

Chapter 3 - Stages of Development & Normalcy

Child Development and Interaction with children

Ages & Stages

Children go through distinct periods of development as they move from infants to young adults. During each of these stages multiple changes in the development of the brain are taking place. What occurs and approximately when these developments take place are genetically determined. However, environmental circumstances and exchanges with key individuals within that environment have significant influence on how each child benefits from each developmental event.

Ages and Stages is a term used to broadly outline key periods in the human development timeline. During each stage growth and development occur in the primary developmental domains including physical, intellectual, language and social – emotional. Our goal is to help parents understand what is taking place in their child's brain and body during each period with the hope that they will be able to provide the necessary support, encouragement, structure and interventions to enable a child to progress through each stage as easily and successfully as possible based on each child's unique set of traits and interests.

Infants/Babies (0 – 2 years)

Raising a baby, especially for the first time, is both exciting and challenging. This is a time for developing the bonds that will last a lifetime providing the child with the inner resources to develop self-esteem and the ability to relate positively with others. It is also the time for parents to begin to discover who this new person really is. Each child is unique and it is imperative that parents learn to understand, respect, support and encourage the unique characteristics and abilities of each child.

Infancy is a period of very rapid physical growth. During the first six months of life, infants have been observed to gain as much as half-inch in 24 hours and one full inch within a week's time. Infant's legs and arms grow more rapidly than their heads and torso. Although growth slows during the second half of their first year, infant's length typically increases by 50 percent during their first year of life. By the end of the first year growth slows to approximately 10 percent a year. By the end of the second year most children have increased their birth height by 75 percent. Between ages two and seven children typically grow between three and half inches in height per year. During the first year the typically infant's weight will triple. Weight gain slows after age one. By the end of the second year most children weight four times the birth weight.

Most children walk between 11 and 16 months of age. Some walk alone as early as 9 months of age while others wait until 18 months of age. Never urge infants to walk. When infant's muscles and balance are sufficiently developed you won't be able to stop them from walking.

Toddlers/Preschoolers (2 – 5 years)

When a child takes the first step on his or her own, a new phase in development begins. At this stage child are now free to roam around their world. It is a time for active exploration of their environment. Language development takes major leaps which leads to learning the names of objects of interest, the ability to ask for things and as they discover their independent nature, yes, they develop the ability to say “NO!”.

During this developmental stage, a major challenge is developing what psychologists call emotional regulation. “Meltdowns” are common during this period but parents can use the bond developed during infancy to help the child learn to modulate their emotional expression and begin to grasp the difficult concept of delay of gratification. While they instinctively seem to be able to say “NO” toddlers also need help in learning how to accept “No” from others.

This is also a stage of rapid physical and intellectual development preparing these children for starting school which includes interacting cooperatively with peers while at the same time being able to compete physically and intellectually. A child’s parent is in the position to be a coach providing just the right combination of encouragement, support and guidance. Parents also need to serve as primary teacher for the mastery of basic learning skills and encourage active discussion and experimentation of new concepts and skills.

By age three most child have fairly good control of their bodies and have some degree of skill in most of the fundamental motor skills such as running, jumping, hopping, skipping, throwing, catching movements. However, the performance of these movements generally does not reach mature level until between ages five to five years of age.

Children differ when they are ready for toilet training. Toilet training should not begin until a child (1) can control bladder and bowel functions (2) can recognize the need to urinate or defecate (3) show an interest in being dry and using the potty (4) can manage their own clothing (5) can give clearly signals to the caregiver or walk to the potty unassisted and (6) can sit themselves on the potty unassisted. This combination of factors occurs at different ages in different children. The nerves and muscles that control the bowel and bladder functions do not mature until 12 to 24 months of age. Never attempt to toilet train a child before all the signs of readiness are present.

Toddlers need to be listened to and taken seriously the first time they speak. Failure to be heard often result in whining. Whining reflects the child’s high level of frustration. Toddlers quickly learn that whining gets the adults attention quickly when nothing else works. Failure to listen to toddlers teaches them that you do not consider what they are saying to be important. It also teaches them that you don’t expect them to listen to you the first time you speak.

School Age Children (6 – 12 years)

Raising school age children can be awesome. Watching them try new activities, cheering them on at athletic events and applauding their accomplishments at recitals are usually some of the high points for most parents. However, achieving success is often preceded with frustration

and sometimes learning to accept one weaknesses as well as celebrating and building on strengths. When well equipped parents can be excellent coaches for their child no matter what the endeavor.

While toddlers and preschoolers need constant supervision, school age children become gradually ready for more independence. However, learning to make good choices and exercise self-discipline does not come easily for many. Parents need to impart a moral code that the child gradually internalizes. As children struggle with these important tasks parents must be able to provide praise and encouragement for achievement but parents must also be able to allow them to sometimes experience the natural consequences for their behavior or provide logical consequences to help them learn from mistakes.

Adolescents/Teenagers (13 – 18 years)

There is no doubt that for most families, the teen years present a challenge for both parents and children.

Middle School is not fondly remembered by most who attend. It is often fraught with scary body changes, bullying by peers and a new surge for independence. This leads to passive-aggressive behavior (“I’ll do it in a minute”), self-consciousness (“What are you staring at?”) and self-doubt (“I’m not good at anything.”) and/or over-confidence (“Well, I thought I could do that.”) and of course moodiness (“Leave me alone.”).

High School is usually better for most. It is a time to really begin defining one’s self and realistically contemplating the future. Skill development is accelerated to prepare for college or job training programs. Talents are perfected. Social skills are honed and relationships take on more of a serious nature. Peer pressure is at its max and in today’s teen society there are more tempting sidetracks than ever.

During adolescence, kids need their parents more than ever. Research shows that a positive family environment including fun family activities, open parent-child communication and the encouragement to participate in positive extracurricular and community activities, teens are able to navigate these years with relative ease.

The Caregiver’s role

Adults have a responsibility to help young children develop their motor skills to the very best level that is possible for each individual child. Physical maturation of the brain and body systems makes motor development possible. Children’s motor skills will develop at some minimal performance level as they grow up. To reach the highest potential, young children need adult guidance and instructions along with ample indoor and outdoor space, uninterrupted time and opportunities for lots of practice.

Research studies have found that by itself instruction in motor skills is not effective in improving children’s basic motor skills. Only practice has been found to be effective in achieving this goal. Young children need many challenges and opportunities to practice motor skill. Through practice children develop and perfect new movement. Through practice children also learn to integrate separate skills that they already know into new sequences so that they can perform new activities.

