureau), who will then request the pre-authorization from DCS. We recommend you email this information. Please plan in advance as approval may take some time.
2. The request for funds must then be **pre-approved** by DCS in writing (email is preferred); this will be completed by the FCCM. Save this written approval as it will be needed later when you submit the receipts for reimbursement.
3. Once the expenditure reimbursement is approved by DCS, you will be notified to purchase the item(s).

4. Once the item/service has been purchased, receipts must be submitted with a copy of the written authorization to Children's Bureau (Holly McFadden, hmcfadden@childrensbureau.org) for reimbursement (scanned copies by email are acceptable). **Make sure you keep copies for your records!**
5. Receipt must be itemized and include date of purchase and method paid (receipts that only show ordered or invoiced will not be allowed). If the receipt includes gifts for more than one child they must be labeled to identify which gift belongs to which child.

IMPORTANT INFORMATION:

You may submit the receipt to your Children's Bureau FCCM, or to Holly McFadden via email (hmcfadden@childrensbureau.org). Do not give the receipt to DCS as Children's Bureau provides the reimbursement.

All claims and receipts should be provided to Children's Bureau within 14 days of purchase. Receipts received after 14 days may be denied or rejected.

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24.

Information About Little Critters

Topics covered in this section:

24a. Head Lice

24b. Bed Bugs

24c. Scabies

24a. Head Lice

Head lice are the second most common condition among children -- second only to the common cold. Anyone can get head lice, but they are most common in school-aged children because of their close contact with each other at school. Lice infestations are not due to poor hygiene.

We understand that dealing with head lice is not very pleasant. However, as a foster parent, it is your responsibility to ensure the proper treatment of any child placed in your home, just as if they had a cold or other illness. You may even need to rely on instruction from the child's primary care physician.

To learn more about head lice, how they are transmitted, and most importantly, how to treat and eliminate them, we recommend the following resources:

<https://kidshealth.org/en/parents/head-lice.html>

<https://www.webmd.com/skin-problems-and-treatments/skin-conditions-lice>

<https://www.webmd.com/children/features/what-do-when-your-child-has-head-lice#1>

24b. Bed Bugs

Bed bugs are a nuisance, to be sure, but they are preventable -- and thankfully, they do not transmit human disease. They like to hide in small crevices and tight spaces, which makes them harder to detect. And because bed bugs can travel from place to place on suitcases, clothes, and furniture, infestations have become quite common.

If you have, or suspect you have, a bed bug infestation, we suggest contacting a pest control professional or your property manager.

To learn more about bed bugs, how to prevent them, and what to do if you suspect you have a bed bug infestation, we recommend the following resources:

<https://kidshealth.org/en/parents/bedbugs.html>

<https://www.webmd.com/skin-problems-and-treatments/guide/bedbugs-infestation#1>

24c. Scabies

Scabies is an itchy skin condition caused by tiny burrowing mites. Scabies can spread quickly through close physical contact, so doctors often recommend treatment for entire families or contact groups to eliminate the mite. This skin condition is easily treated with topical medication. Your primary care physician will be able to diagnose and properly treat scabies.

To learn more about scabies, how it's treated, and how to prevent a recurrence, we recommend the following resources:

<https://kidshealth.org/en/parents/scabies.html>

<https://www.mayoclinic.org/diseases-conditions/scabies/symptoms-causes/syc-20377378>