Children need freedom to achieve success in physical pursuits on their own. Allow children to do things by themselves and for themselves as much as possible. Adults who step into physically assist young children with various motor skills, even to pick up children after they fall deprive children of opportunities to improve their motor skills and gain confidence in their own abilities. To achieve their highest possible level of motor development, children need both free play and guided movement activities.

How Children Learn

At all stages of cognitive development, young children learn by doing, They construct their own knowledge through their own hands-on self-directed exploration and through interaction with material. Young children learn best when they are able to set their own learning priorities. The best way for young children should be a time of active learning. Children need to experience joy and satisfying their nature curiosity in ways that they choose. They need opportunities to follow their own interest and try many new things on their own without fear or failure. They need to make mistakes so they can learn from their actions. Children need to learn that making mistakes is a natural part of doing and learning.

Children can learn what a dog looks like at a picture in a book but they will develop a much more complete and accurate concept of what a dog is by seeing, watching and hearing a real dog. Because children develop their abilities to think and understand by physically handling object and using their own sense to explore. Spontaneous, self-paced, children-controlled play provides the ideal environment for children 's learning. Each individual child is the best judge of what that child is ready to learn at any given time. The unstructured nature of play in an environment that provides many choices of activities allows each child progress according to the child's individual need and time frame.

Symbolic play such as pretending to drive a car or rock a baby begins to emerge after about one year of age. Toddler's experience with cause and effect provide many new themes for their pretend play. Symbolic play involved the use of objects that represent something else. School age children's symbolic play typically becomes less spontaneous and more organized and reality based, yet school age children can have lots of fun with dramatic play and should be encouraged to plan and produce dramatizations of stories they read as well as write themselves. Remember that the process is more important than the product.

Activities

After-school and weekend activities for children can build self-esteem, skills, friendships and a sense of belonging. Interacting in a shared endeavor with other children can be especially rewarding.

Activities that are helpful for children that have ADHD are:

Drama: Drama activities naturally model behavior and offer students affected by AD/HD the chance to learn social skills and examine new ideas in a controlled, predictable (scripted) setting. Drama offers the chance to shine individually and still work with others in creating a performance.

Industrial arts or technology: Many students affected by AD/HD find the chance to build something appealing. Students who may have trouble with abstract concepts can grasp, literally, new ideas and fine motor skills when they work with their hands. They have the opportunity to be loud and pound, drill or mold with clay in a supervised setting.

Photography: Not everyone sees the world in the same way. For students with AD/HD, learning to take pictures of how they view the world can be a liberating experience. From the skills of handling the camera to computer imaging or physical film processing and photo printing, a young person gains confidence, attentive skills and the chance to share what they see with those around them.

Sports: Many young people affected by AD/HD have found a good mix of excitement and action in various school sports. They meet new friends and work within a structured system with personal opportunities to succeed and the common goal of winning.

Activities that are helpful for children that have Asperger Syndrome are:

Drama classes: Kids learn to read social cues, work collaboratively, have meaningful conversations and make friends. Creativity is encouraged.

Etiquette classes: Kids not only learn the rules of social behavior; they gain an understanding of their importance. It's not just mom telling them how to behave, it's an expert.

Hippotherapy: Kids on the autism spectrum sometimes have sensory and sensory integration issues. Moving with a horse can help them understand where their bodies are in space, aiding coordination.

Library clubs: The library can be a safe haven for a kid who's quirky. Librarians are often understanding. Some libraries have video game clubs or other specialized clubs that can appeal to special interests.

Robotics and Lego clubs: Many kids on the autism spectrum like to build and put things together. Clubs require teamwork to solve problems.

Scouting: Many kids with Asperger syndrome like the badges and awards, the structure of a hierarchy, of going from level to level. Expectations are clear. Participation in group projects and camping builds social skills.

Sports challenger teams: Some local recreation departments or organizations offer sports teams, such as soccer or T-ball for kids who have disabilities. It's a way to be on a team for a child who processes slowly.

Activities that are helpful for children that have Communications Disorders are:

Community service projects: Activities involving simple repetitive tasks such as food drives or packing school supplies for needy families teach the value of serving others while building friendships and practicing skills such as categorization, following directions, sequencing and describing.

Cooking classes: Tasks involving simple menus and group dining facilitate social skills and can be assigned based on ability levels. They help students learn new vocabulary, describe, sequence and interact with others on more focused topics.

Groups that focus on making a product: Students learn to organize, sequence and focus.

Pet care and animal groups: Students can engage with others, minimize stress, and demonstrate expertise.

Recycling groups: Members collect and prepare materials to be sent to a recycling center, teaching the value of community service, interacting with new people, building friendships, following directions and vocabulary.

Sign language club: Students engage with one another while learning a skill, focus, and following directions. This is especially good for children with communication disorders related to hearing loss.

Activities that are helpful for children that have Intellectual and Developmental Disabilities are

After-school sports programs for physically disabled or visually impaired youth are developing through the efforts of organizations including American Association of Adapted Sports Programs (AAASP), www.aaasp.org.

Adaptive recreation classes and sports such as basketball, baseball, softball, bowling, and tennis are offered in many cities. Contact your local parks and recreation department about adaptive recreation options.

Specialized programs and summer camps specific to children with disabilities such as diabetes, cancer, burns, autism, developmental disabilities and spinal cord injuries.

The overall goals of normalcy are to:

- Provide the youth with normal life experiences
- Empower the caregiver to encourage youth to engage in extracurricular activities that promote well-being.
- Allow for reasonable parenting decisions to be made by foster parent.
- Respect the right of all the youth.

Interacting with Children

Each child wants to be happy, to be loved to belong and to feel secure. To feel secure a child needs

Courage – “I will give it a try.”

Confidence – “I can do it.”

Optimism – “Things will be OK.”

As a caregiver you want the child in your care do well. You can reach this goals by helping them feel happy and secure. Your attitude toward a child and the way you treat the child makes a big difference in how happy and secure they are and how well they will do in your home. You are not the only influence on the child in your care, but you have a very great influence on them even at times when they do not realize it.

Children are great imitators. They mimic what they see others so and repeat what they hear others say. When young children say words that shock you, you can be sure they have heard these words from someone. Children also imitate the attitudes of adults. This is true toward things and attitudes toward people. It is especially true of children ‘s attitudes toward themselves. Children’s sense of self, their self-image is built largely on information they get from people around them. The child who is told “you are bad” or “you are mean” will begin to feel that way and then begin to feel unloved. Nicknames such as crybaby, stupid and fatty all have negative effects on a child’s self-image. Many adults damage a child’s self-concept every day and are usually not even aware of it.

What do Children Need?

Children need to be loved. They need attention. The need to feel that they are important and that they belong. They need a strong sense of security. They need supportive adults who will keep them safe; provide structure, predictability, and limits in their day-today lives; and offer consistent positive guidance. They need opportunities to move about, make noise, explore their world, indulge their curiosity, experiment with new ways of doing things, learn, and feel competent. They need freedom to develop their independence. They need to feel powerful and in control of at least some parts of their lives. They need guidance in developing their own self-control. They need help in understanding and accepting their feelings. They also need help in understanding both the pleasant and the unpleasant aspects.

There are also some things that children don't need. Children don't need criticism, guilt, embarrassment, or hostility. They don't need to be belittled, shamed, ignored, or punished.

Children have a strong instinct to see their own needs are met. In attempting to meet their needs, young children frequently behave in ways that are inappropriate. Their actions are often irritating and obnoxious to adults, but they are not naughty. Children need for adults to understand that often their troublesome behaviors result from their inappropriate strategies to meet their own needs. Children do not misbehave just to ruin your day. Adults who understand children will not think of them as adversaries.

What is Normalcy?

Normalcy is the ability of a child to live as normal a life as possible, including: participating in childhood activities suitable for children of the same age, level of maturity, and developmental level as determined by a reasonable and prudent parent standard; and having normal interaction and experiences within a foster family and participating in foster family activities

Caregivers/Foster parent should allow every child, youth and young adult to have normal life experiences that enrich their lives. The child's surroundings and experiences should reflect a family setting, but when a more structured setting is required, normalcy can be provided in those types of settings as well. These experiences would include home activity, school activity, employment opportunity, exercise and recreation with the freedom to make decisions.

Children, youth and young adults should be allowed to participate in extracurricular activities in school such as proms, yearbook staff, sports (as a spectator or participant), and cheerleading. Social activities such as dating, going to the mall, joining the boy scouts or even having friends over to visit is important for youth to promote a feeling of normalcy. The same activities we arrange for our own children should be considered for every child, youth and young adult in foster care.

For decision-making regarding participation in activities, caseworkers and caregivers should apply a "prudent parent standard" and ask, what information would I require, before I would give my own child permission to engage in an activity? As a parent, we would not require background checks on all individuals 14 years of age or older who live in a home where my child wants to spend the night with a friend. As conservators and caregivers of a child or youth in foster care, we should apply a similar standard in making these decisions.

The foster parent and caseworker should have a discussion about the expectations for allowing the child or youth to participate in age-appropriate activities and should ensure that these are referenced in the service plan (at a level that allows for flexibility yet provides guidance as to which activities a child or youth is ready to participate). When children, youth and young adults participate in these activities it allows them an opportunity to gain skills to become

independent, and learn about making good decisions. DFPS understands that every child will test boundaries and break some rules like missing a curfew. However, with the oversight and guidance of the caregiver this is how the child, youth and young adult can learn about natural consequences of their choices and begin to gain an understanding of making positive choices.

The Department relies on input from children and youth, residential child care operations, foster parents/caregivers, and CPS workers to determine what is in the best interest of each child based on their developmental level, level of supervision required, and needs. These determinations are usually made during the service planning meetings.

Reasonable & Prudent Judgment

The "reasonable and prudent parent standard" is the standard of care that a parent of reasonable judgment, skill, and caution would use to maintain the health, safety, and best interest of the child and encourage the emotional and social growth and development of the child.

The foster parents and the agency must use prudent parent standard when making decision for foster children in their care. If a child is denied to participate in a certain activity the foster parent must document behaviors that would not allow this activity to be safe for that child. The agency when will have to document in the child's chart denial of that activity. The foster parent can no longer just say they do not want that child to participate without documenting it in their reports to the agency. The foster parent cannot use age or a disability as a reason to deny a child to participate in these activities.

First the agency and the foster parent must look at the child maturity level and assess if they are cognitive level. Next the child behavioral history and any safety plans put in place for the child have to be reviewed. The agency and the foster parents next have to assess any surrounding circumstances or hazards if they participate in these activities. The agency has to document these plans to participate in activities in the supervision plan of the child treatment plan.

Below are a few frequently asked questions and responses which apply after the caregiver has considered the prudent parent standard:

Q: Can children spend the night at a friend's house?

Yes. Spending the night at a friend's house can be an exciting experience for a child. The caregiver and CPS worker should discuss whether the child is ready to spend the night away from home, if it is appropriate for the child's developmental level, and assess whether the friend's home meets the "prudent parent standard". In addition, it is important that the child

and caregiver discuss and agree on any expectations for the overnight visit and what to do if they are uncomfortable during their visit.

Q: If a child spends the night at a friend's house, is a background check needed on the friend and their family?

No. A background check is not required if a child spends the night at a friend's house.

Q: If a child wants to have a friend come visit the foster home or spend the night, is a background check required?

No. A background check is not required unless there is reason to believe the child who is visiting has a criminal history. As conservators and caregivers of a child or youth, the prudent "parent standard" should be applied in making these decisions.

Q: Can a child attend church or other activities like go to the movies without supervision?

Yes, but approval all depends on a child's behavior and history of that child. If a child has a history of sexually acting out or has a runaway history then that child might not be approved to do a activity without supervision.

Q: Can a child have a job?

Yes. A part time or full time job can provide important opportunities for youth to apply the skills that they learn in job readiness and vocational training and engage them in learning essential life skills related to the working environment. The caregiver, CPS worker and youth should discuss the youth's readiness for taking on a job and explore various options that allow learning in a workplace. Caregivers should refer youth to the Texas Workforce Solutions offices for assistance in looking for a job.

Q: Can a child participate in extracurricular activities?

Yes. It is encouraged that children participate in extracurricular activities to the extent that the caregiver and CPS worker feel the specific activity is appropriate for the child's developmental level.

Q: Can a child date or attend the prom?

Yes. Caregivers can help youth understand healthy dating practices by assisting with recognizing healthy and unhealthy behavior, developing coping skills for addressing jealousy and anger, recognizing when a relationship may no longer be working, and knowing how to end a

relationship. Prom can feel like a rite of passage for young people and the high school prom is usually the first formal event in the lives of young people. Attending Prom can be both exciting and stress producing but provide an opportunity for youth, caregivers and peers to collaborate in the development of planning for the event and engaging in communicate about logistics, behavior and contingencies.

Q: Can a child take driver's education classes and/or get a license?

Yes. Youth can take driver's education classes and/or get a driver's license, although logistically, it may be difficult given the costs of driver's education, car insurance and a vehicle. To help with cost of the driver's license, caregivers, in collaboration with youth, may receive a driver's license fee waiver through the local Department of Public Safety (DPS) Office. Foster parents should remember that if they are teaching the youth to drive, they should be the only passenger in the vehicle. Caregivers should ensure that youth understand the importance of safe driving behavior and there are many resources for caregivers and teens to access to reinforce the "rules of the road". Finally, caregivers, the youth and the CPS worker should discuss the child's maturity level and consider issues that may need to be considered that may need to be documented in the youth's service plan prior to driving a vehicle.

Q: Can a child ride in a vehicle with an underage friend who has a driver's license?

Yes, however, caregivers must ensure that they have talked to Children and Youth about the importance of safe driving behavior and discussed such issues as using seat belts, not texting while driving, use of alcohol, number of passengers in car, and curfews. The driver may also be assessed for any risks to include, having a valid driver license and having current insurance among other potential risk factors that are considered prudent by the caregiver and CPS worker. DFPS does not require a background check to be completed for a child to ride in a vehicle with a friend.

Q: Can a child have a cell phone?

Yes. However, there is no current policy and/or Minimum Standard that drives a decision to allow or not allow a youth to have a cell phone. When the caregiver and caseworker are considering allowing a youth to have a cell phone, some of the factors to consider include, but are not limited to:

- appropriateness based on the youth's developmental level and maturity,
- the youth's ability to be responsible for a cell phone,

- types of cell phone and functions (calls, texting, web access, picture taking, etc.) that the youth is allowed to utilize,
- determination on payment arrangement, whether by foster parents or by the youth (CPS does not pay for youth cell phones),
- rules regarding the use of cell phone and consequences when rules are violated, and

If the caregiver, caseworker, and youth decide that a cell phone is appropriate, an agreement can be developed and signed by all parties.

Q: Can a child participate in social media and have an account on with social media sites like Facebook, Twitter or Instagram?

Children, youth, and young adults in foster care are permitted to use email and the Internet, including social media sites, with age-appropriate supervision by their caregivers. The individual child, youth, or young adult's age and developmental needs are taken into consideration when establishing guidelines for use. The established guidelines and level of supervision for each method of communication is documented in the child's plan of service. If a child, youth, or young adult in foster care wishes to use the Internet, including social media sites, the caseworker has regular and candid conversations with the child, youth, or young adult to discuss safe and appropriate practices. The caseworker speaks regularly with the caregiver to establish and review expectations, availability, and rules regarding use of the Internet and social media. The child, youth, or young adult must be included in the conversation. The caseworker informs the caregiver and the foster child, youth, or young adult that information posted or shared with others on the Internet or through email is not private. Even with privacy settings, other people may be able to view this information. The caseworker explains that caution should be taken when providing any personal information via email or on the Internet or social networking sites.

Q: Can a child participate in water sports?

Yes, children in care may participate in both swimming activities and watercraft activities. There are minimum standards which provide structure for safety and supervision while children participate in these activities.

Q: Can a child ride a bicycle, all-terrain vehicle (ATV), or motorcycle?

There are no standards prohibiting children from riding a bicycle, though a helmet and appropriate protective clothing are recommended. Use of an all-terrain vehicle (ATV) is considered a higher risk recreational activity; there are minimum standards which provide structure for safety and supervision as well as age restrictions for children to participate in this

Those standards are not intended to limit the safe and appropriate use of utility vehicles, golf carts, riding mowers, etc. There are no standards specific to motorcycles, however the Texas Transportation Code prohibits allowing a child under five years old to ride on a motorcycle, unless seated in a sidecar. Additionally, whenever a child is being transported, the driver and all passengers must follow all federal, state, and local laws when driving, including laws on the use of child passenger safety systems, seat belts, and liability insurance.

Q: Can a child go on hunting trips or participate in other activities that involve firearms, weapons, explosives, projectiles, or toys that explode/shoot (such as BB guns)?

Yes, however there are requirements in Licensing Minimum Standards and CPS Policy. While hunting and other outdoor experiences can be healthy activities for certain young people, the decision to allow the youth to engage in hunting must be considered carefully. The youth's safety and well-being are of primary importance. Therefore, the youth's individual needs and current behavior must be the focal point of the decision making process. For all other children residing in facilities and foster homes, the operation must determine that it is appropriate for a specific child to use firearms, weapons, explosives, projectiles, or toys that explode/shoot. If a child is in the conservatorship of Child Protective Services (CPS), additional requirements apply. Before CPS approves the use of firearms for hunting:

the child must be at least 12 years old;

- the child must complete the Texas Hunter Education course facilitated by the Texas Parks and Wildlife Department;
- the child must purchase a hunting license;
- the CPS caseworker, CPS Supervisor, and CPS Program Director must grant permission for the activity; and
- the adult accompanying the child must sign Form 1704 "Acknowledgement of Hunting Supervision Responsibility for Youth in DFPS Conservatorship", which is a statement acknowledging his or her responsibility in supervising the child. The signed Form 1704 "Acknowledgement of Hunting Supervision Responsibility for Youth in DFPS Conservatorship" must be filed in the child's record. The CPS caseworker grants permission for the activity based on the child's history and behaviors and based on the recommendations of the caregiver after discussions with the child/youth (if appropriate). The child's biological parents are consulted if parental rights have not been terminated and the parents can be located with reasonable efforts.

Respect Each Child

Show children at all times that you respect and value them as unique individuals—that you respect and value their individual racial, ethnic, and cultural heritages. This will help each child develop a positive self-image.

Show respect

- In the tone of voice, you use with the children,
- In the words you say,
- By really listening when they speak to you,
- By getting down on their eye level,
- By responding honestly and positively when they ask questions.

Notice Each Child

Children need attention. They need to be noticed. They need for the people around them to know that they are there and to believe that they are important. Children view themselves as they believe others view them. If the people in Johnny's life let him know that he is important to them, Johnny will believe that he is worth-while. If no one ever notices Johnny or speaks to him, he will begin to believe that he is not important or worth noticing. Children react to a lack of attention in two basic ways. Some children withdraw and become very shy. "If no one thinks I'm important, I must not be worth noticing," they seem to say. Other children become noisy and demanding. "I'm here; notice me; help me feel like I am a worthwhile person," they seem to say. Give children positive attention before they demand it. "You colored big red circles, Dan!" "I see your new shoes, Kathy." "Jerry has a bright balloon on his shirt today." "That's a tall tower you made with the blocks, Ann." Interact with the children. Smile and welcome each one as they arrive each day. Talk with children and listen to them. Laugh with them. Show children how to do things, and take time to let them practice. Have time for children. Avoid the habit of saying, "Just a minute....." Suppose you are preparing the morning snack and a child ask you to read a story. Resist the urge to reply, "Go play. I'm busy now." Instead, explain why you can't immediately honor this specific request and talk about what you are doing. "I can't read just now because I'm cutting apples for our snack. But I'll read the story to you while you're having your snack." Then show the child the apple you are cutting and say, "Look at the inside of apple. See the star? See how the seeds grow?" Be flexible and willing to change your plans to meet children's own needs.

Avoid responses such as, "You can tell us about the zoo some other time. It's time for our story now." Or "Be quiet, I'm reading you a story." Such responses tell children that you don't consider their needs or their point of view to be important. Give children positive feedback frequently. Don't wait for a major accomplishment to give positive feedback. And don't limit positive feedback to success in following instructions. Acknowledge children's efforts. Recognize what they are doing. "What a tall tower you're building!" "Your trucks are going very fast." "Does the bear like his dinner?" Tell them often how glad you are that you can spend your day with them. Be generous with hugs and pats and winks.

For the Shy Child

Shy children need recognition just as much as more outgoing children. However, you must be sensitive to the special needs of shy child. Begin with quiet recognition – a smile, a wink, a nod, a pat. Speak quietly to the shy child. For example, as a shy child which book she'd like to hear read in a one-to-one conversation before story time rather than in front of the group. Don't call attention to a shy child until the child is comfortable in the group. Never shame a child for being shy. **Avoid** harmful comments such as "You're too big to be shy" or "I'll be glad when you get over this shyness." Shy children need to know that they can trust you not embarrass them. Give the shy child useful tasks that are easily done and that are sure to bring success, such as arranging flowers in a vase, straightening books on a shelf, finding a certain piece of equipment in a drawer or box.

New Children

Make friends with new children at their own pace. Smile and look the child in the eye. If the child doesn't smile back after a short while, say something like, "I'll bet you have a smile somewhere. I'd sure like for you to show it to me." Words similar to these, said with a smile on your own face and a twinkle in your eye, can almost always bring a smile to a child's face. Never rush a child who is slow to make friends. Show genuine interest in the child and respect for the child, and he or she will respect you also. Stay with a new child as long as you are needed so that he or she doesn't feel abandoned. Protect new children from unhappy situations, such as another child's pushing them. Later on, new children can take care of themselves. But at first it is very important that they know and trust that someone is able to look after them in the new place.

Encourage Children to Enjoy Each Other

You can help the children enjoy each other by focusing the group's attention on each child's positive characteristics. This is different than focusing on accomplishments.

- "When Mary smiles, I feel happy, too."
- "Tom, that is very nice of you to help Sam pick up the puzzle."
- "Thank you for holding the door open for everyone, Jane."
- "Isn't it kind of Sally to share her book with all of us?"
- "Jim, we all enjoyed the pretty flowers you brought today."

Statements such as these help the children to feel good about themselves. Such statements also help the group to appreciate the individual children.

Encourage Independence

Allow children opportunities to be independent. This means letting them make decisions on their own. It also means not shaming or ridiculing them if their decisions turn out to be mistakes. Provide a supportive atmosphere in which each can grow as an individual. The children should feel free to try new things – to test their abilities and ideas. Never do for children what they can do for themselves. Don't underestimate what children can do. Give

them chances to take responsibility. This gives them opportunities to learn and grow. Show the children that you have faith in their abilities to make decisions and do things. Your confidence in them will help them have confidence in themselves. Children can only learn to take responsibility if they are allowed to do so by the adults who care for them.

- If you always do things for the children, they learn that they do not have to do things for themselves. They have you to do things for them.
- If you always remind the children of things, they learn that they do not have to remember. They have you to remember for them.

Allowing children to experience what happens when they forget teaches them a lot more than reminding them a thousand times.

Help children set Personal Goals

Give the children opportunities to challenge their skills and succeed in reaching new goals. This will increase their feelings of competence, of “yes, I can be successful!” Never compare one child’s performance with any other child’s, and never foster competition among the children. A child’s performance should only be compared with how well she did in the past, and each child should only compete with himself or herself. Competition among children breeds anxiety. Children are faced with competition soon enough; allow them a few years to develop a positive self-image before they must deal with it. Children’s goals should be based on their present abilities. Their goals should be realistic. As you help each child set personal goals, think “What can this child reasonably expect to achieve?” Don’t expect a child to move ahead too fast. Success will be easier to achieve if each new goal is a small step beyond the child’s present abilities.

Acknowledge Children’s Efforts

For young children, the process is more important than the outcome. Show appreciation for children’s efforts. Children are encouraged by statements such as “Tying your shoes is very hard. It takes a lot of practice.” Show confidence in a child’s ability to learn by letting him make his own mistakes and learn from them. Never take a job out of a child’s hands to do it for him.

Recognize and Acknowledge Children’s Accomplishments

Children feel a lot of joy when they learn new skills. It is fun to grow and learn and do new things. The success of accomplishing a new goal is its own reward. It is very important that you share children’s joy in their accomplishments. Your happy reaction to a child’s success is best reward you can offer. Sincere compliments that refer to specific actions and place value on effort or a job well done encourage children. “Hurrah, May! You tied your shoes all by yourself!” is a helpful response. Avoid gushy, overstated praise. This overwhelms children.

Avoid Statements that Evaluate the Child

Also avoid statements such as “You’re a good girl/boy” that place values on the child’s ability to satisfy vague, externally defined, authoritarian standards. This sort of praise is not effective encouragement. If children are evaluated as a “good” and acceptable person in one instance,

they can be evaluated as a “bad,” unacceptable person in another. Children tend to see “good” as an all or nothing evaluation.

Help Children Accept their Feelings

Help children understand that their feelings are a natural and important part of them. Talk with children about their feelings. Children enjoy feelings of love and happiness and success. They need chances to talk about these feelings and share them with adults and with other children. Children also feel sorrow, anger, fear, and hate. Some of these feelings frighten children. Children need to talk about all their feelings. They also need guidance in learning to express their feelings in acceptable ways. Be open and honest about your own feelings. Let the children see that you can exercise self-control in the ways you express your feelings. Children who can accept their feelings honestly are better able to develop self-control and a positive self-image.

Have Positive Expectations.

If your words, your actions, and your attitude show the children that you believe in them and that you expect them to cooperate, chances are they will cooperate. Children learn to expect of themselves the same things that you expect of them.

Have Realistic Expectations

Children need caregivers who understand what they are capable of and what behaviors and actions are capable of and what behaviors and actions are normal for their developmental stage. Children need caregivers whose expectations of them reasonable. Scolding or punishing children for actions that are quite natural for their age can seriously damage their self-esteem.

Have Good Reasons for your Request

Have a good reason for what you ask the children to do. Share your reason with the children “Because I say so” invites resistance. It also doesn’t show respect for the children. “It’s time to go in now because I must fix lunch.” “We’re going to have to go in now I just felt a raindrop on my face!” These requests give a clear reason and assumes that they will react reasonably. Each request invites their cooperation in a situation that they can understand.

Provide Choices for Children

Giving children a chance to choose what they want to do gives them a sense of power and control. This will build the children’s self-confidence and encourage cooperation. Give children a choice **only** when you intend to accept the children’s answer! Make the choices **simple** and **clear**. “Do you want to walk or skip to the park?” “Shall I read or sing to you today as you start your nap?”

Give Clear, Positive Directions

Use Clear, Short sentence. “Ride the tricycle on the sidewalk.” Begin your statement with the action word you want done. “Hold tight with both hands when you climb.” Make sure children understand exactly what you expect. “These toys (show the children which ones) are for the

sandbox.” “Keep these toys (show which ones out of the sand.” Use gestures to help children understand. “You may ride as far as that yellow house (point to the house.)

Give one instruction at a time.

The following is very confusing to children: “Put the blocks away, wash your hands, get a book, come to the reading circle, and we’ll read some stories.” By the end of this set of instructions, some children will set of instructions, but none completing the whole set. After you give the first instruction, help children complete it. When that step is done, give the next instruction. Proceed in this way until you and the children complete the whole process. Give the instruction at the time you want the action done. During the midmorning activity time Mrs. A Told the children, “Be sure to take your drawings were still on the shelf. If Mrs. A really wants these drawings to go home, she needs to give the instruction as the children leave to go home. Give instruction at the place you want the action done. Give instructions for using outdoor equipment when the children are out-doors where the equipment is located. Give instructions for washing hands when the children are at the sink ready to wash their hands. Use directions that imply a choice ONLY when children are really given a choice. “Would you like to go in now?” implies that children have a choice. If they choose not to go in, they are not disobeying. Be sure your Requests are reasonable. For children to cooperate with you, you must cooperate with them. Each child has individual needs. What is reasonable for one may not be reasonable for another. When you must make a hard choice. Think before you decide. Consider all sides of the problem. Try to be sure there are no losers. Let the children know that you are doing your best to be fair. Try to keep the same problem from happening again in the future. Teaching Children New skills. Demonstrate a new skill one step at a time. Say something like, “This is the way you do it. Now you try it.” Allow each child plenty of time to practice the new task. Do not expect perfection. Never criticize or laugh at the way a child does a task, whether it is a new task or one that the child has been doing for some time. Acknowledge both effort and success. To the child, the process of learning is important and rewarding in itself. Let the child practice as long as needed in order to enjoy and master each step. Be sure the child is comfortable with each step before you go on to the next step.

Biting

First, try to figure out why the child is biting. Is the child teething? Provide a teething toy. Is the child biting out of frustration? Help the child deal with the frustrating situation. Provide a rag doll for biting on. Tell the biter, “People are not for biting. Biting hurts” Direct your attention to the child who is bitten. If you give a lot of attention to the biter, you will teach children that biting gets them the attention they want. **Never** bite a child back either as a punishment or to show how it feels. Also, never have another child bite the child back. Talking with the children. Speak in kind, friendly, helpful tones. Avoid “don’ts.” Get down on the child’s level (the child can’t get up to your level!). Answer children’s questions directly. In this way children learn that it is OK to ask questions. Speak in a quiet manner. Loud shouting is ignored by children. It also makes them fearful. **Never** threaten a child. **Never** shame a child. Learn when **not** to talk. Allow children the independence to act and make decisions without constant directions from you.

Tips for responding to Biting

- Usually biting can be stopped within 2 to 4 weeks. Once you put a response plan in action, be patient and keep daily notes. Keep track of daily progress and discuss developments with all adults concerned.
- Practice prevention. Anticipate when, where, and with whom biting might occur. When tensions build, redirect children's behavior to something more constructive. Encourage children to give playmates more space to reduce tension.
- Remedy stressful conditions identified during observation. If a child is teething, provide a substitute for biting, such as teething ring.
- Limit frustrations by keeping to a predictable routine for eating, sleeping, and play time.
- When biting incident occurs, resist labeling a child a "biter." Never refer to them as such. Children often live up to negative labels we stick on them. Don't doom a child forever as "the biter." This behavior is temporary, not permanent.
- Keep close to a child who bites or who is frequently bitten (often called shadowing a child). When conflict heats up, coach children to use their emerging vocabulary. Prompt them to express desires and feelings BEFORE they take a step toward biting.
- When biting occurs, remain calm so all children can trust the parent or adult to remain in control and re-establish harmony.
- Comfort the bitten child first so biting isn't rewarded with adult's immediate action. Comfort may include a lap to sit upon or a cold compress for the bitten area. In group care settings, teachers encourage empathy by asking the child who bites to get a comfort item or tissue for the child they hurt.

Policy: Admission Policies

1. Program goals and objectives

Agape Manor Home Child Placing Agency verifies monitors and supports basic and therapeutic foster homes that provide 24-hour residential care to abused, neglected and abandoned children.

"Our mission is to create a safe and supportive environment for abused and neglected children giving them love attention and guidance for positive growth and successful life. We RE-PARENT each child for successful family re-unification"

Our goals are to:

- Help children to re-establish the basic trust within them.
- Help children to resolve the conflicts that underlie the anger, hostility and defiance.
- Help Children to strengthen their self-confidence and attain the core belief that they are lovable and capable.
- Provide effective therapeutic interventions for behavioral problems.
- Help children to remove emotional impediments that will allow improved academic achievements.

- Teach social skills. Reinforce the children's use of more realistic, positive messages to themselves in interpreting life events.
- Facilitate family re-unification through solution-focused family therapy.

We believe the family is the best environment for a child's development. If the family is dysfunctional, the child loses initiative and is swept along by whatever forces surround him. Agape Manor Home provides opportunities not only to aid in the redirection of the child but also to explore the parent's expectations of the child and assist, if necessary in making them more realistic.

Therapeutic care is provided in our structured foster family homes and Foster group homes in which experienced, well-trained professional foster parents help the children to shape their skills and abilities to the point that they no longer require specialized care. The children enjoy a normal community life and they attend public schools in the area. Our foster parents provide 24-hour supervision of all their activities. The therapeutic milieu focuses on building a consistent and positive self-image of the children. It helps the children to reduce their fear of rejection. The milieu continuously teaches the children to improve their relations as members of the family system, in school and in their social life. It also encourages the children to accept challenges, enrich their life, maintain their self-confidence and remain flexible.

2. Services

Agape manor Home Child Placing Agency provides following types of services to children in our Agency foster Homes.

- A. **Child care services (basic Care);** Services that meet a child's basic needs such as shelter, nutrition, clothing, nurture, socialization and interpersonal skills, care for personal health and hygiene, supervision, education, and service planning;
- B. **Treatment services for emotional disorders;** In addition to basic care the service is designed to treat and/or support children with Emotional Disorders, such as mood disorders, psychotic disorders, or dissociative disorders etc. Children that demonstrate three or more of the following qualify for treatment service for emotional disorders:
 1. A Global Assessment Functioning of 50 or below;
 2. A current DSM diagnosis;
 3. Major self-injurious actions, including recent suicide attempts;
 4. Difficulties that present a significant risk of harm to self or others, including frequent or unpredictable physical aggression; or
 5. A primary diagnosis of substance- abuse or dependency and severe impairment because of the substance abuse;

3. Population accepted

Agape Manor Home Child-Placing Agency will accept children in TDFPS managing conservatorship

1. Male and female children between **0** and **17** years of age.

2. Children in Level of care (LOC) **Basic, Moderate and Specialized.**
3. Abandoned and abuse-reactive children from dysfunctional families.
4. Children who failed placement in family homes or adoptive families.
5. Children or youth that have successfully completed treatment at higher level programs.

Although Agape Manor Home does not admit a youth who is turned 18, a young adult that is in DFPS care may remain in our agency homes up to the age of 22 years old in order to (1) Transition to independence, including attending college or vocational or technical training (2) Attend high school or a program leading to a high school diploma, or GED classes (3) Complete a program (4) Stay with a minor sibling.

The **acceptable diagnoses** include, but are not limited to:

Disruptive/Delinquent Disorders- Conduct Disorders, Attention-deficit Hyperactivity Disorders, and Oppositional Defiant Disorder; Learning and Speech Disorders; Anxiety Disorders; Eating Disorders; Gender Identity Disorders; Sleep Disorders; some forms of mood disorders, psychotic disorders and dissociative disorders such as bi-polar disorder, depressive disorders, schizophrenia ; Elimination Disorders-Encopresis, Enuresis; Somatoform Disorders; Tic disorders; Impulse Control Disorders; Adjustment Disorders etc.

Agape Manor Home Child-Placing Agency **does not** accept children whose behaviors and current needs require placement in a closed setting or children with intense level of care. We will not accept children who are medically fragile, or actively psychotic or autistic children who may not benefit from our program. We are not equipped to accept children who present a severe risk of causing harm to themselves or others or children need 24-hour restraints. We do not accept children requiring treatment services for mental retardation, pervasive developmental disorders or primary medical needs. Agape Manor Home does not admit and/ or care for children who are pregnant.

Agape Manor Home Child-Placing Agency accepts children regardless of their race, religion, or origin. No child will be denied admission to Agape Manor Home because of his/her race.

4. Capacity and supervision ratio

A **foster family home** may care for up to **six (6)** children, including any biological and adopted children of the care givers who live in the foster home and a **foster group home** may care for up to **ten (10)** children, including any biological and adopted children of the caregivers who live in the foster home and any children receiving foster or respite child care, and children for whom the family provides day care.

Our supervision ratio in a foster family home is one foster parent to six children and in a foster group home is one foster parent to eight children, unless the home meets one of the following criteria:

1. One care giver to five children if the home cares for one child under age five.

2. One care giver to four children if the home cares for more than two children receiving treatment services.

5. Emergency Admissions

Agape manor home shall accept children on emergency basis. In emergency admissions where a level of care is not established, Agape Manor Home Child-Placing Agency will arrange for level of care determination within 30 days of child's admission.

6. Subsequent placement

Agape Manor Home will review all subsequent move (from one Agency to another Agency home) requests in a staffing to assess circumstances necessitating the subsequent move and the appropriateness of the new placement. In non-emergency moves the agency will make every effort to arrange a pre-placement visit before the move. The Child Placement Management Staff (CPMS) must approve the move and document the approval with signature and date in the child's case record. The Agency will forward this subsequent move plan to the DFPS caseworker or the supervisor for approval. The agency will secure the written approval before the subsequent placement of the child.

In situations requiring Emergency subsequent move, the Child Placing management staff (CPMS) must review and approve the move before the placement. The CPMS may give a verbal approval in this case and will notify the DFPS case worker or the supervisor within 24 hours. The Agency will document the circumstances of the emergency placement and forwarded to the DFPS caseworker for approval. The Written DFPS approval will be obtained within 10 days and be placed in the child's case record

Policy: Children's rights- General and individual

It is the policy of the agency to protect the rights of children and to assure that children and their parent's/managing conservators' concerns and recommendations regarding treatment options are heard. Providing opportunities for individual choice to the greatest extent possible regarding places to live, go to school, to work and leisure activities is paramount to the assertion of individual rights. The agency designee shall monitor this policy for compliance through the monthly scheduled and non-scheduled visits and inspections. Any violation of children's rights will be reported to the Child Placing Management Staff (CPMS) for further actions or reported directly to the DFPS hotline.

1. Agape Manor Home CPA shall require that foster parents provide that children are given training in personal care, hygiene, and grooming. Each child must be supplied with equipment for personal care, hygiene, and grooming. Personal grooming supplies are hair combs, hair brushes, toothbrushes, tooth paste, dental floss, deodorant, soap, hair care products, sanitary napkins for females, etc. The Child-Placing Staff will verify that children are being trained in personal care, hygiene, and grooming and have their grooming supplies during their monthly visits to the foster family home.
2. Agape Manor Home CPA shall require that the money a child earns or is given as a gift or allowance as their own personal property. Agape Manor Home CPA shall insure that a

child's money is accounted for separately from the agency's funds or the funds of the facility or family with whom s/he is placed. The foster parent will safe keep the rest of the money and will maintain a separate account for each child. Children can take money from their account for personal shopping and other needs. The case manager will review the log maintained by the foster parent each month accounting for the youth's money. Agape Manor Home CPA shall insure that a child must not be required to use his personal money to pay for room and board, unless it is a part of the service plan and approved in writing by the parents or managing conservator and the child-placing agency.

3. Agape Manor Home CPA shall insure that a child is allowed to bring personal possessions to the facility or home where s/he is placed and allowed to acquire other personal possessions. Any limits on the kinds of possessions a child may or may not receive must be discussed with the child and his parents or managing conservator.
4. Agape Manor Home CPA shall insure that before involving a child in any fundraising or publicity for the child-placing agency, the written informed consent must be obtained of the child (if the child is able to give consent) and of the child's parents or managing conservator.
5. Agape Manor Home CPA shall insure that children's mail (including electronic mail), incoming and outgoing, must not be opened or read and children's telephone calls, incoming and outgoing, must not be monitored unless the need for such restriction is determined by DFPS caseworker or managing conservator or court order. Reasons for any restrictions on mail or telephone calls and the mail or calls so restricted must be documented in the child's record. If restrictions continue longer than one month, Child-Placing Management Staff must re-evaluate the restrictions at least monthly. Reasons for the continued restriction must be explained to the child and documented in the child's record.
6. Agape Manor Home CPA shall insure that at discharge a child will leave the Agency home with all possessions that they either brought with them and/or have gained possession of since their placement. The foster parent shall account for the inventory with the CPS caseworker upon discharge and verify that they have received all of their clothing, other items logged in their Personal Belongings Inventory.
7. Agape Manor Home CPA shall ensure that children have the opportunities for spiritual development and participation in religious activities.

SHARED TASKS

Children can participate, as their functioning level permits, in shared duties, which maintain their households. Some examples of these tasks are:

1. Meal planning, grocery shopping and food preparation, table setting, dishwashing, etc.
2. Housecleaning, laundry
3. Clothing repair
4. Light yard and house maintenance
5. General household shopping for items such as clothing

Individual rights:

In addition, Agape manor Home Child Placing Agency will adhere to all of the following individual rights of children as outlined in Standard 749.1003 of the DFPS minimum standards. Foster parents and agency staff are responsible for assisting the children in attaining their rights.

1. The right to appropriate care and treatment in the least restrictive setting available that can meet the child's needs;
2. The right to be free from discrimination on the basis of gender (if your agency accepts both genders), race, religion, national origin, or sexual orientation;
3. The right to have his physical, emotional, developmental, educational, social and religious needs met;
4. The right to be free of abuse, neglect, and exploitation as defined in Texas Family Code §261.401;
5. The right to be free from any harsh, cruel, unusual, unnecessary, demeaning, or humiliating punishment, which includes:
 - a) Shaking the child;
 - b) Subjecting the child to corporal punishment;
 - c) Threatening the child with corporal punishment;
 - d) Any unproductive work that serves no purpose except to demean the child, such as moving rocks from one pile to another or digging a hole and then filling it in;
 - e) Denying the child food, sleep, toileting facilities, mail, or family visits as punishment;
 - f) Subjecting the child to remarks that belittle or ridicule the child or the child's family; and
 - g) Threatening the child with the loss of placement or shelter as punishment;
6. The right to discipline that is appropriate to the child's age and developmental level;
7. The right to have restrictions or disciplinary consequences explained to him when the measures are imposed;
8. The right to a humane environment, including any treatment environment, which provides reasonable protection from harm and appropriate privacy for personal needs;
9. The right to receive educational services appropriate to the child's age and developmental level;
10. The right to training in personal care, hygiene, and grooming;
11. The right to reasonable opportunities to participate in community functions, including recreational and social activities such as Little League teams, Girl Scouts and Boy Scouts, and extracurricular school activities outside of the agency to the extent that is appropriate for the child;
12. The right to have adequate personal clothing, which must be suitable to his age and size and comparable to the clothing of other children in the community;
13. The right to have personal possessions at his home and to acquire additional possessions within reasonable limits;

14. The right to be provided with adequate protective clothing against natural elements such as rain, snow, wind, cold, sun, and insects;
15. The right to maintain regular contact with his family unless the child's best interest, appropriate professionals, or court necessitates restrictions;
16. The rights to send and receive uncensored mail, to have telephone conversations, keep a personal journal and to have visitors, unless the child's best interest, appropriate professionals, or court order necessitates restrictions;
17. The right to hire independent mental health professionals, medical professionals, and attorneys at his own expense;
18. The right to be compensated for any work done for the agency or home as part of the child's service plan or vocational training, with the exception of assigned routine duties that relate to the child's living environment, such as cleaning his
19. The right to have personal earnings, allowances, possessions, and gifts as the child's personal property; See Agency Policy on family contact mail, telephone, and gifts and possessions for specific information on restriction.
20. The right to be able to communicate in a language or any other means that is understandable to the child at admission or within a reasonable time after an emergency admission of a child, if applicable. You must make every effort to place a child with foster parent(s) who can communicate with the child. If these efforts are not successful, you must document in the preliminary service plan your plan to meet the communication needs of the child;
21. The right to confidential care and treatment;
22. The right to consent in writing before permitting any publicity or fund raising activity for the agency, including the use of his photograph;
23. The right not to be required to make public statements acknowledging his gratitude to the foster home or agency;
24. The right to be free of unnecessary or excessive medication;
25. The right to have a comprehensive service plan that addresses the child's needs, including transitional and discharge planning;
26. The right to participate in the development and review of his service plan within the limits of the child's comprehension and ability to manage the information;
27. The right to receive emotional, mental health, or chemical dependency treatment separately from adults (other than young adults) who are receiving services;
28. The right to receive appropriate treatment for physical problems that affect his treatment or safety;
29. The right to be free from pressure to get an abortion, relinquish her child for adoption, or to parent her child, if applicable; and
30. The right to report abuse, neglect, exploitation, or violation of personal rights without fear of punishment, interference, coercion, or retaliation.